

Form 1040

Department of the Treasury - Internal Revenue Service

(99)

2018

OMB No. 1545-0074

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

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

Your first name and initial

Last name

Your social security number

DOUGLAS C.

EMHOFF

-**-*

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

Last name

Spouse's social security number

If joint return, spouse's first name and initial

HARRIS

-**-*

KAMALA D.

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954

Last name

Spouse's social security number

 Spouse is blind

HARRIS

Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

If more than four dependents, see inst. and ✓ here ►

Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents

ELLA R EMHOFF	* * * - * * - * * * *	DAUGHTER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here
► ELLA R EMHOFF	12/13/18	ATTORNEY	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		SENATOR	<input type="text"/>

Paid Preparer Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
				* * - * * * * * * * *	<input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed

Firm's name	Phone no.
► [REDACTED]	[REDACTED]

Firm's address ► [REDACTED]

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

Form 1040 (2018)

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

Standard Deduction for -

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	157,352.
2a	Tax-exempt interest	2a	2b	2,288.
3a	Qualified dividends	3a	3b	8.
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	1,884,319.	6	2,043,967.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	1,889,156.
8	Standard deduction or itemized deductions (from Schedule A)		8	70,839.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	1,818,317.
11	a Tax (see inst.) 611,965. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	b Add any amount from Schedule 2 and check here	11	611,965.
12	a Child tax credit/credit for other dependents _____ b Add any amount from Sch. 3 and check here	► <input checked="" type="checkbox"/>	12	316.
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	611,649.
14	Other taxes. Attach Schedule 4		14	85,962.
15	Total tax. Add lines 13 and 14		15	697,611.
16	Federal income tax withheld from Forms W-2 and 1099		16	23,426.
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 540,000.		17	540,000.
18	Add lines 16 and 17. These are your total payments		18	563,426.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	
20a	a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	► <input type="checkbox"/>	20a	
	b Routing number	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number			
21	Amount of line 19 you want applied to your 2019 estimated tax ► 21			
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	►	22	134,185.
23	Estimated tax penalty (see instructions) ► 23	0.		

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040.
 ► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. 01

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Additional Income	1-9b Reserved	STATEMENT 3	
	10 Taxable refunds, credits, or offsets of state and local income taxes	STATEMENT 4	
	11 Alimony received		
	12 Business income or (loss). Attach Schedule C or C-EZ		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		
	14 Other gains or (losses). Attach Form 4797		
	15a Reserved		
	16a Reserved		
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
	18 Farm income or (loss). Attach Schedule F		
	19 Unemployment compensation		
	20a Reserved		
	21 Other income. List type and amount ►		
	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		
Adjustments to Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	33,188.
	28 Self-employed SEP, SIMPLE, and qualified plans	28	120,000.
	29 Self-employed health insurance deduction	29	1,623.
	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	154,811.

Your social security number

* * * - * * - * * *

1-9b	STATEMENT 5
10	14,622.
11	
12	320,125.
13	1,257.
14	
15b	
16b	
17	1,548,315.
18	
19	
20b	
21	
22	1,884,319.

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

Schedule 1 (Form 1040) 2018

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

OMB No. 1545-0074

2018Attachment
Sequence No. **02**

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Tax	38-44	Reserved	Your social security number
		45 Alternative minimum tax. Attach Form 6251	46 Excess advance premium tax credit repayment. Attach Form 8962
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47 0 .

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

Schedule 2 (Form 1040) 2018

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

OMB No. 1545-0074

2018Attachment
Sequence No. 03

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRISYour social security number
*******-**-******

Nonrefundable Credits	48 Foreign tax credit. Attach Form 1116 if required	48
	49 Credit for child and dependent care expenses. Attach Form 2441	49
	50 Education credits from Form 8863, line 19	50
	51 Retirement savings contributions credit. Attach Form 8880	51
	52 Reserved	52
	53 Residential energy credit. Attach Form 5695	53
	54 Other credits from Form a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54 316.
	55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55 316.

LHA 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**Other Taxes**

OMB No. 1545-0074

2018Attachment
Sequence No. **04**

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRISYour social security number
*****-**-****

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	66,374.
	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	4,585.
	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 checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) <u>SEE STATEMENT 7</u>	62	15,003.
	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	85,962.

LHA 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

2018Attachment
Sequence No. 05

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number
* * * - * * - * * *

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	STMT	8
and	67 a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	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	
	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	540 , 000 .

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

Schedule 5 (Form 1040) 2018

**SCHEDULE 6
(Form 1040)**Department of the Treasury
Internal Revenue Service**Foreign Address and Third Party Designee**

OMB No. 1545-0074

2018Attachment
Sequence No. **05A**

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

DOUGLAS C. EMHOFF & KAMALA D. HARRISYour social security number
*** * * - * * - * * * ***

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? Designee's name ► [REDACTED]		
	Phone no. ► [REDACTED]	<input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	Personal identification number (PIN) ► [REDACTED] [REDACTED]

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

Schedule 6 (Form 1040) 2018

Child Tax Credit and Credit for Other Dependents Worksheet (keep for your records)

Name(s): First DOUGLAS C. & KAMALA D.	Last EMHOFF	Your SSN *****-**-****
Part 1		
1. Number of qualifying children under age 17 with the required social security number: _____ X \$2,000. Enter the result. 1 0.		
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 X \$500. Enter the result. 2 500.		
3. Add lines 1 and 2 3 500.		
4. Enter the amount from Form 1040, line 7 or Form 1040NR, line 37. 4 1,889,156.		
5. 1040 filers: Enter the total of any- <ul style="list-style-type: none"> ● Exclusion of income from Puerto Rico, and ● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } 5 0.		
1040NR filers: Enter -0-.		
6. Add lines 4 and 5. Enter the total. 6 1,889,156.		
7. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> ● Married filing jointly - \$400,000 ● All other filing statuses - \$200,000 } 7 400,000.		
8. Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 6. 8 1,490,000. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).		
9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 74,500.		
10. Is the amount on line 3 more than the amount on line 9? <input checked="" type="checkbox"/> No. STOP You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a, or Form 1040NR, line 49. You also cannot take the additional child tax credit. <input type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. 10		
Part 2		
11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45. 11		
12. 1040 filers: Enter the total of the amounts from Schedule 3, lines 48 through 51.* 1040NR filers: Enter the total of the amounts from lines 46 through 48.* } 12		
13. Subtract line 12 from line 11 13		
14. Are you claiming any of the following credits? <ul style="list-style-type: none"> ● Residential energy efficient property credit, Form 5695, Part I. ● Mortgage interest credit, Form 8396 ● Adoption credit, Form 8839 ● District of Columbia first-time homebuyer credit, Form 8859 <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, complete the Line 14 Worksheet to figure the amount to enter here. } 14		
15. Subtract line 14 from line 13. Enter the result. 15		
16. Is the amount on line 10 of this worksheet more than the amount on line 15? <input type="checkbox"/> No. Enter the amount from line 10. } This is your child tax credit and credit for other dependents. 16 <input type="checkbox"/> Yes. Enter the amount from line 15.		

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

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

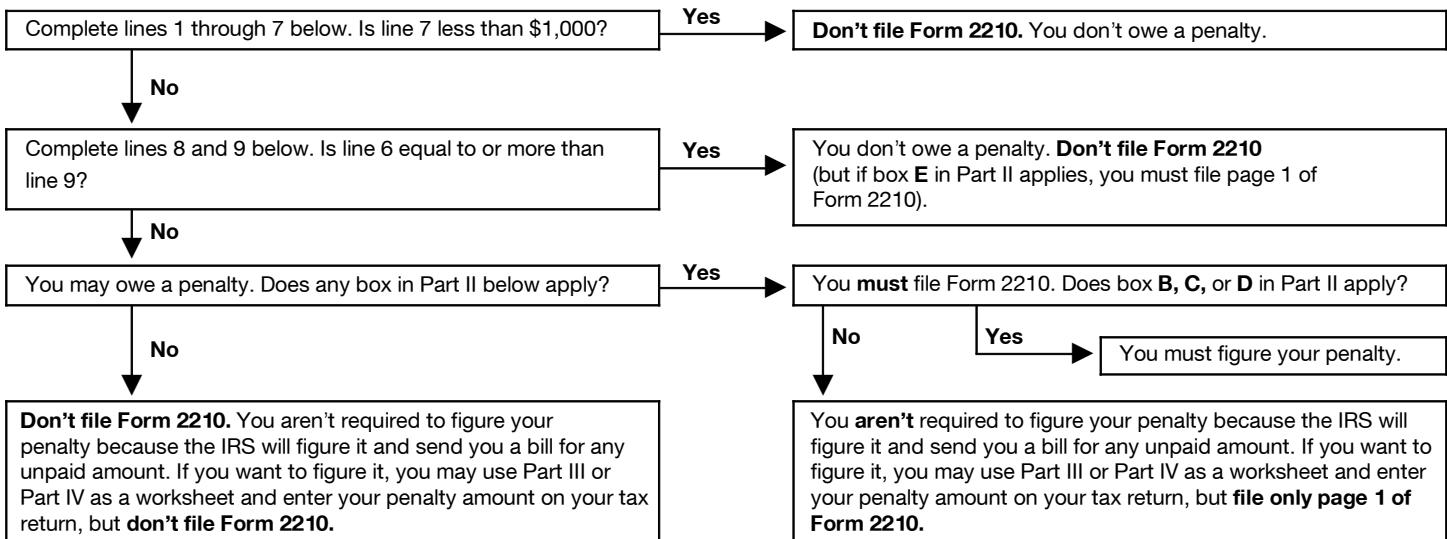
- Go to www.irs.gov/Form2210 for instructions and the latest information.
 ► Attach to Form 1040, 1040NR, 1040NR-EZ, or 1041.

2018
Attachment
Sequence No. 06

Name(s) shown on tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

Do You Have To File Form 2210?**Part I Required Annual Payment**

1	Enter your 2018 tax after credits from Form 1040, line 13 (see instructions if not filing Form 1040)	1	611,649.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	85,962.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	697,611.
5	Multiply line 4 by 90% (0.90)	5	627,850.
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	23,426.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	674,185.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	564,237.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	564,237.

Next: Is line 9 more than line 6?

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

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

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

- A You request a **waiver** (see instructions) of your entire penalty due to tax reform or other reasons. You must check this box and file page 1 of Form 2210, but you **aren't** required to figure your penalty. **80% WAIVER**
- B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2017 or 2018, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment	Payment Due Dates			
	(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19
18 Required installments. If box C in Part II applies, enter the amounts from Schedule A1, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column	18 141,059.	141,059.	141,059.	141,060.
19 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II Complete lines 20 through 26 of one column before going to line 20 of the next column.	19 115,857.	105,857.	155,857.	185,855.
20 Enter the amount, if any, from line 26 in the previous column	20			
21 Add lines 19 and 20	21	105,857.	155,857.	185,855.
22 Add the amounts on lines 24 and 25 in the previous column	22	25,202.	60,404.	45,606.
23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23 115,857.	80,655.	95,453.	140,249.
24 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0.	0.
25 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 ►	25 25,202.	60,404.	45,606.	811.
26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column ...	26			

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

27 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 23; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	AMOUNT WAIVED - \$	1,764.	►	27	0.
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Form 2210 (2018)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) DOUGLAS C. EMHOFF & KAMALA D. HARRIS					Identifying Number ***-**-*****
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	141,059.	141,059.			
04/15/18	-5,857.	135,202.			
04/15/18	-110,000.	25,202.	61	.000136986	211.
06/15/18	141,059.	166,261.			
06/15/18	-5,857.	160,404.			
06/15/18	-100,000.	60,404.	92	.000136986	761.
09/15/18	141,059.	201,463.			
09/15/18	-5,857.	195,606.			
09/15/18	-150,000.	45,606.	107	.000136986	668.
12/31/18	0.	45,606.	15	.000164384	112.
01/15/19	141,060.	186,666.			
01/15/19	-5,855.	180,811.			
01/15/19	-180,000.	811.	90	.000164384	12.
Penalty Due (Sum of Column F).					1,764.

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

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions) SEE STATEMENT 12	1 2,688.
2	Enter amount from Form 1040, line 7	2 1,889,156.
3	Multiply line 2 by 7.5% (0.075)	3 141,687.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4 0.
Taxes You Paid	5 State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 10 ► <input type="checkbox"/>	5a 201,715.
	b State and local real estate taxes (see instructions)	5b 23,278.
	c State and local personal property taxes	5c 447.
	d Add lines 5a through 5c	5d 225,440.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e 10,000.
	6 Other taxes. List type and amount ►	6
	7 Add lines 5e and 6	7 10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► <input type="checkbox"/>	8 33,580.
	a Home mortgage interest and points reported to you on Form 1098	8a 33,580.
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b
	c Points not reported to you on Form 1098. See instructions for special rules	8c
	d Reserved	8d
	e Add lines 8a through 8c	8e 33,580.
	9 Investment interest. Attach Form 4952 if required. See instructions	9
10	Add lines 8e and 9	10 33,580.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 27,259.
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12
If you made a gift and got a benefit for it, see instructions.	13 Carryover from prior year	13
	14 Add lines 11 through 13	14 27,259.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15
Other Itemized Deductions	16 Other - from list in instructions. List type and amount ►	16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17 70,839.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

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

► Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No. 08

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I
Interest

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

MERRILL LYNCH 15265

WELLS FARGO 0247

FROM K-1 - DLA PIPER LLP

*** * ***

Amount

83.

173.

2,032.

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 ►

2,288.

3

2,288.

Amount

Part II
**Ordinary
Dividends**

- 5 List name of payer ►
FROM K-1 - DLA PIPER LLP

8.

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 ►

6

8.

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.

**Foreign
Accounts
and
Trusts**

- 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

Yes

X

Interest and Dividend Summary

Name: DOUGLAS C. EMHOFF & KAMALA D. HARRIS

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	MERRILL LYNCH 15265	83.							
B									
C	WELLS FARGO 0247	173.							
D									
E									
F									
G	FROM K-1 - DLA PIPER LLP	2,032.						8.	8.
H									
I									
J									
K									
Totals		2,288.						8.	8.

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment
Sequence No. 09

Name of proprietor

KAMALA D. HARRIS

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

WRITER

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

Social security number (SSN)

*** - * - ***

B Enter code from instructions

► 711510

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

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

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

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

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 No

J If "Yes," did you or will you file required Forms 1099?

Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1 732,500.
2 Returns and allowances		2
3 Subtract line 2 from line 1		3 732,500.
4 Cost of goods sold (from line 42)		4
5 Gross profit. Subtract line 4 from line 3		5 732,500.
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	► <input type="checkbox"/>	7 732,500.

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10 412,375.	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 Total expenses before expenses for business use of home. Add lines 8 through 27a	► <input type="checkbox"/>	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		b Reserved for future use	27b

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.

28 412,375.

29 320,125.

31 320,125.

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

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

OMB No. 1545-0074

2018

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5 136 .
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 136 .

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 1,121 .
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 1,121 .

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

Schedule D (Form 1040) 2018

Part III Summary

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

Qualified Dividends and Capital Gain Tax Worksheet - Line 11a

Keep for Your Records

Name(s) shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS	Your SSN *****-**-****
Before you begin: <input checked="" type="checkbox"/> See the instructions for line 11a to see if you can use this worksheet to figure your tax. <input checked="" type="checkbox"/> Before completing this worksheet, complete Form 1040 through line 10. <input checked="" type="checkbox"/> If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.	
<p>1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet 1. <u>1,818,317.</u></p> <p>2. Enter the amount from Form 1040, line 3a* 2. <u>8.</u></p> <p>3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. } 3. <u>1,121.</u> <input type="checkbox"/> No. Enter the amount from Schedule 1, line 13. } 4. Add lines 2 and 3 4. <u>1,129.</u></p> <p>5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- 5. <u>0.</u></p> <p>6. Subtract line 5 from line 4. If zero or less, enter -0- 6. <u>1,129.</u></p> <p>7. Subtract line 6 from line 1. If zero or less, enter -0- 7. <u>1,817,188.</u></p> <p>8. Enter: \$ 38,600 if single or married filing separately, \$ 77,200 if married filing jointly or qualifying widow(er), \$ 51,700 if head of household. } 8. <u>77,200.</u></p> <p>9. Enter the smaller of line 1 or line 8 9. <u>77,200.</u></p> <p>10. Enter the smaller of line 7 or line 9 10. <u>77,200.</u></p> <p>11. Subtract line 10 from line 9. This amount is taxed at 0% 11. <u>0.</u></p> <p>12. Enter the smaller of line 1 or line 6 12. <u>1,129.</u></p> <p>13. Enter the amount from line 11 13. <u>0.</u></p> <p>14. Subtract line 13 from line 12 14. <u>1,129.</u></p> <p>15. Enter: \$ 425,800 if single, \$ 239,500 if married filing separately, \$ 479,000 if married filing jointly or qualifying widow(er), \$ 452,400 if head of household. } 15. <u>479,000.</u></p> <p>16. Enter the smaller of line 1 or line 15 16. <u>479,000.</u></p> <p>17. Add lines 7 and 11 17. <u>1,817,188.</u></p> <p>18. Subtract line 17 from line 16. If zero or less, enter -0- 18. <u>0.</u></p> <p>19. Enter the smaller of line 14 or line 18 19. <u>0.</u></p> <p>20. Multiply line 19 by 15% (0.15) 20. <u>0.</u></p> <p>21. Add lines 11 and 19 21. <u>0.</u></p> <p>22. Subtract line 21 from line 12 22. <u>1,129.</u></p> <p>23. Multiply line 22 by 20% (0.20) 23. <u>226.</u></p> <p>24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet 24. <u>611,739.</u></p> <p>25. Add lines 20, 23, and 24 25. <u>611,965.</u></p> <p>26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 26. <u>612,156.</u></p> <p>27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 27. <u>611,965.</u></p>	

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

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

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

* * * - * * - * * *

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

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

27	Are you reporting any loss not allowed in a prior year due to the at-risk, 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					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
28	(a) Name	(b) Enter P for partnership; S or 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	DLA PIPER LLP	P		** - * * * * *			
B	UNREIMBURSED EXPENSES	P		** - * * * * *			
C	VENABLE LLP	P		** - * * * * *			
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						1,382,299.	
B			36,933.			202,949.	
C							
D							
29a	Totals					1,585,248.	
b	Totals		36,933.				
30	Add columns (h) and (k) of line 29a					30	1,585,248.
31	Add columns (g), (i), and (j) of line 29b					31	(36,933.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31					32	1,548,315.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number		
A				
B				
Passive Income and Loss				
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive 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	1,548,315.
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	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name DOUGLAS C. EMHOFF

Passthrough VENABLE LLP - VENABLE LLP

PARTNERSHIP

ID **_*****

SSN/EIN ***-**-****

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	202,949.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowered section 179 expense								
Excess farm loss								
Net income (loss)	202,949.							202,949.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowered due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	202,949.							202,949.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name DOUGLAS C. EMHOFF

Passthrough VENABLE LLP - VENABLE LLP

PARTNERSHIP

ID **_*****

SSN/EIN ***-**-****

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowable Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowable Due to At-Risk	Prior Year Passive Loss	Disallowable Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	202,949.						202,949.	
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name DOUGLAS C. EMHOFF

Passthrough DLA PIPER LLP

PARTNERSHIP

SSN/EIN ***-**-****

TAXPAYER

ID **-*-*-*-*

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowable Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowable Due to At-Risk	Prior Year Passive Loss	Disallowable Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	1,382,299.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowable section 179 expense								
Excess farm loss								
Net income (loss)	1,382,299.							1,382,299.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowable due to 65% limitation								
Unreimbursed expenses (nonpassive)	36,933.							36,933.
Nonpassive other								
Total Schedule E (page 2)	1,345,366.							1,345,366.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	136.							136.
Net long-term cap. gain (loss)	1,121.							1,121.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	7,739.							7,739.
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name DOUGLAS C. EMHOFF

Passthrough DLA PIPER LLP

PARTNERSHIP

SSN/EIN ***-**-****

TAXPAYER

ID **-*-*-*-*

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	2,032.							2,032.
Interest from U.S. bonds								
Ordinary dividends	8.							8.
Qualified dividends	8.							8.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	25.							25.
Adjusted gain or loss	-167.							-167.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	1,397,725.							1,397,725.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	1,623.							1,623.
Dependent care benefits								
Retirement plans	120,000.							120,000.
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	316.							316.
Casualty and theft loss								

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

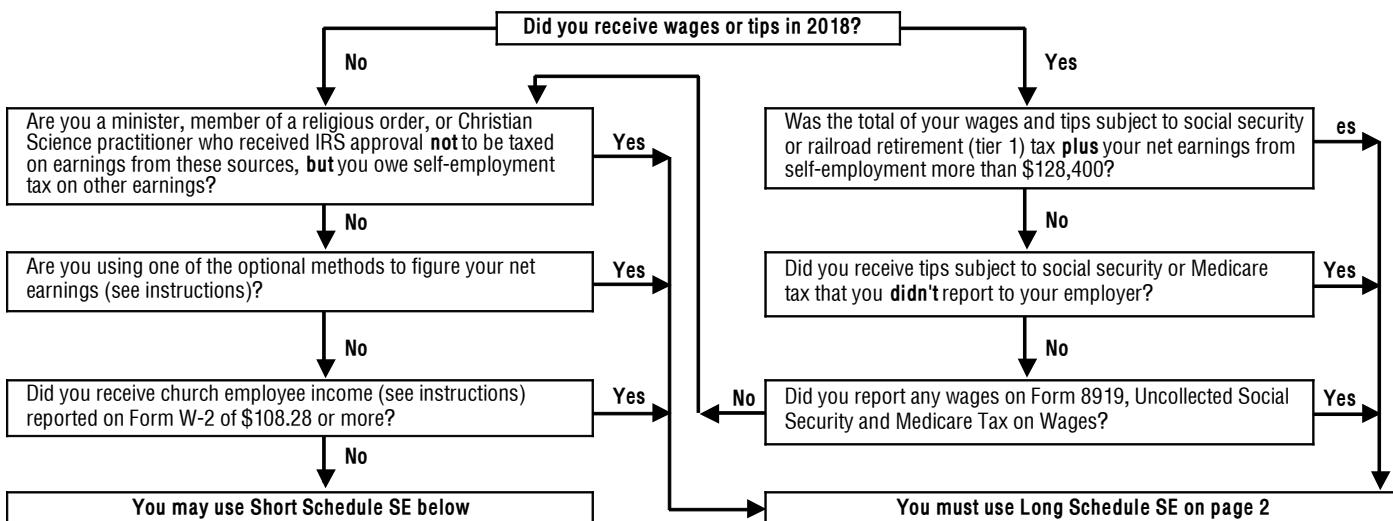
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person with self-employment income
DOUGLAS C. EMHOFF ► *** · * · ***

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	1a	
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	1b	
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 STMT 15	2	1,563,741.
3 Combine lines 1a, 1b, and 2	3	1,563,741.
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	4	1,444,115.
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	6	28,901.

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

Schedule SE (Form 1040) 2018

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)Social security number of
person with **self-employment**
income**KAMALA D. HARRIS**

* * * - * * - * * * *

Section B - Long Schedule SE**Part I Self-Employment Tax**

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

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	► <input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
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	1b
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. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 16	2 320,125.
3	Combine lines 1a, 1b, and 2	3 320,125.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a 295,635.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c 295,635.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 295,635.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	7 128,400.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11	8a 128,400.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c	Wages subject to social security tax (from Form 8919, line 10)	8c
d	Add lines 8a, 8b, and 8c	8d
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10
11	Multiply line 6 by 2.9% (0.029)	11 8,573.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	12 8,573.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	13 4,287.

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.

14	Maximum income for optional methods	14 5,280.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

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

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit

(Individual, Estate, or Trust)

2018Attachment
Sequence No. **19**

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

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

Name

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number as shown on page 1 of your tax return

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> a Section 951A income | <input type="checkbox"/> c Passive category income | <input type="checkbox"/> e <input type="checkbox"/> Section 901(j) income | <input type="checkbox"/> g <input type="checkbox"/> Lump-sum distributions |
| <input type="checkbox"/> b Foreign branch income | <input checked="" type="checkbox"/> d General category income | <input type="checkbox"/> f <input type="checkbox"/> Certain income re-sourced by treaty | |

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OTHER COUNTRIES			
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above:	4 , 135 .			1a 4 , 135 .
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 17	137 , 382 .			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	10 , 000 .			
b Other deductions (attach statement)				
c Add lines 3a and 3b	10 , 000 .			
d Gross foreign source income	4 , 135 .			
e Gross income from all sources	4 , 142 , 783 .			
f Divide line 3d by line 3e000998121			
g Multiply line 3c by line 3f	10 .			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	137 , 392 .			6 137 , 392 .
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -133 , 257 .

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued					
		In foreign currency			In U.S. dollars		
		Taxes withheld at source on:		(p) Other foreign taxes paid or accrued	Taxes withheld at source on:		(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends		(q) Dividends	(r) Rents and royalties	
A							33 . 33 .
B							
C							
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2							8 33 .

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	33.	
10 Carryback or carryover (attach detailed computation)	10		
(If your income was section 951A income (box a above Part I), leave line 10 blank.)			
11 Add lines 9 and 10	11	33.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	33.	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	-133,257.	
16 Adjustments to line 15	16	133,257.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV ►	22	0.	

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31	0.	
32 Reduction of credit for international boycott operations	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a ►	33	0.	

Form 1116 (2018)

Form **3800**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

General Business Credit

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

OMB No. 1545-0895

2018Attachment
Sequence No. **22**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II.)

1 General business credit from line 2 of all Parts III with box A checked	1	316.
2 Passive activity credits from line 2 of all Parts III with box B checked	2	
3 Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4 Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5 Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked	5	
6 Add lines 1, 3, 4, and 5	6	316.

Part II Allowable Credit

7 Regular tax before credits:	7	611,965.
● Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
● Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return		
● Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		
8 Alternative minimum tax:	8	
● Individuals. Enter the amount from Form 6251, line 11		
● Corporations. Enter -0-		
● Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 ...		
9 Add lines 7 and 8	9	611,965.
10a Foreign tax credit	10a	
b Certain allowable credits (see instructions)	10b	
c Add lines 10a and 10b	10c	
11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	611,965.
12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	611,965.
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	146,741.
14 Tentative minimum tax:	14	503,883.
● Individuals. Enter the amount from Form 6251, line 9		
● Corporations. Enter -0-		
● Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
15 Enter the greater of line 13 or line 14	15	503,883.
16 Subtract line 15 from line 11. If zero or less, enter -0-	16	108,082.
17 Enter the smaller of line 6 or line 16	17	316.
C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2018)

Part II Allowable Credit (continued)

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

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0 .
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	465 , 224 .
28	Add lines 17 and 26	28	316 .
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	464 , 908 .
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.	38	316 .
	• Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		
	• Corporations. Form 1120, Schedule J, Part I, line 5c		
	• Estates and trusts. Form 1041, Schedule G, line 2b		

Form 3800 (2018)

Name(s) shown on return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

* * * - * * - * * * *

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

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

- | | | | | | |
|---|-------------------------------------|---|---|--------------------------|--|
| A | <input checked="" type="checkbox"/> | General Business Credit From a Non-Passive Activity | E | <input type="checkbox"/> | Reserved |
| B | <input type="checkbox"/> | General Business Credit From a Passive Activity | F | <input type="checkbox"/> | Reserved |
| C | <input type="checkbox"/> | General Business Credit Carryforwards | G | <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| D | <input type="checkbox"/> | General Business Credit Carrybacks | H | <input type="checkbox"/> | Reserved |

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

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	** - *****	316.
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Enhanced oil recovery credit (Form 8830)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon oxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		316.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Employer credit for paid family and medical leave (Form 8994)	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		316.

Form **6251**Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**

OMB No. 1545-0074

2018Attachment
Sequence No. 32

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

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

-**-

Part I Alternative Minimum Taxable Income

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 , 818 , 317 .
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	10 , 000 .
2b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	-14 , 622 .
2c	Investment interest expense (difference between regular tax and AMT)	
2d	Depletion (difference between regular tax and AMT)	
2e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	
2f	Alternative tax net operating loss deduction	
2g	Interest from specified private activity bonds exempt from the regular tax	
2h	Qualified small business stock, see instructions	
2i	Exercise of incentive stock options (excess of AMT income over regular tax income)	
2j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
2k	Disposition of property (difference between AMT and regular tax gain or loss)	-167 .
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	STMT 18
m	Passive activities (difference between AMT and regular tax income or loss)	
n	Loss limitations (difference between AMT and regular tax income or loss)	
o	Circulation costs (difference between regular tax and AMT)	
p	Long-term contracts (difference between AMT and regular tax income)	
q	Mining costs (difference between regular tax and AMT)	
r	Research and experimental costs (difference between regular tax and AMT)	
s	Income from certain installment sales before January 1, 1987	
t	Intangible drilling costs preference	
3	Other adjustments, including income-based related adjustments	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	1 , 813 , 553 .

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)	
	IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...	
	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	0 .
7	<ul style="list-style-type: none"> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • 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. • All others: 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. 	503 , 883 .
8	Alternative minimum tax foreign tax credit (see instructions)	
9	Tentative minimum tax. Subtract line 8 from line 7	503 , 883 .
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)	611 , 965 .
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	0 .

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

Form **6251** (2018)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7	12 1,813,553.
13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13 1,129.
14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	15 1,129.
16 Enter the smaller of line 12 or line 15	16 1,129.
17 Subtract line 16 from line 12	17 1,812,424.
18 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result ►	18 503,657.
19 Enter: • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household.	19 77,200.
20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20 1,817,188.
21 Subtract line 20 from line 19. If zero or less, enter -0	21 0.
22 Enter the smaller of line 12 or line 13	22 1,129.
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23 0.
24 Subtract line 23 from line 22	24 1,129.
25 Enter: • \$425,800 if single • \$239,500 if married filing separately • \$479,000 if married filing jointly or qualifying widow(er) • \$452,400 if head of household	25 479,000.
26 Enter the amount from line 21	26 0.
27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27 1,817,188.
28 Add line 26 and line 27	28 1,817,188.
29 Subtract line 28 from line 25. If zero or less, enter -0	29 0.
30 Enter the smaller of line 24 or line 29	30 0.
31 Multiply line 30 by 15% (0.15) ►	31
32 Add lines 23 and 30	32 0.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	
33 Subtract line 32 from line 22	33 1,129.
34 Multiply line 33 by 20% (0.20) ►	34 226.
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	
35 Add lines 17, 32, and 33	35
36 Subtract line 35 from line 12	36
37 Multiply line 36 by 25% (0.25) ►	37
38 Add lines 18, 31, 34, and 37	38 503,883.
39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result ►	39 503,973.
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40 503,883.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) _____ Social Security Number _____

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Social Security Number

*****-**-*****

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

ALTERNATIVE MINIMUM TAX

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

(Individual, Estate, or Trust)

OMB No. 1545-0121

2018Attachment
Sequence No. 19

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

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

Name

Identifying number as shown on page 1 of your tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

- | | | | |
|--|---|--|---|
| a <input type="checkbox"/> Section 951A income | c <input type="checkbox"/> Passive category income | e <input type="checkbox"/> Section 901(j) income | g <input type="checkbox"/> Lump-sum distributions |
| b <input type="checkbox"/> Foreign branch income | d <input checked="" type="checkbox"/> General category income | f <input type="checkbox"/> Certain income re-sourced by treaty | |

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OTHER COUNTRIES			
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above: _____				1a 4,135.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	4,135.			4,135.
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	137,382.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	4,135.			
e Gross income from all sources	4,127,994.			
f Divide line 3d by line 3e001001697			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	137,382.			6 137,382.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -133,247.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued					
		In foreign currency			In U.S. dollars		
		Taxes withheld at source on:		(p) Other foreign taxes paid or accrued	Taxes withheld at source on:		(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends		(q) Dividends	(r) Rents and royalties	
A							33.
B							
C							
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2							8 33.

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

ALTERNATIVE MINIMUM TAX

Form 1116 (2018) DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***-*-*-* Page 2

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	33.	
10 Carryback or carryover (attach detailed computation)	10		
(If your income was section 951A income (box a above Part I), leave line 10 blank.)			
11 Add lines 9 and 10	11	33.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	33.	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	-133,247.	
16 Adjustments to line 15	16	133,247.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV ►	22	0.	

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31	0.	
32 Reduction of credit for international boycott operations	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a ►	33	0.	

Form 1116 (2018)

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

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

- Attach to Form 1040, 1040NR, 1040-SS, or 1041.
 ► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

2018Attachment
Sequence No. **44**

Name of employer

DOUGLAS C. EMHOFF

Social security number

* * * - * * - * * * *

Employer identification number

* * - * * * * * *

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

- A** Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

- B** Did you withhold federal income tax during 2018 for any household employee?

- Yes.** Skip line C and go to line 7.
 No. Go to line C.

- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees?
 (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Don't file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security tax	1	29 , 693 .	
2 Social security tax. Multiply line 1 by 12.4% (0.124)	2	3 , 682 .	
3 Total cash wages subject to Medicare tax	3	29 , 693 .	
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4	861 .	
5 Total cash wages subject to Additional Medicare Tax withholding	5		
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7 Federal income tax withheld, if any	7		
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	4 , 543 .	

- 9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees?
 (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.

- Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

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

	Yes	No
10	X	
11	X	
12	X	

11 Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions

12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

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

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

Section A

13 Name of the state where you paid unemployment contributions ► **CA**

14 Contributions paid to your state unemployment fund

14

15 Total cash wages subject to FUTA tax

0 % RATE

15

7,000.

16 **FUTA tax.** Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25

16

42.

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

18 **Totals**

18

19 Add columns (g) and (h) of line 18

19

20

20 Total cash wages subject to FUTA tax (see the line 15 instructions)

21

21 Multiply line 20 by 6.0% (0.060)

21

22 Multiply line 20 by 5.4% (0.054)

22

23 Enter the **smaller** of line 19 or line 22

23

(If you paid state unemployment contributions late or you're in a credit reduction state,
see instructions and check here)

24 **FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25

24

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-

25

4,543.

26 Add line 16 (or line 24) and line 25

26

4,585.

27 Are you required to file Form 1040?

Yes. Stop. Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. Don't complete Part IV below.

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

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

Address (number and street) or P.O. box if mail isn't delivered to street address

Apt., room, or suite no.

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

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

Health Savings Accounts (HSAs)

2018

► Attach to Form 1040 or Form 1040NR.
► Go to www.irs.gov/Form8889 for instructions and the latest information.

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

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

DOUGLAS C. EMHOFF

* * * - * * - * * * *

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

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

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

- 14a Total distributions you received in 2018 from all HSAs (see instructions) 14a 425.
- b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) 14b
- c Subtract line 14b from line 14a 14c 425.
- 15 Qualified medical expenses paid using HSA distributions (see instructions) 15 425.
- 16 **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount 16 0.
- 17a If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax**(see instructions), check here ►
- b **Additional 20% tax**(see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box 17b

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

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

Form **8889** (2018)

Additional Medicare Tax

2018

Attachment
Sequence No. 71

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

Name(s) shown on return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number
*****-**-******Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	166,052.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	166,052.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		0.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.....	7		

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	1,739,750.	
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10 Enter the amount from line 4	10	166,052.	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	83,948.	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		1,655,802.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		14,902.

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18	14,902.
--	----	---------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,408.	
20 Enter the amount from line 1	20	166,052.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,408.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		

Form 8960

Net Investment Income Tax - Individuals, Estates, and Trusts

OMB No. 1545-2227

2018Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number or EIN

Part I Investment Income

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

1	Taxable interest (see instructions)	1	2,288.	
2	Ordinary dividends (see instructions)	2	8.	
3	Annuities (see instructions)	3		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	1,548,315.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 19	4b	-1,548,315.	
c	Combine lines 4a and 4b	4c	0.	
5a	Net gain or loss from disposition of property (see instructions)	5a	1,257.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c	5d	1,257.	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6		
7	Other modifications to investment income (see instructions)	7	530.	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	SEE STATEMENT 20	8	4,083.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	1,418.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	1,418.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	1,418.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-.	12	2,665.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	1,889,156.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,639,156.
16	Enter the smaller of line 12 or line 15	16	2,665.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	101.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2018)

Line 7 - Deduction Recoveries Worksheet**CALIFORNIA**

Keep for Your Records

1. Enter total amount of recovery included in gross income 1. 202.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUT ON *This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.*

2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111	2. <u>0.</u>
3. Total amount of recovery (add lines 1 and 2)	3. <u>202.</u>
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%)	4. <u>.036241614</u>
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)	5. <u>7.</u>

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 0.038	6. <u>0.</u>
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	7. <u>49,746.</u>
8. Add the amount of line 5 to line 7	8. <u>49,753.</u>
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	9. <u>1,891.</u>
10. Enter the NIIT reported for the year of the deduction	10. <u>1,890.</u>
11. Subtract line 10 from line 9	11. <u>1.</u>
12. Enter the smaller of line 6 or line 11	12. <u>0.</u>
13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.	13. <u>7.</u>

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	14. _____
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	15. _____
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7	16. _____

Line 7 - Deduction Recoveries Worksheet**CALIFORNIA**

Keep for Your Records

1. Enter total amount of recovery included in gross income 1. 14,420.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUT ON *This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.*

2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111	2. <u>0.</u>
3. Total amount of recovery (add lines 1 and 2)	3. <u>14,420.</u>
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%)	4. <u>.036241614</u>
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)	5. <u>523.</u>

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 0.038	6. <u>20.</u>
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	7. <u>49,746.</u>
8. Add the amount of line 5 to line 7	8. <u>50,269.</u>
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	9. <u>1,910.</u>
10. Enter the NIIT reported for the year of the deduction	10. <u>1,890.</u>
11. Subtract line 10 from line 9	11. <u>20.</u>
12. Enter the smaller of line 6 or line 11	12. <u>20.</u>
13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7	13. <u>523.</u>

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	14. _____
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	15. _____
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7	16. _____

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

Keep for Your Records

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

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

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

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

2. 1,418.

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

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

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

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

4. 1,418.

- Enter the amount of total itemized deductions reported on Form 1040

5. 70,839.

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

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

- Subtract line 6e from line 5

7. 70,839.

- Enter the lesser of line 7 or line 4

8. 1,418.



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

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

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:		
1. (a) N/A	N/A	N/A
(b) N/A	N/A	N/A
2. State, local, and foreign income taxes	1,418.	x 1.0000 = 1,418.
Itemized Deductions		
Included on Line 3 of Part III:		
3. (a) _____	X _____	= _____
(b) _____	X _____	= _____

Form **8960****Net Investment Income Tax -
Individuals, Estates, and Trusts****2018****CALIFORNIA**

Name(s)

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number or EIN
*****-**-******Part I Investment Income** Section 6013(g) election Regulations section 1.1411-10(g) election

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	2,288.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	2	8.
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	4a	1,548,315.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-1,548,315.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	1,257.
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	1,257.
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	3,553.

Part II State Income Tax Pro-ration for 2018 Income Tax Payments

9	State total income	9	1,874,534.
10	State income tax payments for 2018	SEE STATEMENT 21	105,349.
11	2018 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	200.

Part III State Income Tax Pro-ration for 2017 Estimate Payments Made in 2018

12	State estimate payments for 2017	12	
13	Percent of state income taxes attributable to investment income for 2017	13	.036242
14	2017 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2018

15	Balance of prior years tax plus extension payments paid in 2018	15	45,000.
16	Percent of state income taxes attributable to investment income for 2017	16	.036242
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	1,631.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	(11,396,
19	Percent of state income taxes attributable to investment income for 2017	19	.036242
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	(413,

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	1,418.
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Form 8960 (2018)

Statement SBE Supplemental Business Expenses

2018

Your name	Social security number	Business in which expenses were incurred
DOUGLAS C. EMHOFF	***-**-****	PARTNERSHIP EXPENSES

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1	13,336.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 22	4	21,147.		
5 Meals expenses	5			4,900.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	34,483.		4,900.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
--	---	--	--

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	34,483.		4,900.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	34,483.		2,450.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			▶ 10	36,933.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	1	(b) Vehicle
11	Enter the date vehicle was placed in service	11	12/01/17	
12	Total miles vehicle was driven during 2018	12	5,700 miles	miles
13	Business miles included on line 12	13	3,640 miles	miles
14	Percent of business use. Divide line 13 by line 12	14	63.86 %	%
15	Average daily roundtrip commuting distance	15		miles
16	Commuting miles included on line 12	16		miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	2,060 miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22		
Section C. - Actual Expenses		(a) Vehicle	1	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	STMT 23	5,544.
24a	Vehicle rentals	24a	15,600.	
b	Inclusion amount	24b	261.	
c	Subtract line 24b from line 24a	24c		15,339.
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		20,883.
27	Multiply line 26 by the percentage on line 14	27		13,336.
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		13,336.

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

Allocation of Form 2106/Statement SBE Business Expenses

PARTNERSHIP EXPENSES
DOUGLAS C. EMHOFF

* * * - * * - * * *

2018 DEPRECIATION AND AMORTIZATION REPORT

PARTNERSHIP EXPENSES

FORM 2106/SBE- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	IPAD	07/01/18	200DB	5.00	HY19B		1,498.		1,498.		0.		1,498.	1,498.	0.
MACHINERY & EQUIPMENT															
1	I PHONE	07/01/11	200DB	5.00	HY17		790.		790.	0.	0.			0.	0.
3	LAPTOP COMPUTER	07/01/14	200DB	5.00	HY17		1,200.		1,200.	0.	0.			0.	0.
* 2106/SBE TOTAL MACHINERY & EQUIPMENT															
* GRAND TOTAL 2106/SBE DEPRECIATION															
CURRENT YEAR ACTIVITY															
BEGINNING BALANCE															
ACQUISITIONS															
DISPOSITIONS															
ENDING BALANCE															

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2018Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)► Attach to your tax return. FORM 2106 / SBE- 1
► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

PARTNERSHIP EXPENSES

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	1,498.
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000.

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
IPAD	1,498.	1,498.	
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,498.	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	1,498.	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	1,000,000.	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,498.	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ► 13			

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,498.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

:	:	%						
:	:	%						
:	:	%						

27 Property used 50% or less in a qualified business use:

:	:	%			S/L -			
:	:	%			S/L -			
:	:	%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
						Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)											
31 Total commuting miles driven during the year ...											
32 Total other personal (noncommuting) miles driven.....											
33 Total miles driven during the year. Add lines 30 through 32											
34 Was the vehicle available for personal use during off-duty hours?											
35 Was the vehicle used primarily by a more than 5% owner or related person?											
36 Is another vehicle available for personal use?											

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form 1116

U.S. and Foreign Source Income Summary

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	157,352.	157,352.	
Dividends/Distributions	8.	8.	
Interest	2,288.	2,288.	
Capital Gains	1,257.	1,257.	
Business/Profession	732,500.	732,500.	
Rent/Royalty			
State/Local Refunds	14,622.	14,622.	
Partnership/S Corporation	SEE STATEMENT 25	3,234,756.	3,230,621. 4,135.
Trust/Estate			
Other Income			
Gross Income	<u>4,142,783.</u>	<u>4,138,648.</u>	<u>4,135.</u>

Less:

Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>4,142,783.</u>	<u>4,138,648.</u>	<u>4,135.</u>

Deductions:

Business/Profession Expenses	2,098,816.	2,095,978.	2,838.
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	33,188.	7,355.	25,833.
Self-employment Health Insurance	1,623.	172.	1,451.
Keogh Contributions	120,000.	12,740.	107,260.
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>2,253,627.</u>	<u>2,116,245.</u>	<u>137,382.</u>
Adjusted Gross Income	<u>1,889,156.</u>	<u>2,022,403.</u>	<u>-133,247.</u>

Less Itemized Deductions:

Specifically Allocated	27,259.	27,259.	
Home Mortgage Interest	33,580.	33,580.	
Other Interest			
Ratably Allocated	10,000.	9,990.	10.
Total Adjustments to Adjusted Gross Income	<u>70,839.</u>	<u>70,829.</u>	<u>10.</u>
Taxable Income	<u>1,818,317.</u>	<u>1,951,574.</u>	<u>-133,257.</u>

Form 1116**Allocation of Itemized Deductions**

NAME

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

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	33,580.	33,580.		
Investment Interest				
Contributions	27,259.	27,259.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
Total Itemized Deductions	70,839.	60,839.		10,000.

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Foreign Income Category	GENERAL LIMITATION INCOME					
Regular	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						33.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						33.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)						33.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						33.
Total foreign taxes from all available years to be carried to next year						33.
	2008	2009	2010	2011	2012	
1. Foreign tax paid/accrued						
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)						
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Foreign Income Category	GENERAL LIMITATION INCOME					
AMT	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						33.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						33.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)						33.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						33.
Total foreign taxes from all available years to be carried to next year						33.
AMT	2008	2009	2010	2011	2012	
1. Foreign tax paid/accrued						
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)						
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

* * * - * * - * * *

Wages and Salaries:

Total Foreign Wages and Salaries

Business and Profession Income:

Total Foreign Business and Profession Income 4,135.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction _____

Percent Applicable to Foreign Business and Profession Income _____

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 **4,135.**

SELF-EMPLOYED RETIREMENT PLAN
COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR
FEDERAL 1040

DOUGLAS C. EMHOFF

1. DEFINED CONTRIBUTIONS		
a. Employer contributions made to the plan(s) for the sole proprietor or partner	61,000.	
b. Less amount allocated to insurance		
c. Net contributions, line 1a minus line 1b	61,000.	
d. Earned income of the sole proprietor or partner	1,534,840.	
e. Applicable percentage of line d LIMITED TO MAXIMUM CONTRIBUTION	55,000.	
f. Elective deferrals and catch-up contributions	6,000.	
g. Elective deferrals designed as Roth contributions		
h. Allowable deduction, lesser of (line 1c or line 1e) plus line f minus line g		61,000.
i. Excess contribution		
2. DEFINED BENEFIT - Deductible contributions		
3. Total deductible contributions. Add line 1h and line 2		61,000.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD				STATEMENT	1
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNITED STATE SENATE	157,352.	23,426.	9,750.		7,961.	2,408.
TOTALS	157,352.	23,426.	9,750.		7,961.	2,408.

FORM 1040	QUALIFIED DIVIDENDS				STATEMENT	2
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
FROM K-1 - DLA PIPER LLP	8.	8.
TOTAL INCLUDED IN FORM 1040, LINE 3A	8.	8.

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2017	2016	2015
GROSS STATE/LOCAL INC TAX REFUNDS	CALIFORNIA	202.	
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA		202.	
GROSS STATE/LOCAL INC TAX REFUNDS	CALIFORNIA	25,816.	
LESS: TAX PAID IN FOLLOWING YEAR		11,396.	
NET TAX REFUNDS CALIFORNIA		14,420.	
TOTAL NET TAX REFUNDS		14,622.	

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4	
		2017	2016	2015
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	14,622.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION	14,622.			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	209,760.			
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1	14,622.			
5 LINE 2 MINUS LINES 3 AND 4	195,138.			
6 MULT LN 5 BY APPL SEC. 68 PCT	156,110.			
7 PRIOR YEAR AGI	1,463,335.			
8 ITEM. DED. PHASEOUT THRESHOLD	313,800.			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	1,149,535.			
10 MULT LN 9 BY APPL SEC. 68 PCT	34,486.			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	160,652.			
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	160,652.			
13B PRIOR YR. STD. DED. AVAILABLE	12,700.			
14 PRIOR YR. ALLOWABLE ITEM. DED.	175,274.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	14,622.			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	14,622.			
17 ALLOWABLE PRIOR YR. ITEM. DED.	175,274.			
18 PRIOR YEAR STD. DED. AVAILABLE	12,700.			
19 SUBTRACT LINE 18 FROM LINE 17	162,574.			
20 LESSER OF LINE 16 OR LINE 19	14,622.			
21 PRIOR YEAR TAXABLE INCOME	1,288,061.			
22 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				14,622.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015				
TOTAL TO SCHEDULE 1, LINE 10				14,622.

SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 5

	2017	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
STATE TAX PAID IN FOLLOW YEAR	CALIFORNIA <hr/> 45,000.	<hr/> X	<hr/> 25,816. =
TOTAL STATE TAX PAID 2017	101,940.		<hr/> 11,396. <hr/>

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 6

DOUGLAS C. EMHOFF

DLA PIPER LLP

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	1,623.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	1,360,792.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	1,563,741.
4	DIVIDE LINE 2 BY LINE 3	.8702
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	28,901.
6	LINE 4 TIMES LINE 5	25,150.
7	LINE 2 MINUS LINE 6	1,335,642.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	104,426.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	1,231,216.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	1,231,216.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	1,623.

SCHEDULE 4	OTHER TAXES	STATEMENT 7
DESCRIPTION	AMOUNT	
FROM FORM 8959	14,902.	
FROM FORM 8960	101.	
TOTAL TO SCHEDULE 4, LINE 62	15,003.	

SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 8
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT		110,000.
2ND QTR ESTIMATE PAYMENT - JOINT		100,000.
3RD QTR ESTIMATE PAYMENT - JOINT		150,000.
4TH QTR ESTIMATE PAYMENT - JOINT		180,000.
TOTAL TO SCHEDULE 5, LINE 66		540,000.

FORM 2210

80% EXCEPTION WORKSHEET

STATEMENT 9

1. ENTER THE AMOUNT FROM FORM 2210, PART I, LINE 4 HERE	697,611.
2. MULTIPLY LINE 1 BY 80%	558,089.
3. ENTER YOUR WITHHOLDING TAXES FROM FORM 2210, LINE 6	23,426.
4. ENTER THE AMOUNT OF YOUR 2018 ESTIMATED TAX PAYMENTS MADE ON OR BEFORE JANUARY 15, 2019	540,000.
5. ADD LINES 4 AND 5 ABOVE	563,426.
6. IS LINE 5 ABOVE GREATER THAN OR EQUAL TO THE AMOUNT ON LINE 2 ABOVE?	

X YES. YOU QUALIFY FOR THE 80% WAIVER RELIEF. CHECK BOX A IN PART II
OF FORM 2210, WRITE "80% WAIVER" NEXT TO BOX A, AND FILE PAGE 1
WITH YOUR RETURN.

NO. YOU DO NOT QUALIFY FOR THE 80% WAIVER RELIEF. FOLLOW THE
INSTRUCTIONS FOR THE "YES" BOX ON LINE 9 OF FORM 2210, PART I,
IGNORING THE 80% WAIVER

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 10

DESCRIPTION	AMOUNT
UNITED STATE SENATE	9,750.
OTHER STATE AND LOCAL INCOME TAXES	62,762.
CALIFORNIA 1ST QTR ESTIMATE PAYMENTS	50,000.
CALIFORNIA 2ND QTR ESTIMATE PAYMENTS	20,000.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	25,599.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	45,000.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-11,396.
TOTAL TO SCHEDULE A, LINE 5A	201,715.

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 11

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
THE JEWISH FEDERATION		500.	
UNIVERSITY OF SOUTHERN			
CALIFORNIA		2,000.	
CHILDRENS DEFENSE FUND		500.	
THE MAPLE COUNCILING CENTER		1,000.	
MATTHEW SILVERMAN MEMORIAL			
FOUNDATION		2,500.	

CSUN FOUNDATION	2,000.
HOWARD UNIVERISTY	5,000.
PUBLIC COUNSEL	1,000.
PARSONS SCHOOL OF DESIGN	1,000.
BET TZEDEK	2,500.
WIKIPEDIA	20.
SOUTH CENTRAL SCHOLARS	1,500.
FROM K-1 - DLA PIPER LLP	7,106.
FROM K-1 - DLA PIPER LLP	633.
 SUBTOTALS	 26,626.
 TOTAL TO SCHEDULE A, LINE 11	 27,259.

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DOCTORS, DENTISTS, ETC.	2,688.
TOTAL TO SCHEDULE A, LINE 1	2,688.

SCHEDULE D **NET SHORT-TERM GAIN OR LOSS FROM** **STATEMENT** **13**
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
DLA PIPER LLP	136.
TOTAL TO SCHEDULE D, PART I, LINE 5	136.

SCHEDULE D **NET LONG-TERM GAIN OR LOSS FROM** **STATEMENT 14**
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
DLA PIPER LLP	1,121.	
TOTAL TO SCHEDULE D, PART II, LINE 12	1,121.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 15
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DESCRIPTION	AMOUNT
VENABLE LLP	202,949.
DLA PIPER LLP	1,360,792.
TOTAL TO SCHEDULE SE, LINE 2	1,563,741.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 16
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DESCRIPTION	AMOUNT
WRITER	320,125.
TOTAL TO SCHEDULE SE, LINE 2	320,125.

FORM 1116	EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME	STATEMENT 17
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DESCRIPTION	COUNTRY	AMOUNT
DLA PIPER LLP	OTHER COUNTRIES	2,838.
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	OTHER COUNTRIES	1,451.
KEOGH/SEP CONTRIBUTIONS	OTHER COUNTRIES	107,260.
SELF-EMPLOYMENT TAX DEDUCTION	OTHER COUNTRIES	25,833.
TOTAL TO FORM 1116, PART I, LINE 2		137,382.

FORM 6251	DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986	STATEMENT 18
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DESCRIPTION	AMOUNT
FROM K-1 - DLA PIPER LLP	25.
TOTAL TO FORM 6251, LINE 2L	25.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 19
VENABLE LLP DLA PIPER LLP	-202,949. -1,345,366.	
AMOUNT TO FORM 8960, LINE 4B		-1,548,315.
FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 20
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	7. 523. 530.	530.
AMOUNT TO FORM 8960, LINE 7		530.
FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 21
CALIFORNIA		
DESCRIPTION	AMOUNT	
UNITED STATE SENATE ESTIMATE OR PRIOR YEAR OVERPAYMENT	9,750. 95,599.	
TOTAL TO STATE FORM 8960, LINE 10		105,349.
FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 22
PARTNERSHIP EXPENSES		
DESCRIPTION	AMOUNT	
INTEREST - VENABLE K-1 PROFESSIONAL FEES TRAVEL MCTMT CELL PHONE INTERNET DUES & SUBSCRIPTIONS OFFICE EXPENSE DEPRECIATION	4,180. 2,000. 8,320. 807. 1,794. 1,668. 400. 480. 1,498.	
TOTAL TO FORM 2106/SBE, PART I, LINE 4		21,147.

STATEMENT SBE	TOTAL GROSS VEHICLE EXPENSES	STATEMENT 23
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PARTNERSHIP EXPENSES

VEHICLE NUMBER 1

GASOLINE AND OIL	1,596.
REPAIRS	460.
INSURANCE	2,988.
MISCELLANEOUS	500.

TOTAL TO STATEMENT SBE, PART II, LINE 23	5,544.
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FORM 4562	PART I - BUSINESS INCOME	STATEMENT 24
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INCOME TYPE	AMOUNT
WAGES	157,352.
SCHEDULE C	320,125.
PARTNERSHIPS	1,563,741.
SECTION 179 EXPENSE	1,498.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	2,042,716.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT 25
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DESCRIPTION	AMOUNT
DLA PIPER LLP	4,135.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	4,135.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	STATEMENT 26
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DESCRIPTION	INCOME	LOSS
VENABLE LLP	202,949.	
DLA PIPER LLP	3,031,807.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	3,234,756.	

022

TAXABLE YEAR

2018**California e-file Signature Authorization for Individuals**

FORM

8879

Your name

DOUGLAS C. EMHOFF

Spouse's/RDP's name

KAMALA D. HARRIS

Your SSN or ITIN

***-*-*-*-*-*

Spouse's/RDP's SSN or ITIN

***-*-*-*-*-*

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income. See instructions	1	1,874,534
2 Amount You Owe. See instructions	2	0
3 Refund or No Amount Due. See instructions	3	0

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter my PIN _____ **Do not enter all zeros**
ERO firm name

as my signature on my 2018 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► ******* THIS IS NOT A FILEABLE COPY ******* Date ► **04/09/2019**

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

I authorize _____ to enter my PIN _____ **Do not enter all zeros**
ERO firm name

as my signature on my 2018 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► **04/09/2019**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____ **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8879 2018

2019 California Estimated Tax Worksheet

Keep this worksheet for your records.

- 1 **Residents:** Enter your estimated 2019 California AGI. Nonresidents and part-year residents: Enter your estimated 2019 total AGI from all sources. Military servicemember/spouses, get FTB Pub. 1032, Tax Information for Military Personnel 1 _____
- 2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions 2a _____
- b If you do not plan to itemize deductions, enter the standard deduction for your filing status:
\$4,401 single or married/RDP filing separately
\$8,802 married/RDP filing jointly, head of household, or qualifying widow(er) 2b _____
- c Enter the amount from line 2a or line 2b, whichever applies 2c _____
- 3 Subtract line 2c from line 1 3 _____
- 4 Tax. Figure your tax on the amount on line 3 using the 2018 tax table for Form 540, or Long Form 540NR.
Also include any tax from form FTB 3800, Tax Computation for Certain Children with Unearned Income, and form FTB 3803, Parents' Election to Report Child's Interest and Dividends 4 _____
- 5 **Residents:** Skip to line 6a. **Nonresidents and part-year residents:**
 - a Enter your estimated 2019 California taxable income from Schedule CA (540NR), Part IV, line 5 5a _____
 - b Compute the CA Tax Rate: Tax on total taxable income from line 4
Total taxable income from line 3 5b _____
 - c Multiply the amount on line 5a by the CA Tax Rate on line 5b 5c _____
- 6 a **Residents:** Enter the exemption credit amount from the 2018 instructions for Form 540 6a _____
b **Nonresidents or part-year residents:** Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000 6b _____
- 7 **Nonresidents:** CA prorated exemption credits. Multiply the total exemption credit amount by line 6b 7 _____
- 8 **Residents:** Subtract line 6a from line 4. **Nonresidents or part-year residents:** Subtract line 7 from line 5c 8 _____
- 9 Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts 9 _____
- 10 Add line 8 and line 9 10 _____
- 11 Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses
Nonresidents and part-year residents: For the child and dependent care expenses credit, use the amount from your 2018 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2018 credit amount by the ratio on line 6b. 11 _____
- 12 Subtract line 11 from line 10 12 _____
- 13 Other credits (such as other state tax credit). See the 2018 instructions for Form 540, or Long Form 540NR 13 _____
- 14 Subtract line 13 from line 12 14 _____
- 15 Interest on deferred tax from installment obligations under IRC Sections 453 or 453A 15 _____
- 16 Alternative Minimum Tax. See Schedule P (540 or 540NR) 16 _____
- 17 Mental Health Services Tax Worksheet, line E (on page 2 of these instructions) 17 _____
- 18 2019 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero 18 _____
- 19 a Multiply line 18 by 90% (.90). Farmers and fishermen multiply line 18 by 66 2/3% (.6667) 19a _____
b Enter the sum of line 48, line 61, and line 62 from your 2018 Form 540 or the sum of line 63, line 71, and line 72 from your Long Form 540NR 19b _____
c Enter the amount from your 2018 Form 540 line 17; or Long Form 540NR, line 32 19c _____
d Is the amount on line 19c more than \$150,000 (\$75,000 if married/RDP filing separately)?
Yes. Go to line 19e. No. Enter the lesser of line 19a or line 19b. Skip line 19e and 19f and go to line 20 19d _____
e Multiply 110% (1.10) by line 19b 19e _____
f Enter the lesser of line 19a or line 19e and go to line 20 (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married filing separately, use line 19a) 19f _____
Caution: Generally, if you do not prepay at least the amount on line 19d (or 19f if no amount on line 19d), you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimated tax on line 18 is as accurate as possible. If you prefer, you may pay 100% of your 2019 estimated tax (line 18). 20 _____
- 20 California income tax withheld and estimated to be withheld during 2019 (include withholding on pensions, annuities, etc.) 20 _____
- 21 **Balance.** Subtract line 20 from line 19d (or line 19f if no amount on line 19d). If less than \$500 (or less than \$250, if married/RDP filing separately), you do not have to make a payment at this time **ADJUSTED TO:** 21 **158,240**
- 22 **Installment amount.** Multiply the amount on line 21 by 30%. Enter the results on the 1st and 4th installments of your Forms 540-ES. Multiply the amount on line 21 by 40%. Enter the result on the 2nd installment of your Forms 540-ES. There is not a required 3rd installment payment. If you will earn your income at an uneven rate during the year, see Annualization Option in the instructions under paragraph D.

Record of Estimated Tax Payments

Payment form number	(a) Date	(b) Web Pay/Credit card and confirmation number	(c) Amount paid	(d) 2018 overpayment applied	(e) Total amount paid and credited add (c) and (d)
1	04/15/19		\$ 44,945	\$ 2,525	\$ 47,470
2	06/17/19		63,300		63,300
3	09/16/19				
4	01/15/20		47,470		47,470
Total		►	\$ 155,715	\$ 2,525	\$ 158,240

2018

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

*****-*****-*****
 DOUGLAS C EMHOFF
 KAMALA D HARRIS

18 PBA 711510

A
R
RP

*****-*****-*****

If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/> 1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). See instructions. 2 <input checked="" type="checkbox"/> Married/RDP filing jointly. See inst. See instructions [] 3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here []		
5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died [] 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. • 6 <input type="checkbox"/> ► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions • 7 <input type="checkbox"/> 2 X \$118 = <input type="checkbox"/> \$ 236 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 • 8 <input type="checkbox"/> X \$118 = <input type="checkbox"/> \$ [] 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9 <input type="checkbox"/> X \$118 = <input type="checkbox"/> \$ [] 10 Dependents: Do not include yourself or your spouse/RDP. Exemptions		
Dependent 1 First Name <input checked="" type="radio"/> ELLA Last Name <input checked="" type="radio"/> EMHOFF SSN • *****-**-***** Dependent's relationship to you <input checked="" type="radio"/> DAUGHTER	Dependent 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Dependent 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Total dependent exemptions		• 10 <input type="checkbox"/> 1 X \$367 = <input type="checkbox"/> \$ 367
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 • 11 <input type="checkbox"/> \$ 603		

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ****-**-****

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 • 12 **157,352** 00
- 13 Enter federal adjusted gross income from Form 1040, line 7 ○ 13 **1,889,156** 00
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 **14,622** 00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **1,874,534** 00
- 16 California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C • 16 00
- 17 California adjusted gross income. Combine line 15 and line 16 • 17 **1,874,534** 00
- 18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; OR
Your California **standard deduction** shown below for your filing status:
• Single or Married/RDP filing separately \$4,401
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ... • 18 **16,913** 00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0 ○ 19 **1,857,621** 00

Tax

- 31 Tax. Check the box if from: Tax Table Tax Rate Schedule
• FTB 3800 FTB 3803 • 31 **198,929** 00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504,
see instructions ○ 32 **0** 00
- 33 Subtract line 32 from line 31. If less than zero, enter -0 ○ 33 **198,929** 00
- 34 Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 34 00
- 35 Add line 33 and line 34 ○ 35 **198,929** 00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 00
- 43 Enter credit name **OTHER STATE** code • 187 and amount • 43 **54,817** 00
- 44 Enter credit name code • and amount • 44 00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540) • 45 00
- 46 Nonrefundable renter's credit. See instructions • 46 00
- 47 Add line 40 through line 46. These are your total credits ○ 47 **54,817** 00
- 48 Subtract line 47 from line 35. If less than zero, enter -0 ○ 48 **144,112** 00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) • 61 00
- 62 Mental Health Services Tax. See instructions • 62 **8,576** 00
- 63 Other taxes and credit recapture. See instructions • 63 00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 **152,688** 00

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ****-**-****

Payments

71 California income tax withheld. See instructions	• 71	9 , 750	.00
72 2018 CA estimated tax and other payments. See instructions	• 72	145 , 599	.00
73 Withholding (Form 592-B and/or 593). See instructions	• 73		.00
74 Excess SDI (or VPDI) withheld. See instructions	• 74		.00
75 Earned Income Tax Credit (EITC)	• 75		.00
76 Add lines 71 through 75. These are your total payments. See instructions	◎ 76	155 , 349	.00

Use Tax

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

**Overpaid Tax/
Tax Due**

92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	◎ 92	155 , 349	.00
93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	◎ 93		.00
94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	◎ 94	2 , 661	.00
95 Amount of line 94 you want applied to your 2019 estimated tax	• 95	2 , 525	.00
96 Overpaid tax available this year. Subtract line 95 from line 94	• 96	136	.00
97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64	◎ 97		.00

Contributions

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

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ****-**-****

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

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ****-**-****

Amount You Owe	111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0001	• 111 [REDACTED] .00
	Pay online - Go to fb.ca.gov/pay for more information.	

Interest and Penalties	112 Interest, late return penalties, and late payment penalties	112 [REDACTED] .00
	113 Underpayment of estimated tax. Check the box: • <input checked="" type="checkbox"/> FTB 5805 attached • <input type="checkbox"/> FTB 5805F attached • 113	136 .00
	114 Total amount due. See instructions. Enclose, but do not staple, any payment	114 [REDACTED] 0 .00

Refund and Direct Deposit	115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions. Mail to: FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001	• 115 [REDACTED] 0 .00
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Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

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

• Routing number	• Type	• Account number	• 116 Direct deposit amount
[REDACTED]	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	[REDACTED]	[REDACTED] .00

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

• Routing number	• Type	• Account number	• 117 Direct deposit amount
[REDACTED]	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	[REDACTED]	[REDACTED] .00

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to fb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Sign Here	• Your email address. Enter only one email address. [REDACTED]	• Preferred phone number [REDACTED]
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) [REDACTED]	
It is unlawful to forge a spouse's/RDP's signature.	Firm's name (or yours, if self-employed) [REDACTED]	• PTIN [REDACTED]
Joint tax return? (See instructions)	Firm's address [REDACTED]	• Firm's FEIN ***-***** • <input checked="" type="checkbox"/> Yes • <input type="checkbox"/> No Telephone Number [REDACTED]
	Do you want to allow another person to discuss this tax return with us? See instructions Print Third Party Designee's Name [REDACTED]	

2018

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

*****-**-****

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

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

W-2 Information

1st W-2

2nd W-2

a. Employee's social security number *	<input checked="" type="radio"/> ****-**-****	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> **-*****	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> UNITED STATE SENATE	<input type="radio"/>
Address	<input checked="" type="radio"/> RM SH 127 HART OFFICE BLDG	<input type="radio"/>
City	<input checked="" type="radio"/> WASHINGTON	<input type="radio"/>
State	<input checked="" type="radio"/> DC	<input type="radio"/>
ZIP code	<input checked="" type="radio"/> 20510	<input type="radio"/>
e. Employee's first name *	<input checked="" type="radio"/> KAMALA	<input type="radio"/>
Middle initial *	<input checked="" type="radio"/> D	<input type="radio"/>
Last name *	<input checked="" type="radio"/> HARRIS	<input type="radio"/>
Suffix *	<input checked="" type="radio"/>	<input type="radio"/>
f. Employee address *	<input checked="" type="radio"/>	<input type="radio"/>
City *	<input checked="" type="radio"/>	<input type="radio"/>
State *	<input checked="" type="radio"/>	<input type="radio"/>
ZIP code *	<input checked="" type="radio"/>	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 157,352	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 23,426	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 128,400	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 7,961	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 2,408	<input type="radio"/>

W-2 Information	1st W-2	2nd W-2		
7. Social security tips	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
10. Dependent care benefits	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
11. Nonqualified plans	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
12. Codes and amounts	Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/> D	<input checked="" type="radio"/>	<input checked="" type="radio"/>	8 , 700
12b.	<input checked="" type="radio"/> DD	<input checked="" type="radio"/>	<input checked="" type="radio"/>	5 , 961
12c.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
12d.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee
	<input checked="" type="radio"/>	<input checked="" type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15. State and employer's state ID number	State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 805-0703-1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16. State wages, tips, etc.		157 , 352	<input checked="" type="radio"/>	
17. State income tax		9 , 750	<input checked="" type="radio"/>	

TAXABLE YEAR

2018 California Adjustments - Residents

SCHEDULE

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I Income Adjustment Schedule**Section A - Income**

from federal Form 1040

- 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1 157,352
- 2 Taxable interest (a) 2(b) 2,288
- 3 Ordinary dividends. See instr. (a) 3(b) 8
- 4 IRAs, pensions, and annuities. (a) 4(b)
- 5 Social security benefits. (a) 5(b)

**A Federal Amounts
(taxable amounts from your federal tax return)****B Subtractions****C Additions****Section B - Additional Income**

from federal Schedule 1 (Form 1040)

- 10 Taxable refunds, credits, or offsets of state and local income taxes 10 14,622
- 11 Alimony received 11
- 12 Business income or (loss) 12 320,125
- 13 Capital gain or (loss). See instructions 13 1,257
- 14 Other gains or (losses) 14
- 15a Reserved 15(b)
- 16a Reserved 16(b)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17 1,548,315
- 18 Farm income or (loss) 18
- 19 Unemployment compensation 19
- 20a Reserved 20(b)
- 21 Other income.
a California lottery winnings e NOL from FTB 3805Z,
3806, 3807, or 3809
b Disaster loss deduction from FTB 3805V f Other (describe):
Federal NOL
c (federal Schedule 1 (Form 1040), line 21)
d NOL deduction from FTB 3805V

14,622**1,548,315****2,043,967****14,622****14,622****1,548,315****2,043,967****14,622**22 **Total.** Combine line 1 through line 21 in column A. Add line 1 through line 21 in column B and column C. Go to Section C**Section C - Adjustments to Income**

from federal Schedule 1 (Form 1040)

- 23 Educator expenses 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24
- 25 Health savings account deduction 25
- 26 Moving expenses. Attach federal Form 3903. See instr 26
- 27 Deductible part of self-employment tax 27 33,188
- 28 Self-employed SEP, SIMPLE, and qualified plans 28 120,000
- 29 Self-employed health insurance deduction 29 1,623
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid. (b) Recipient's: SSN
Last name
- 32 IRA deduction 32
- 33 Student loan interest deduction 33
- 34 Reserved 34
- 35 Reserved 35
- 36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36 154,811
- 37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37 1,889,156

23**24****25****26****27****28****29****30****31a****32****33****34****35****36****37****23****24****25****26****27****28****29****30****31a****32****33****34****35****36****37****23****24****25****26****27****28****29****30****31a****32****33****34****35****36****37**

Part II Adjustments to Federal Itemized Deductions		<input checked="" type="radio"/> <input type="checkbox"/>	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions	C Additions
Check the box if you did NOT itemize for federal but will itemize for California					
Medical and Dental Expenses					
1	Medical and dental expenses	<input checked="" type="radio"/> 2,688	1		
2	Enter amount from federal Form 1040, line 7	<input checked="" type="radio"/> 1,889,156	2		
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/> 141,687	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="radio"/> 0	4	0	
Taxes You Paid					
5a	State and local income tax or general sales taxes	<input checked="" type="radio"/> 201,715	5a	201,715	
5b	State and local real estate taxes	<input checked="" type="radio"/> 23,278	5b		
5c	State and local personal property taxes	<input checked="" type="radio"/> 447	5c		
5d	Add lines 5a through 5c	<input checked="" type="radio"/> 225,440	5d		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in Column A				
	Enter the amount from line 5a, column B in line 5e, column B				
	Enter the difference from line 5d and line 5e, col A in line 5e, col C	<input checked="" type="radio"/> 10,000	5e	201,715	215,440
6	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 6			
7	Add lines 5e and 6	<input checked="" type="radio"/> 10,000	7	201,715	215,440
Interest You Paid					
8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="radio"/> 33,580	8a		
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="radio"/> 8b			
8c	Points not reported to you on Form 1098	<input checked="" type="radio"/> 8c			
8d	Reserved	<input checked="" type="radio"/> 8d			
8e	Add lines 8a through 8c	<input checked="" type="radio"/> 33,580	8e		
9	Investment interest	<input checked="" type="radio"/> 9			
10	Add lines 8e and 9	<input checked="" type="radio"/> 33,580	10		
Gifts to Charity					
11	Gifts by cash or check	<input checked="" type="radio"/> 27,259	11		
12	Other than by cash or check	<input checked="" type="radio"/> 12			
13	Carryover from prior year	<input checked="" type="radio"/> 13			
14	Add lines 11 through 13	<input checked="" type="radio"/> 27,259	14		
Casualty and Theft Losses					
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="radio"/> 15			
Other Itemized Deductions					
16	Other-from list in federal instructions	<input checked="" type="radio"/> 16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/> 70,839	17	201,715	215,440
18	Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/> 18			84,564

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 4 , 885
- 20 Tax preparation fees 20 4 , 885
- 21 Other expenses- investment, safe deposit box, etc. List type 21 4 , 885
- 22 Add lines 19 through 21 22 4 , 885
- 23 Enter amount from federal Form 1040, line 7 1,889,156
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 24 37 , 783
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25 0
- 26 **Total Itemized Deductions.** Add line 18 and line 25 26 84 , 564
- 27 Other adjustments. See instructions. Specify 27
- 28 Combine line 26 and line 27 28 84 , 564
- 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
- | | |
|--|-----------|
| Single or married/RDP filing separately | \$194,504 |
| Head of household | \$291,760 |
| Married/RDP filing jointly or qualifying widow(er) | \$389,013 |
- No. Transfer the amount on line 28 to line 29. **LIMITED**
- Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 16 , 913
- 30 Enter the larger of the amount on line 29 or your standard deduction listed below
- | | |
|--|---------|
| Single or married/RDP filing separately. See instructions | \$4,401 |
| Married/RDP filing jointly, head of household, or qualifying widow(er) ... | \$8,802 |
- Transfer the amount on line 30 to Form 540, line 18 30 16 , 913

TAXABLE YEAR
2018

Alternative Minimum Tax and Credit Limitations - Residents

839361 12-04-18
CALIFORNIA SCHEDULE
P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

1 If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6.	1	00	
2 Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 7	2	00	
3 Personal property taxes and real property taxes. See instructions	3	23,725	
4 Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4	00	
5 Miscellaneous itemized deductions. See instructions	5	00	
6 Refund of personal property taxes and real property taxes. See instructions <i>Do not include your state income tax refund on this line.</i>	6	(00)	
7 Investment interest expense adjustment. See instructions	7	00	
8 Post-1986 depreciation. See instructions	8	25	
9 Adjusted gain or loss. See instructions	9	-167	
10 Incentive stock options and California qualified stock options (CQSOs). See instructions	10	00	
11 Passive activities adjustment. See instructions	11	00	
12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12	00	
13 Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
a Circulation expenditures	00	g Mining costs	00
b Depletion	00	h Patron's adjustment	00
c Installment sales	00	i Pollution control facilities	00
d Intangible drilling costs	00	j Research and experimental	00
e Long-term contracts	00	k Tax shelter farm activities	00
f Loss limitations	00	l Related adjustments	00
14 Total Adjustments and Preferences. Combine line 1 through line 13	13	00	
15 Enter taxable income from Form 540, line 19. See instructions	14	23,583	
16 Net operating loss (NOL) deductions from Schedule CA (540), Part I, line 21b, line 21d, and line 21e, column B. Enter as a positive amount	15	1,857,621	
17 AMTI exclusion. See instructions	16	00	
18 If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	17	315,838	
Single or married/RDP filing separately	\$194,504	00	
Married/RDP filing jointly or qualifying widow(er)	\$389,013	00	
Head of household	\$291,760	00	
19 Combine line 14 through line 18	19	1,497,715	
20 Alternative minimum tax NOL deduction. See instructions	20	00	
21 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$369,562, see instructions)	21	1,497,715	

Part II Alternative Minimum Tax (AMT)

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

If your filing status is:	And line 21 is not over:	Enter on line 22:	} STMT 1	00
Single or head of household	\$268,237	\$71,531		
Married/RDP filing jointly or qualifying widow(er)	\$357,650	\$95,373		
Married/RDP filing separately	\$178,822	\$47,685		
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	1,497,715		00
24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	104,840		00
25 Regular tax before credits from Form 540, line 31	25	198,929		00
26 Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2019, enter amount from line 26 on the 2019 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	26	00		

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

1 Enter the amount from Form 540, line 35 **① 198,929 00**
 2 Enter the tentative minimum tax from Side 1, Part II, line 24 **② 104,840 00**

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits 3			③ 94,089	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507) 4	<input type="radio"/>			
5 Code: 232 Child and dependent care expenses credit (FTB 3506) 5	<input type="radio"/>			
A2 Credits that reduce excess tax and have carryover provisions.				
6 Code: <input checked="" type="radio"/> Credit Name: 6	<input type="radio"/>			<input type="radio"/>
7 Code: <input checked="" type="radio"/> Credit Name: 7	<input type="radio"/>			<input type="radio"/>
8 Code: <input checked="" type="radio"/> Credit Name: 8	<input type="radio"/>			<input type="radio"/>
9 Code: <input checked="" type="radio"/> Credit Name: 9	<input type="radio"/>			<input type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax 10	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Section B - Credits that may reduce tax below tentative minimum tax.				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) 11			④ 198,929	
B1 Credits that reduce net tax and have no carryover provisions.				
12 Code: 170 Credit for joint custody head of household 12	<input type="radio"/>			
13 Code: 173 Credit for dependent parent 13	<input type="radio"/>			
14 Code: 163 Credit for senior head of household 14	<input type="radio"/>			
15 Nonrefundable renter's credit 15	<input type="radio"/>			
B2 Credits that reduce net tax and have carryover provisions.				
16 Code: <input checked="" type="radio"/> Credit Name: 16	<input type="radio"/>			<input type="radio"/>
17 Code: <input checked="" type="radio"/> Credit Name: 17	<input type="radio"/>			<input type="radio"/>
18 Code: <input checked="" type="radio"/> Credit Name: 18	<input type="radio"/>			<input type="radio"/>
19 Code: <input checked="" type="radio"/> Credit Name: 19	<input type="radio"/>			<input type="radio"/>
B3 Other state tax credit.				
20 Code: 187 Other state tax credit 20		54,817	⑤ 54,817	144,112
Section C - Credits that may reduce alternative minimum tax.				
21 Enter your alternative minimum tax from Side 1, Part II, line 26 ... 21			<input type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d) 22	<input type="radio"/>			<input type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 23	<input type="radio"/>			<input type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61 24			<input type="radio"/>	

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	• 16,860	• 16,860
•	•	•
•	•	•
1 Total double-taxed income	• 16,860	• 16,860

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

2 California tax liability	• 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	• 3	16,860	00
4 California adjusted gross income	• 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	• 5	.0090	
6 Multiply line 2 by line 5	• 6	1,790	00
7 Income tax liability paid to name of other state (use state's abbreviation) • AZ	• 7	437	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	• 8	16,860	00
9 Adjusted gross income taxable by other state	• 9	16,860	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	• 10	1.0000	
11 Multiply line 7 by line 10	• 11	437	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	• 12	437	00

TAXABLE YEAR

839441 11-15-18

2018 Other State Tax Credit

CALIFORNIA SCHEDULE

S

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● VENABLE LLP	● 539	● 539
● DLA PIPER LLP	● 14,716	● 14,716
●	●	●
1 Total double-taxed income	● 15,255	● 15,255

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	15,255	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0081	
6 Multiply line 2 by line 5	● 6	1,611	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● DE	● 7	1,007	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	15,255	00
9 Adjusted gross income taxable by other state	● 9	15,255	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	1,007	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	1,007	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	• 45,862	• 45,862
•	•	•
•	•	•
1 Total double-taxed income	• 45,862	• 45,862

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

2 California tax liability	• 2 198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	• 3 45,862	00
4 California adjusted gross income	• 4 1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	• 5 .0245	
6 Multiply line 2 by line 5	• 6 4,874	00
7 Income tax liability paid to name of other state (use state's abbreviation) • GA	• 7 2,752	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	• 8 45,862	00
9 Adjusted gross income taxable by other state	• 9 45,862	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	• 10 1.0000	
11 Multiply line 7 by line 10	• 11 2,752	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	• 12 2,752	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	• 131,988	• 131,988
•	•	•
•	•	•
1 Total double-taxed income	• 131,988	• 131,988

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

2 California tax liability	• 2 198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	• 3 131,988	00
4 California adjusted gross income	• 4 1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	• 5 .0704	
6 Multiply line 2 by line 5	• 6 14,005	00
7 Income tax liability paid to name of other state (use state's abbreviation) • IL	• 7 6,533	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	• 8 131,988	00
9 Adjusted gross income taxable by other state	• 9 131,988	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	• 10 1.0000	
11 Multiply line 7 by line 10	• 11 6,533	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	• 12 6,533	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	• 1,187	• 1,187
•	•	•
•	•	•
1 Total double-taxed income	• 1,187	• 1,187

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

2 California tax liability	• 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	• 3	1,187	00
4 California adjusted gross income	• 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	• 5	.0006	
6 Multiply line 2 by line 5	• 6	119	00
7 Income tax liability paid to name of other state (use state's abbreviation) • IA	• 7	39	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	• 8	1,187	00
9 Adjusted gross income taxable by other state	• 9	1,187	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	• 10	1.0000	
11 Multiply line 7 by line 10	• 11	39	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	• 12	39	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - * * *****Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● VENABLE LLP	● 47,010	● 47,010
● DLA PIPER LLP	● 83,283	● 83,283
●	●	●
1 Total double-taxed income	● 130,293	● 130,293

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	130,293	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0695	
6 Multiply line 2 by line 5	● 6	13,826	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● MD	● 7	9,762	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	130,293	00
9 Adjusted gross income taxable by other state	● 9	130,293	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	9,762	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	9,762	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● DLA PIPER LLP	● 63,837	● 63,837
●	●	●
●	●	●
1 Total double-taxed income	● 63,837	● 63,837

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	63,837	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0341	
6 Multiply line 2 by line 5	● 6	6,783	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● MA	● 7	3,256	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	63,837	00
9 Adjusted gross income taxable by other state	● 9	63,837	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	3,256	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	3,256	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	• 6,885	• 6,885
•	•	•
•	•	•
1 Total double-taxed income	• 6,885	• 6,885

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

2 California tax liability	• 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	• 3	6,885	00
4 California adjusted gross income	• 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	• 5	.0037	
6 Multiply line 2 by line 5	• 6	736	00
7 Income tax liability paid to name of other state (use state's abbreviation) • MI	• 7	678	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	• 8	6,885	00
9 Adjusted gross income taxable by other state	• 9	6,885	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	• 10	1.0000	
11 Multiply line 7 by line 10	• 11	678	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	• 12	678	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - * * *****Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● DLA PIPER LLP	● 19,595	● 19,595
●	●	●
●	●	●
1 Total double-taxed income	● 19,595	● 19,595

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	19,595	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0105	
6 Multiply line 2 by line 5	● 6	2,089	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● NJ	● 7	1,758	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	19,595	00
9 Adjusted gross income taxable by other state	● 9	19,595	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	1,758	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	1,758	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● VENABLE LLP	● 29,633	● 29,633
● DLA PIPER LLP	● 236,201	● 236,201
●	●	●
1 Total double-taxed income	● 265,834	● 265,834

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

2 California tax liability	● 2 198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3 265,834	00
4 California adjusted gross income	● 4 1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5 .1418	
6 Multiply line 2 by line 5	● 6 28,208	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● NY	● 7 24,254	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8 265,834	00
9 Adjusted gross income taxable by other state	● 9 265,834	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10 1.0000	
11 Multiply line 7 by line 10	● 11 24,254	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12 24,254	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● DLA PIPER LLP	● 7,614	● 7,614
●	●	●
●	●	●
1 Total double-taxed income	● 7,614	● 7,614

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	7,614	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0041	
6 Multiply line 2 by line 5	● 6	816	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● NC	● 7	419	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	7,614	00
9 Adjusted gross income taxable by other state	● 9	7,614	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	419	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	419	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● DLA PIPER LLP	● 3,471	● 3,471
●	●	●
●	●	●
1 Total double-taxed income	● 3,471	● 3,471

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	3,471	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0019	
6 Multiply line 2 by line 5	● 6	378	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● OH	● 7	173	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	3,471	00
9 Adjusted gross income taxable by other state	● 9	3,471	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	173	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	173	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	● 44,194	● 44,194
•	●	●
•	●	●
1 Total double-taxed income	● 44,194	● 44,194

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	44,194	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0236	
6 Multiply line 2 by line 5	● 6	4,695	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● PA	● 7	1,357	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	44,194	00
9 Adjusted gross income taxable by other state	● 9	44,194	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	1,357	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	1,357	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
● VENABLE LLP	● 7,994	● 7,994
●	●	●
●	●	●
1 Total double-taxed income	● 7,994	● 7,994

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	7,994	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0043	
6 Multiply line 2 by line 5	● 6	855	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● VA	● 7	460	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	7,994	00
9 Adjusted gross income taxable by other state	● 9	7,994	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	460	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	460	00

2018 Other State Tax Credit

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS***** - * * - *******Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
• DLA PIPER LLP	● 33,619	● 33,619
•	●	●
•	●	●
1 Total double-taxed income	● 33,619	● 33,619

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

2 California tax liability	● 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	● 3	33,619	00
4 California adjusted gross income	● 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	● 5	.0179	
6 Multiply line 2 by line 5	● 6	3,561	00
7 Income tax liability paid to name of other state (use state's abbreviation) ● VI	● 7	1,932	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	● 8	33,619	00
9 Adjusted gross income taxable by other state	● 9	33,619	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	● 10	1.0000	
11 Multiply line 7 by line 10	● 11	1,932	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	● 12	1,932	00

TAXABLE YEAR
2018

Enterprise Zone Deduction and Credit Summary

839071 11-30-18

CALIFORNIA FORM

3805Z

Attach to your California tax return.

Name(s) as shown on your California tax return

<input type="checkbox"/> SSN or ITIN	<input type="checkbox"/> CA Corporation no.	<input checked="" type="checkbox"/> FEIN
* * - * * * * *		

California Secretary of State file number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

A. Check the appropriate box for your entity type:

- Individual Estate Trust C corporation S corporation Partnership
 Exempt organization Limited liability company Limited liability partnership

B. Enter the name of the Enterprise Zone (EZ) business: **DLA PIPER LLP**C. Enter the address (actual location) where the EZ business is conducted:
[REDACTED]D. Enter the name of the EZ in which the business and/or investment activity is located:
LOS ANGELES - EASTE. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC code, see instructions ... **541110**

F. Total number of employees in the EZ

G. Number of employees included in the computation of the hiring credit, if claimed

H. Gross annual receipts of the business

I. Total asset value of the business

Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.)

1 Hiring and sales or use tax credits claimed on the current year return:

- a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f) 1a _____
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b) 1b _____
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f) 1c _____
d Add line 1a and line 1c 1d _____

Part II Portion of Business Attributable to the Enterprise Zone. See instructions.2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, line 4. 2 _____**Part III Net Operating Loss (NOL) Carryover and Deduction.** See instructions.3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 9, column (b) 3a _____

b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 9, column (c). Enter this amount on Schedule CA (540, Part I or 540NR, Part II), line 21e, column B; Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 6 3b _____

c Enter the EZ NOL carryover to future years from Worksheet III, line 9, column (e) 3c _____

Schedule Z Computation of Credit Limitations - Enterprise Zones**Part I Computation of Credit Limitations.** See instructions.

1 Trade or business income. Individuals: Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input type="radio"/>	
2 Corporations: Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions	<input checked="" type="radio"/>	1
3 Multiply line 1 by line 2	<input type="radio"/>	2
4 Enter the EZ NOL deduction from Worksheet III, line 9, column (c)	<input type="radio"/>	3
5 EZ taxable income. Subtract line 4 from line 3	<input type="radio"/>	4
6 a Compute the amount of tax due using the amount on line 5. See instructions	<input type="radio"/>	5
b Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions	<input type="radio"/>	6a
7 Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input type="radio"/>	6b 198,929 7

Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts. See instructions.

(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input type="radio"/>	<input type="radio"/>	
	B	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Sales or use tax credit carryover	A				<input type="radio"/>	<input type="radio"/>	
	B		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Part III Limitation of Credits for S corporations Only. See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Sales or use tax credit carryover			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part IV Limitation of Credits for Corporations and S Corporations Subject to Paying Only the Minimum Franchise Tax. See instructions.

(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c), minus col. (d)
12 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Sales or use tax credit carryover		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Refer to page 4 for information on how to claim deductions and credits.

TAXABLE YEAR
2018

**Enterprise Zone
Deduction and Credit Summary**

839071 11-30-18

CALIFORNIA FORM

3805Z

Attach to your California tax return.

Name(s) as shown on your California tax return

SSN or ITIN CA Corporation no. FEIN
* * - * * * * *

California Secretary of State file number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

A. Check the appropriate box for your entity type:

Individual Estate Trust C corporation S corporation Partnership
 Exempt organization Limited liability company Limited liability partnership

B. Enter the name of the Enterprise Zone (EZ) business: **DLA PIPER LLP**

C. Enter the address (actual location) where the EZ business is conducted:
[REDACTED]

D. Enter the name of the EZ in which the business and/or investment activity is located:
SAN DIEGO

E. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC code, see instructions ... **541110**

F. Total number of employees in the EZ

G. Number of employees included in the computation of the hiring credit, if claimed

H. Gross annual receipts of the business

I. Total asset value of the business

Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.)

1 Hiring and sales or use tax credits claimed on the current year return:

- a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f) 1a _____
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b) 1b _____
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f) 1c _____
d Add line 1a and line 1c 1d _____

Part II Portion of Business Attributable to the Enterprise Zone. See instructions.

2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, line 4. 2 _____

Part III Net Operating Loss (NOL) Carryover and Deduction. See instructions.

3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 9, column (b) 3a _____

b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 9, column (c). Enter this amount on Schedule CA (540, Part I or 540NR, Part II), line 21e, column B; Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 6 3b _____

c Enter the EZ NOL carryover to future years from Worksheet III, line 9, column (e) 3c _____

Schedule Z Computation of Credit Limitations - Enterprise Zones**Part I Computation of Credit Limitations.** See instructions.

1 Trade or business income. Individuals: Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input type="radio"/> 1	
2 Corporations: Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions	<input type="radio"/> 2	
3 Multiply line 1 by line 2	<input type="radio"/> 3	
4 Enter the EZ NOL deduction from Worksheet III, line 9, column (c)	<input type="radio"/> 4	
5 EZ taxable income. Subtract line 4 from line 3	<input type="radio"/> 5	
6 a Compute the amount of tax due using the amount on line 5. See instructions	<input type="radio"/> 6a	
b Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions	<input type="radio"/> 6b	198,929
7 Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input type="radio"/> 7	

Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts. See instructions.

(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input type="radio"/>	<input type="radio"/>	
	B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Sales or use tax credit carryover	A				<input type="radio"/>	<input type="radio"/>	
	B		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III Limitation of Credits for S corporations Only. See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Sales or use tax credit carryover			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part IV Limitation of Credits for Corporations and S Corporations Subject to Paying Only the Minimum Franchise Tax. See instructions.

(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c), minus col. (d)
12 Hiring credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Sales or use tax credit carryover		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Refer to page 4 for information on how to claim deductions and credits.

TAXABLE YEAR
2018

Underpayment of Estimated Tax by Individuals and Fiduciaries

839561 11-27-18

CALIFORNIA FORM
5805

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

Name(s) as shown on return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

*** - * - ***

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2017 or 2018 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2017 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2018 return or 100% of the tax shown on your 2017 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2018 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement.

See General Information C 1 Yes No

.....
.....

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44 2 Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? 3 Yes No

N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/18 \$; 6/15/18 \$; 9/15/18 \$; 1/15/19 \$

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E 4 Yes No



Part II Required Annual Payment. All filers must complete this part.

1 Current year tax. Enter your 2018 tax after credits. See instructions	1	152,688	.00
2 Multiply line 1 by 90% (.90)	2	137,419	.00
3 Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	9,750	.00
4 Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	142,938	.00
5 Enter the tax shown on your 2017 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2018, more than \$75,000)	5	83,736	.00
6 Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	137,419	.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III.
If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7 Enter the amount, if any, from Part II, line 3 above	7		.00
8 Enter the total amount, if any, of estimated tax payments you made	8		.00
9 Add line 7 and line 8	9		.00
10 Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10		.00
11 Multiply line 10 by .03103836	11		.00
12 • If the amount on line 10 was paid on or after 4/15/19, enter -0-. • If the amount on line 10 was paid before 4/15/19, enter the result of the following computation: Amount on line 10 X Number of days paid before 4/15/19 X .00014	12		.00
13 PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ►	13	136	.00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2018 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

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

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

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6.

Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/18, 4/30/18, 7/31/18, and 11/30/18. Fiscal year filers must adjust dates accordingly.

- 1 Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions
 - 2 Annualization amounts. Estates or Trusts, see instructions
 - 3 Annualized income. Multiply line 1 by line 2
 - 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9
 - 5 Annualization amounts
 - 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions
 - 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions
 - 8 Enter line 6 or line 7, whichever is **larger**
 - 9 Subtract line 8 from line 3
 - 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions
 - 11 Enter the total amount of exemption credits from your 2018 Form 540, line 32 or Form 541, line 22. If you filed a Long Form 540NR, see instructions
 - 12 Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I in the instructions
 - 13 Enter the total credit amount from your 2018 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see instructions
 - 14 a Subtract line 13 from line 12. If zero or less, enter -0-
b Enter the alternative minimum tax and mental health tax
 - c Add line 14a and line 14b
 - d Enter the excess SDI from Form 540, line 74 or
Long Form 540NR, line 84
 - e Subtract line 14d from line 14c. If zero or less, enter -0-
 - 15 Applicable percentage
 - 16 Multiply line 14e by line 15
- Complete Line 17 through Line 23 of each column before you go to the next column.**
- 17 Enter the combined amounts shown on line 23 from all preceding columns
 - 18 Subtract line 17 from line 16. If zero or less, enter -0-
 - 19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c
 - 20 Enter the amount from line 22 from the preceding column
 - 21 Add line 19 and line 20
 - 22 Subtract line 18 from line 21. If zero or less, enter -0-
 - 23 Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1

	(a) 1/1/18 to 3/31/18	(b) 1/1/18 to 5/31/18	(c) 1/1/18 to 8/31/18	(d) 1/1/18 to 12/31/18
1				
2	4	2.4	1.5	1
3				
4				
5	4	2.4	1.5	1
6				
7				
8				
9				
10				
11				
12				
13				
14a				
14b				
14c				
14d				
14e				
15	27%	63%	63%	90%
16				
17				
18				
19				
20				
21				
22				
23	◎	◎	◎	◎

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

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19
1 Required Installments. See instructions	1	41,225	54,968		41,226
2 Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I)	2	78,524	23,900		2,925
COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.					
3 Enter amount, if any, from line 9 of previous column ...	3		37,299	6,231	6,231
4 Add line 2 and line 3	4		61,199	6,231	9,156
5 Add amounts on line 7 and line 8 of the previous column	5				
6 Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2	6	78,524	61,199	6,231	9,156
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7		0	0	
8 Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9 ►	8				32,070
9 Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9	37,299	6,231	6,231	

Part II Figure the Penalty. Complete line 10 through line 13 of one column before going to the next column.

Rate Period 1:	4/15/18	6/15/18	9/15/18	1/15/19
April 15, 2018 - December 31, 2018	Days:	Days:	Days:	
10 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 12/31/18, whichever is earlier	10			
11 Underpayment Number of on line 8 X days on line 10 X .04 (see instructions) 365 ►	11 \$	\$	\$	

Rate Period 2:	1/1/19	1/1/19	1/1/19	1/15/19
January 1, 2019 - April 15, 2019	Days:	Days:	Days:	Days:
12 Number of days from the date shown above line 12 to the date the amount on line 8 was paid or 04/15/19, whichever is earlier	12 SEE ATTACHED WORKSHEET			
13 Underpayment Number of on line 8 X days on line 12 X .05 (see instructions) 365 ►	13 \$	\$	\$	\$

14 PENALTY. Add amounts on line 11 and line 13 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, and check the box on that line ► 14 \$ 136

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

CA

Penalty Due (Sum of Column F). **136**

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

California

Exemption Credit - AGI Limitation Worksheet

2018

Name(s) as shown on return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Social security number

-**-*

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI a 1,889,156
- b. Enter the amount for your filing status on line b:
Single or married/RDP filing separate \$194,504
Married/RDP filing joint or qualifying widow(er) \$389,013
Head of household \$291,760 } b 389,013
- c. Subtract line b from line a c 1,500,143
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 601
- e. Multiply line d by \$6 e 3,606
- f. Add the numbers from the boxes on Form 540, line 7, line 8 and line 9 f 2
- g. Multiply line e by line f g 7,212
- h. Enter the total dollar amount from Form 540, line 7, line 8 and line 9 h 236
- i. Subtract line g from line h. If zero or less, enter -0- i 0
- j. Enter the number from the box on Form 540, line 10 j 1
- k. Multiply line e by line j k 3,606
- l. Enter the dollar amount from Form 540, line 10 l 367
- m. Subtract line k from line l. If zero or less, enter -0- m 0
- n. Add line i and m. Enter the result here and on Form 540, line 32. If zero or less, enter -0- n 0

California	Itemized Deductions Worksheet	2018
Name(s) as shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS	Social security number ***-**-****	
1. Enter the amount from Schedule CA (540), line 28 or Schedule CA (540NR), line 28		84,564
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7)		
3. Subtract line 2 from line 1		84,564
Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		
4. Multiply line 3 by 80% (.80)		67,651
5. Amount from Form 540 or Form 540NR, line 13		1,889,156
6. Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter \$194,504 - Head of household, enter \$291,760 - Married/RDP filing joint or qualifying widow(er), enter \$389,013	}	389,013
7. Subtract line 6 from line 5		1,500,143
Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		
8. Multiply line 7 by 6% (.06)		90,009
9. Compare line 4 and line 8. Enter the smaller amount here		67,651
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		16,913

2018 Income from PassthroughsCA

VENABLE LLP

I.D. NUMBER: **-*****

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN 202,949

NET INCOME (LOSS) FOR ENTITY 202,949

ACTIVITY INFORMATION:

VENABLE LLP

ORDINARY INCOME (LOSS) 202,949

TOTAL NONPASSIVE GAIN (LOSS) 202,949

2018 Income from PassthroughsCA

DLA PIPER LLP

I.D. NUMBER: **-*****

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	1 , 345 , 366
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NET INCOME (LOSS) FOR ENTITY	1 , 345 , 366
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ACTIVITY INFORMATION:

DLA PIPER LLP

UNREIMBURSED EXPENSES	-36 , 933
ORDINARY INCOME (LOSS)	1 , 382 , 299

TOTAL NONPASSIVE GAIN (LOSS)	1 , 345 , 366
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Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **VENABLE LLP**

EIN: ** - **** * * *

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	1. <u>1,186,395</u>
Increases:	
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2. <u>34,685</u>
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2017 Schedule K-1 from your share of liabilities shown in Item K of your 2018 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	3. <u>0</u>
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	4. <u>202,949</u>
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	5. <u>0</u>
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	6. <u>0</u>
Decreases:	
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	7. <u>237,634</u>
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.	
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2018 Schedule K-1 from your share of liabilities shown in item K of your 2017 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	8. <u>0</u>
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	9. <u>0</u>
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	10. <u>0</u>
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	11. <u>0</u>
12. Your share of the adjusted basis of charitable property contributions and foreign taxes paid or accrued	12. <u>0</u>
13. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 12 from the total. If zero or less, enter -0-.)	13. <u>1,186,395</u>

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 13 and the amount figured for line 13 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

SCHEDULE P	LINE 22 EXEMPTION WORKSHEET	STATEMENT	1
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1. ENTER \$71,531 IF SINGLE OR HEAD OF HOUSEHOLD; \$95,373 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$47,685 IF MARRIED/RDP FILING SEPARATELY 95,373.
2. ENTER YOUR AMTI FROM SCHEDULE P (540), PART I, LINE 21 1,497,715.
3. ENTER \$268,237 IF SINGLE OR HEAD OF HOUSEHOLD; \$357,650 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$178,822 IF MARRIED/RDP FILING SEPARATELY 357,650.
4. SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0- 1,140,065.
5. MULTIPLY LINE 4 BY 25% (.25) 285,016.
6. SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 24, GO TO LINE 7. OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540), PART II, LINE 22 AND COMPLETE SCHEDULE P (540) 0.
7. CHILD'S MINIMUM EXEMPTION AMOUNT
8. ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION
9. ADD LINE 7 AND LINE 8
10. ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON SCHEDULE P (540), PART II, LINE 22

CA SCHEDULE P	AMTI EXCLUSION	STATEMENT	2
DESCRIPTION		AMOUNT	
KAMALA D. HARRIS		315,838.	
TOTAL TO SCHEDULE P, PART I, LINE 17		315,838.	

STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **VENABLE LLP**EIN: **** - **** * * ***

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|--|--------------------|
| 1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
Enter -0- if this is your first tax year | 1. 899,655 |
| Increases: | |
| 2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero) | 2. 34,685 |
| 3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2017 Schedule K-1 from your share of liabilities shown in Item K of your 2018 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero) | 3. 0 |
| 4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds | 4. 202,949 |
| 5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities | 5. 0 |
| 6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion | 6. 0 |
| Decreases: | |
| 7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income) | 7. 237,634 |
| Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution. | |
| 8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2018 Schedule K-1 from your share of liabilities shown in item K of your 2017 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero)) | 8. 0 |
| 9. Your share of the partnership's nondeductible expenses that are not capital expenditures | 9. 0 |
| 10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations | 10. 0 |
| 11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property | 11. 0 |
| 12. Your share of the adjusted basis of charitable property contributions and foreign taxes paid or accrued | 12. 0 |
| 13. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 12 from the total. If zero or less, enter -0-.) | 13. 899,655 |

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 13 and the amount figured for line 13 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.