

LATOYA M DAWSON
JOSEPH R MELENDEZ

Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN with Direct Debit

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

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

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EDTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial agent at 1- 888- 353- 4537 no later than 2 business days prior to the payment settlement date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

Taxpayer's PIN: **42424**
Taxpayer's Date of Birth: **10/01/1992**
Taxpayer's Prior Year Adjusted Gross Income: **89,443.**
Taxpayer's Prior year PIN **42424**
Taxpayer's Electronic Filing PIN
Spouse's PIN: **01189**
Spouse's Date of Birth: **03/27/1975**
Spouse's Prior Year Adjusted Gross Income: **159,719.**
Spouse's Prior year PIN
Spouse's Electronic Filing PIN

Date: **06/27/2021**

IRS Direct Debit Information

| | |
|----------------------------------------------------------|---------------------|
| Amount of balance due to be debited. | 1,879 |
| Routing Transit Number (RTN) | 121000358 |
| Debited Account Number (DAN) | 325144849501 |
| Type of Account | CHECKING |
| Date client would like to have account debited | 06/27/2021 |

| California Direct Deposit Information | |
|------------------------------------------------------|--------------|
| All or portion of refund to direct deposit | 1,827 |
| Routing Transit Number (RTN) | 121000358 |
| Depositor Account Number (DAN) | 325144849501 |
| Type of Account | Checking |
| | |
| Remaining portion of total refund | |
| Routing Transit Number (RTN) | |
| Depositor Account Number (DAN) | |
| Type of Account | |



| | | | | | | | | | | | | | | | | | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-----------------------------|------------|------------------------|-----------|----------------------------|------------|-----------------|-----------|----------------------|-----------|---------------------|------|----------------------|----------|
| Prepared for | LATOYA M DAWSON JOSEPH R MELENDEZ | | | | | | | | | | | | | | | | |
| Tax Summary | <table> <tr> <td>Gross Income</td> <td>\$ 288,938</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$ 288,938</td> </tr> <tr> <td>Total Deductions</td> <td>\$ 24,800</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$ 264,107</td> </tr> <tr> <td>Total Tax</td> <td>\$ 51,970</td> </tr> <tr> <td>Total Payments</td> <td>\$ 50,091</td> </tr> <tr> <td>Refund Amount</td> <td>\$ 0</td> </tr> <tr> <td>Amount You Owe</td> <td>\$ 1,879</td> </tr> </table> | Gross Income | \$ 288,938 | Adjusted Gross Income | \$ 288,938 | Total Deductions | \$ 24,800 | Total Taxable Income | \$ 264,107 | Total Tax | \$ 51,970 | Total Payments | \$ 50,091 | Refund Amount | \$ 0 | Amount You Owe | \$ 1,879 |
| Gross Income | \$ 288,938 | | | | | | | | | | | | | | | | |
| Adjusted Gross Income | \$ 288,938 | | | | | | | | | | | | | | | | |
| Total Deductions | \$ 24,800 | | | | | | | | | | | | | | | | |
| Total Taxable Income | \$ 264,107 | | | | | | | | | | | | | | | | |
| Total Tax | \$ 51,970 | | | | | | | | | | | | | | | | |
| Total Payments | \$ 50,091 | | | | | | | | | | | | | | | | |
| Refund Amount | \$ 0 | | | | | | | | | | | | | | | | |
| Amount You Owe | \$ 1,879 | | | | | | | | | | | | | | | | |
| Make check payable to | United States Treasury | | | | | | | | | | | | | | | | |
| Mailing Address | Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return. | | | | | | | | | | | | | | | | |

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

STEP 3 - Pay the balance due on your taxes

You have elected to have \$1879 directly withheld from your bank account on 6/27/21.

TAXABLE YEAR

FORM

2020**California e-file Signature Authorization for Individuals****8879**Your name
LATOYA M DAWSONYour SSN or ITIN
602-60-6953Spouse's/RDP's name
JOSEPH R MELENDEZSpouse's/RDP's SSN or ITIN
603-01-8470**Part I Tax Return Information** (whole dollars only)

1 California Adjusted Gross Income (AGI). See instructions. 1 288,938.

2 Amount You Owe. See instructions 2 0.

3 Refund or No Amount Due. See instructions. 3 1,827.

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, 2020, 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 HRB TAX GROUP INC to enter my PIN 42424
ERO firm name **Do not enter all zeros**
 as my signature on my 2020 e- filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e- filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 06/27/2021

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

☒ I authorize HRB TAX GROUP INC to enter my PIN 01189
ERO firm name **Do not enter all zeros**
 as my signature on my 2020 e- filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e- filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► 06/27/2021

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 2020 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, 2020 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► 06/27/2021

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

| | | | | | |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--------------------------------------------------------------|--|
| Your first name and middle initial LATOYA M | | Last name DAWSON | | Your social security number 602-60-6953 | |
| If joint return, spouse's first name and middle initial JOSEPH R | | Last name MELENDEZ | | Spouse's social security no. 603-01-8470 | |
| Home address (number and street). If you have a P.O. box, see instructions. 18615 LANARK STREET | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. RESEDA | | | | State CA | |
| | | | | ZIP code 91335 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| | | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

| Dependents (see instructions): | | (2) Social security no. | (3) Relationship to you | (4) <input checked="" type="checkbox"/> If qualifies for (see inst.): | |
|--------------------------------|-----------|-------------------------|-------------------------|-----------------------------------------------------------------------|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|--------------------------------------------------------------------------------------|----------------|-----------------------|------------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 282,656. |
| 2a Tax-exempt interest | 2a | 2b Taxable interest | 2b |
| 3a Qualified dividends | 3a 620. | 3b Ordinary dividends | 3b 843. |
| 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| 5a Pensions and annuities | 5a | 5b Taxable amount | 5b 5,000. |
| 6a Social security benefits | 6a | 6b Taxable amount | 6b |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 7 | 431. |
| 8 Other income from Schedule 1, line 9 | | 8 | |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 9 | 288,938. |
| 10 Adjustments to income: | | | |
| a From Schedule 1, line 22 | 10a | | |
| b Charitable contributions if you take the standard deduction. See instr. | 10b | | |
| c Add lines 10a and 10b. These are your total adjustments to income | | 10c | |
| 11 Subtract line 10c from line 9. This is your adjusted gross income | | 11 | 288,938. |
| 12 Standard deduction or itemized deductions (from Schedule A) | | 12 | 24,800. |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | 31. |
| 14 Add lines 12 and 13 | | 14 | 24,831. |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 264,107. |

| | | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| 16 | Tax (see instructions). Check if any from Form(s) 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 51,450. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 51,450. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter - 0- | 22 | 51,450. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 520. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 51,970. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 50,091. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 50,091. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 50,091. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| Direct deposit? See instructions. | b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe now | 37 | 1,879. |
| For details on how to pay, see instructions. | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See

instructions ☐ Yes. Complete below. ☒ NoDesignee's
name ▶Phone
no. ▶Personal identification number
(PIN) ▶**Sign Here**Joint return?
See instructions.
Keep a copy for
your records.

Your signature

Date

Your occupation
PROGRAM MANAGERIf the IRS sent you an ID
Protection
PIN, enter it
here (see inst.)Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation
SOFTWARE ENGINEERIf the IRS sent your spouse
an ID Protection
PIN, enter it
here (see inst.)

Phone no.

Email address

Paid Preparer's Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶

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

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **02**

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

LATOYA M DAWSON & JOSEPH R MELENDEZ

Your social security number

602-60-6953**Part I Tax**

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

Part II Other Taxes

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| 4 | Self-employment tax. Attach Schedule SE. | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax- favored accounts. Attach Form 5329 if required. | 6 | |
| 7a | Household employment taxes. Attach Schedule H. | 7a | |
| b | Repayment of first- time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | 520. |
| 9 | Section 965 net tax liability installment from Form 965- A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040- SR, line 23, or Form 1040-NR, line 23b | 10 | 520. |

KBA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 2 (Form 1040) 2020**

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

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **12**

Name(s) shown on return

LATOYA M DAWSON & JOSEPH R MELENDEZ

Your social security number

602-60-6953Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

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

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | 26,560. | 26,845. | | (285.) |
| 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 |
| 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 (285.) |

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | 139,574. | 138,907. | | 667. |
| 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 |
| 13 Capital gain distributions. See the instructions | | | | 13 49. |
| 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 | | | | 15 716. |

KBA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule D (Form 1040) 2020**

Part III Summary

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 16 Combine lines 7 and 15 and enter the result | 16 | 431 . |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040- SR, or 1040- NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter - 0- on Form 1040, 1040- SR, or 1040- NR, line 7. Then, go to line 22. | | |
| 17 Are lines 15 and 16 both gains? | | |
| <input checked="" type="checkbox"/> Yes. Go to line 18. | | |
| <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? | | |
| <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040- SR, line 16. Don't complete lines 21 and 22 below. | | |
| <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, 1040- SR, or 1040- NR, line 7, the smaller of: | | |
| <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040, 1040- SR, or 1040- NR, line 3a? | | |
| <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040- SR, line 16. | | |
| <input type="checkbox"/> No. Complete the rest of Form 1040, 1040- SR, or 1040- NR. | | |

Schedule D (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

LATOYA M DAWSON & JOSEPH R MELENDEZ

Your taxpayer identification number

602-60-6953

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | () |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 0 |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | 5 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 153 |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year. | 7 | () |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 153 |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | 9 | 31 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | 31 |
| 11 | Taxable income before qualified business income deduction | 11 | 264,138 |
| 12 | Net capital gain (see instructions) | 12 | 1,051 |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 263,087 |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | 52,617 |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶ | 15 | 31 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | 16 | (0) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | 17 | (0) |

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

Form **8995** (2020)

Additional Medicare TaxDepartment of the Treasury
Internal Revenue Service

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

2020Attachment
Sequence No. **71**

Name(s) shown on return

LATOYA M DAWSON & JOSEPH R MELENDEZ

Your social security number

602-60-6953**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 | 302,339. | |
| 2 | Unreported tips from Form 4137, line 6. | 2 | | |
| 3 | Wages from Form 8919, line 6. | 3 | | |
| 4 | Add lines 1 through 3. | 4 | 302,339. | |
| 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 | | 52,339. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. | 7 | | 471. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) | 8 | 0. | |
| 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 | 302,339. | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | 0. | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | 0. |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (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 | 250,000. | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | 0. |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV. | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040- PR or 1040- SS filers, see instructions), and go to Part V. | 18 | | 471. |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|------|

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 | 4,384. | |
| 20 | Enter the amount from line 1. | 20 | 302,339. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages. | 21 | 4,384. | |
| 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, 1040- SR, or 1040- NR, line 25c (Form 1040- PR or 1040-SS filers, see instructions). | 24 | | |

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

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.**2020**Attachment
Sequence No. **72**

Name(s) shown on your tax return

LATOYA M DAWSON & JOSEPH R MELENDEZ

Your social security number or EIN

602-60-6953**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 | 8. |
| 2 | Ordinary dividends (see instructions) | 2 | 843. |
| 3 | Annuities (see instructions) | 3 | 0. |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 0. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | 0. |
| c | Combine lines 4a and 4b | 4c | 0. |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | 431. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | 0. |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | 0. |
| d | Combine lines 5a through 5c | 5d | 431. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | 6 | 0. |
| 7 | Other modifications to investment income (see instructions) | 7 | 0. |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 1,282. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | |
|-----------|---------------------------------------------------------|-----------|-----------|
| 9a | Investment interest expenses (see instructions) | 9a | 0. |
| b | State, local, and foreign income tax (see instructions) | 9b | 0. |
| c | Miscellaneous investment expenses (see instructions) | 9c | 0. |
| d | Add lines 9a, 9b, and 9c | 9d | 0. |
| 10 | Additional modifications (see instructions) | 10 | 0. |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 0. |

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 | 1,282. |
| 13 | Modified adjusted gross income (see instructions) | 13 | 288,938. |
| 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 | 38,938. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 1,282. |
| 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 | 49. |
| 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 | |

KBA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8960** (2020)

**H&R BLOCK®****2020 STATE TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA

FOR THE YEAR ENDING

December 31, 2020

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|---------|-----------------------------|----|---------|------------------------|----|--------|----------------------------|----|---------|-----------------|----|--------|----------------------|----|--------|---------------------|----|-------|----------------------|----|---|
| Prepared for | LATOYA M DAWSON and JOSEPH R MELENDEZ | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Summary | <table><tr><td>Gross Income</td><td>\$</td><td>288,938</td></tr><tr><td>Adjusted Gross Income</td><td>\$</td><td>288,938</td></tr><tr><td>Total Deductions</td><td>\$</td><td>21,649</td></tr><tr><td>Total Taxable Income</td><td>\$</td><td>267,289</td></tr><tr><td>Total Tax</td><td>\$</td><td>18,867</td></tr><tr><td>Total Payments</td><td>\$</td><td>20,694</td></tr><tr><td>Refund Amount</td><td>\$</td><td>1,827</td></tr><tr><td>Amount You Owe</td><td>\$</td><td>0</td></tr></table> | Gross Income | \$ | 288,938 | Adjusted Gross Income | \$ | 288,938 | Total Deductions | \$ | 21,649 | Total Taxable Income | \$ | 267,289 | Total Tax | \$ | 18,867 | Total Payments | \$ | 20,694 | Refund Amount | \$ | 1,827 | Amount You Owe | \$ | 0 |
| Gross Income | \$ | 288,938 | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Gross Income | \$ | 288,938 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Deductions | \$ | 21,649 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Taxable Income | \$ | 267,289 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Tax | \$ | 18,867 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Payments | \$ | 20,694 | | | | | | | | | | | | | | | | | | | | | | | |
| Refund Amount | \$ | 1,827 | | | | | | | | | | | | | | | | | | | | | | | |
| Amount You Owe | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions | <p>KEEP A COPY</p> <p>Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p> | | | | | | | | | | | | | | | | | | | | | | | | |

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

602-60-6953 DAWS 603-01-8470
 LATOYA M DAWSON
 JOSEPH R MELENDEZ

20

A
R
RP

18615 LANARK STREET
 RESEDA CA 91335

10-01-1992 03-27-1975

Enter your county at time of filing (see instructions)

PR ☐ LOS ANGELES
 RE ☐ If your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X
 IS
 NI If not, enter below your principal/physical residence address at the time of filing.

CD Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
 IE ☐ ☐
 PN
 AC City State ZIP code
 LE ☐ ☐ ☐

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

F S 1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.
 I T 2 ☒ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died.
 L A
 I T See instructions.
 N U
 G S 3 ☐ Married/RDP filing separately.
 Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6 ☐

E ► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$124 = 248.
 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$124 =
 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9 X \$124 =

Your name: LATOYA M DAWSON

Your SSN or ITIN: 602-60-6953

10 Dependents: Do not include yourself or your spouse/RDP.E
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| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions • 10 X \$383 = \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ 248.**12** State wages from your federal Form(s) W-2, box 16. • 12 282,170.**13** Enter federal adjusted gross income from federal Form 1040 or 1040- SR, line 11 13 288,938.T
A
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E**14** California adjustments - subtractions. Enter the amt from Sch. CA (540), Part I, line 23, column B • 14 0.**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. • 15 288,938.**16** California adjustments - additions. Enter the amt from Sch. CA (540), Part I, line 23, column C • 16 0.I
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E**17** California adjusted gross income. Combine line 15 and line 16 • 17 288,938.**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. \$4,601 | |
| • Married/RDP filing jointly, Head of household, or Qualifying widow(er). \$9,202 | | |

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instr. • 18 21,649.**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter - 0- 19 267,289.**31** Tax. Check the box if from:

| | |
|-------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Tax Table | <input checked="" type="checkbox"/> Tax Rate Schedule |
| • <input type="checkbox"/> FTB 3800 | • <input type="checkbox"/> FTB 3803 |

 • 31 19,115.T
A
X**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. 32 248.**33** Subtract line 32 from line 31. If less than zero, enter - 0- 33 18,867.**34** Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 **35** Add line 33 and line 34. 35 18,867.S
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S**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. • 40 **43** Enter credit name code • and amount • 43 **44** Enter credit name code • and amount • 44

Your name: LATOYA M DAWSON Your SSN or ITIN: 602-60-6953

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- 45 To claim more than two credits. See instructions. Attach Schedule P (540) • 45
- 46 Nonrefundable Renter's Credit. See instructions • 46
- 47 Add line 40 through line 46. These are your total credits ○ 47
- 48 Subtract line 47 from line 35. If less than zero, enter - 0- ○ 48 18,867.

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- 61 Alternative Minimum Tax. Attach Schedule P (540) • 61
- 62 Mental Health Services Tax. See instructions • 62
- 63 Other taxes and credit recapture. See instructions • 63
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 64
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax • 65 18,867.

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- 71 California income tax withheld. See instructions. • 71 20,694.
- 72 2020 CA estimated tax and other payments. See instructions • 72
- 73 Withholding (Form 592-B and/or 593). See instructions • 73
- 74 Excess SDI (or VPD) withheld. See instructions • 74
- 75 Earned Income Tax Credit (EITC). • 75
- 76 Young Child Tax Credit (YCTC). See instructions • 76
- 77 Net Premium Assistance Subsidy (PAS). See instructions. • 77
- 78 Add line 71 through line 77. These are your total payments.
See instructions. ○ 78 20,694.

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- 91 Use Tax. Do not leave blank. See instructions • 91
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

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- 92 Individual Shared Responsibility (ISR) Penalty. See instructions. • 92
- ☒ Full-year health care coverage.

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- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ○ 93 20,694.
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ○ 94
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ○ 95 20,694.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then
subtract line 93 from line 92. ○ 96

Your name: LATOYA M DAWSON Your SSN or ITIN: 602-60-6953

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|-----|----------------------------------------------------------------------------------------|----------------------------------|-----|-------------------------------------|
| 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 | <input type="radio"/> | 97 | <input type="text" value="1,827."/> |
| 98 | Amount of line 97 you want applied to your 2021 estimated tax | <input checked="" type="radio"/> | 98 | <input type="text"/> |
| 99 | Overpaid tax available this year. Subtract line 98 from line 97. | <input checked="" type="radio"/> | 99 | <input type="text" value="1,827."/> |
| 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | <input type="radio"/> | 100 | <input type="text" value="0."/> |

Code Amount

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| | | | |
|-----------------------------------------------------------------------------------------|----------------------------------|-----|---------------------------------|
| California Seniors Special Fund. See instructions | <input checked="" type="radio"/> | 400 | <input type="text"/> |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 401 | <input type="text"/> |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program. | <input checked="" type="radio"/> | 403 | <input type="text"/> |
| California Breast Cancer Research Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 405 | <input type="text"/> |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 406 | <input type="text"/> |
| Emergency Food for Families Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 407 | <input type="text"/> |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 408 | <input type="text"/> |
| California Sea Otter Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 410 | <input type="text"/> |
| California Cancer Research Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 413 | <input type="text"/> |
| School Supplies for Homeless Children Fund. | <input checked="" type="radio"/> | 422 | <input type="text"/> |
| State Parks Protection Fund/Parks Pass Purchase. | <input checked="" type="radio"/> | 423 | <input type="text"/> |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input checked="" type="radio"/> | 424 | <input type="text"/> |
| Keep Arts in Schools Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 425 | <input type="text"/> |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 431 | <input type="text"/> |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 438 | <input type="text"/> |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 439 | <input type="text"/> |
| Rape Kit Backlog Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 440 | <input type="text"/> |
| Schools Not Prisons Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 443 | <input type="text"/> |
| Suicide Prevention Voluntary Tax Contribution Fund | <input checked="" type="radio"/> | 444 | <input type="text"/> |
| 110 Add code 400 through code 444. This is your total contribution. | <input checked="" type="radio"/> | 110 | <input type="text" value="0."/> |

Your name: LATOYA M DAWSON

Your SSN or ITIN: 602-60-6953

AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 111 0.
Pay Online - Go to **ftb.ca.gov/pay** for more information.

112 Interest, late return penalties, and late payment penalties • 112
113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • 113 0.
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment • 114 0.

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • 115 1,827.
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:

116 Direct deposit amount
• Routing number • Type • Account number
☐ Checking ☐ Savings

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

117 Direct deposit amount
• Routing number • Type • Account number
☐ Checking ☐ Savings

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

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

For Information Only

For Information Only

Sign Here

☐ Your email address. Enter only one email address.

☐ Preferred phone number

LMDW13@YAHOO.COM

3108710796

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

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

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

• PTIN

Joint tax return? (See instructions)

Firm's address

• Firm's FEIN

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

• ☐ Yes • ☒ No

Print Third Party Designee's Name

Telephone Number

2020

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

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

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

W- 2 Information

| | | | |
|-----------------------------------------|--------------|-----------------------|-------------------------|
| a. Employee's social security number* | | c. Employer's name | |
| <input type="radio"/> | 602606953 | <input type="radio"/> | HULU LLC |
| b. Employer identification number (EIN) | | Employer's address | |
| <input type="radio"/> | 020809769 | <input type="radio"/> | 2500 BROADWAY 2ND FLOOR |
| | City | State | Zip code |
| <input type="radio"/> | SANTA MONICA | <input type="radio"/> | CA 90404 |

| | | | |
|-------------------------------------------|--------------------------|------------------------------|-----------------------|
| e. Employee's first name* | Initial* | Last name* | Suffix* |
| <input type="radio"/> LATOYA | <input type="radio"/> M | <input type="radio"/> DAWSON | <input type="radio"/> |
| f. Employee's address* | | | |
| <input type="radio"/> 18615 LANARK STREET | | | |
| City* | State* | Zip code* | |
| <input type="radio"/> RESEDA | <input type="radio"/> CA | <input type="radio"/> 91335 | |

| | | | | | |
|---------------------------------|----------|------------------------------|--------|----------------------------------------|--|
| Wages, tips, other compensation | | Social security tax withheld | | Allocated tips (not included in box 1) | |
| 1. <input type="radio"/> | 142,421. | 4. <input type="radio"/> | 8,537. | 8. <input type="radio"/> | |
| Federal income tax withheld | | Medicare tax withheld | | Dependent care benefits | |
| 2. <input type="radio"/> | 25,516. | 6. <input type="radio"/> | 2,068. | 10. <input type="radio"/> | |
| Social security wages | | Social security tips | | Nonqualified plans | |
| 3. <input type="radio"/> | 137,700. | 7. <input type="radio"/> | | 11. <input type="radio"/> | |

| | | | |
|-----------------------------|----------------------------|------------------------------|------------------------------|
| 12. Codes and amounts | | | |
| Code | Amount | Code | Amount |
| 12a <input type="radio"/> C | <input type="radio"/> 122. | 12c <input type="radio"/> AA | <input type="radio"/> 4,908. |
| Code | Amount | Code | Amount |
| 12b <input type="radio"/> D | <input type="radio"/> 183. | 12d <input type="radio"/> DD | <input type="radio"/> 4,590. |

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

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

| | |
|---------------------------------------------------------|--------------------------------|
| 14. SDI, VPDI, or CASDI (from box 14 or 19) | 16. State wages, tips, etc. |
| Type Amount | |
| <input type="radio"/> CASDI <input type="radio"/> 1,229 | <input type="radio"/> 142,421. |

| | |
|---------------------------------------------------------|-------------------------------|
| 15. State and employer's state ID number | 17. State income tax |
| State Employer's state ID number | |
| <input type="radio"/> CA <input type="radio"/> 27623909 | <input type="radio"/> 10,343. |

2020

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

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

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

W- 2 Information

| | | | |
|-----------------------------------------|-----------------|-----------------------|------------------------------|
| a. Employee's social security number* | | c. Employer's name | |
| <input type="radio"/> | 603018470 | <input type="radio"/> | NATIONAL ACADEMY OF RECORDIN |
| b. Employer identification number (EIN) | | Employer's address | |
| <input type="radio"/> | 956052058 | <input type="radio"/> | 3030 OLYMPIC BLVD |
| | City | State | Zip code |
| <input type="radio"/> | SANTA MONICA | <input type="radio"/> | CA 90404 |
| e. Employee's first name* | | Initial* | Last name* |
| <input type="radio"/> | JOSEPH | <input type="radio"/> | R |
| | | <input type="radio"/> | MELENDEZ |
| | | <input type="radio"/> | |
| f. Employee's address* | | | |
| <input type="radio"/> | 18615 LANARK ST | | |
| | City* | State* | Zip code* |
| <input type="radio"/> | RESEDA | <input type="radio"/> | CA 91335 |

| | | | | | |
|---------------------------------|----------|------------------------------|--------|----------------------------------------|--|
| Wages, tips, other compensation | | Social security tax withheld | | Allocated tips (not included in box 1) | |
| 1. <input type="radio"/> | 140,235. | 4. <input type="radio"/> | 8,537. | 8. <input type="radio"/> | |
| Federal income tax withheld | | Medicare tax withheld | | Dependent care benefits | |
| 2. <input type="radio"/> | 24,575. | 6. <input type="radio"/> | 2,316. | 10. <input type="radio"/> | |
| Social security wages | | Social security tips | | Nonqualified plans | |
| 3. <input type="radio"/> | 137,700. | 7. <input type="radio"/> | | 11. <input type="radio"/> | |

| | | | |
|---------------------------|---|-----------------------|---------|
| 12. Codes and amounts | | | |
| Code | | Amount | |
| 12a <input type="radio"/> | C | <input type="radio"/> | 486. |
| Code | | Amount | |
| 12b <input type="radio"/> | D | <input type="radio"/> | 19,500. |
| Code | | Amount | |
| 12c <input type="radio"/> | | <input type="radio"/> | |
| Code | | Amount | |
| 12d <input type="radio"/> | | <input type="radio"/> | |

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

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

| | | | |
|---------------------------------------------|--------|-----------------------------|----------|
| 14. SDI, VPDI, or CASDI (from box 14 or 19) | | 16. State wages, tips, etc. | |
| Type | Amount | | |
| <input type="radio"/> | CASDI | <input type="radio"/> | 1,229 |
| <input type="radio"/> | | <input type="radio"/> | 139,749. |

| | | | |
|------------------------------------------|----------------------------|-----------------------|----------|
| 15. State and employer's state ID number | | 17. State income tax | |
| State | Employer's state ID number | | |
| <input type="radio"/> | CA | <input type="radio"/> | 20937447 |
| <input type="radio"/> | | <input type="radio"/> | 10,351. |

2020

California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

LATOYA M DAWSON & JOSEPH R MELENDEZ

602-60-6953

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

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|
| 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 1 <input type="text"/> 282,656 | <input type="text"/> | <input type="text"/> |
| 2 Taxable interest. a <input type="text"/> | 2b <input type="text"/> 8 | <input type="text"/> | <input type="text"/> |
| 3 Ordinary dividends. See instructions. a <input type="text"/> 620 | 3b <input type="text"/> 843 | <input type="text"/> | <input type="text"/> |
| 4 IRA distributions. See instructions. a <input type="text"/> | 4b <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 Pensions and annuities. See instructions. a <input type="text"/> | 5b <input type="text"/> 5,000 | <input type="text"/> | <input type="text"/> |
| 6 Social security benefits. a <input type="text"/> | 6b <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 Capital gain or (loss). See instructions | 7 <input type="text"/> 431 | <input type="text"/> | <input type="text"/> |

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|----------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2a Alimony received. See instructions. | 2a <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 Business income or (loss). See instructions | 3 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 Other gains or (losses) | 4 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc | 5 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Farm income or (loss) | 6 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 Unemployment compensation | 7 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Other income. | | | |
| a California lottery winnings | | a <input type="text"/> | <input type="text"/> |
| b Disaster loss deduction from FTB 3805V 3807, or 3809 | | b <input type="text"/> | <input type="text"/> |
| c Federal NOL (federal Schedule 1 (Form 1040), line 8) | | c <input type="text"/> | <input type="text"/> |
| d NOL deduction from FTB 3805V | | d <input type="text"/> | <input type="text"/> |
| e NOL from FTB 3805Z, | | e <input type="text"/> | <input type="text"/> |
| f Other (describe): | | f <input type="text"/> | <input type="text"/> |
| g Student loan discharged due to closure of a for-profit school | | g <input type="text"/> | <input type="text"/> |
| 9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Sec. A, line 1 through line 7, and Sec. B, line 1 through line 8g in col B and col C. Go to Sec. C | 9 <input type="text"/> 288,938 | <input type="text"/> | <input type="text"/> |

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

| | | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|----------------------|
| 10 Educator expenses | 10 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Certain business expenses of reservists, performing artists, and fee-basis government officials | 11 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12 Health savings account deduction | 12 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13 Moving expenses. Attach federal Form 3903. See instructions | 13 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14 Deductible part of self-employment tax. See instructions | 14 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 Self-employed SEP, SIMPLE, and qualified plans. | 15 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16 Self-employed health insurance deduction. See instructions. | 16 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17 Penalty on early withdrawal of savings. | 17 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18a Alimony paid. b Recipient's: SSN <input type="text"/> | | | |
| Last name <input type="text"/> | 18a <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19 IRA deduction | 19 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Student loan interest deduction | 20 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 Tuition and fees | 21 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions. | 22 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions | 23 <input type="text"/> 288,938 | <input type="text"/> | <input type="text"/> |

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

| | | | | | | |
|----------|-------------------------------------------------------------------------------|-----------------------|----------|---------|--|--|
| 1 | Medical and dental expenses | <input type="radio"/> | 1 | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 | <input type="radio"/> | 2 | 288,938 | | |
| 3 | Multiply line 2 by 7.5% (0.075) | <input type="radio"/> | 3 | 21,670 | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | <input type="radio"/> | 4 | 0 | | |

Taxes You Paid

| | | | | | | | | |
|-----------|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------|-----------------------|--------|-----------------------|--------|
| 5a | State and local income tax or general sales taxes | 5a | <input type="radio"/> | 23,152 | <input type="radio"/> | 23,152 | | |
| 5b | State and local real estate taxes | 5b | <input type="radio"/> | 10,224 | | | | |
| 5c | State and local personal property taxes | 5c | <input type="radio"/> | | | | | |
| 5d | Add line 5a through line 5c | 5d | <input type="radio"/> | 33,376 | | | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A | | | | | | | |
| | Enter the amount from line 5a, column B in line 5e, column B | | | | | | | |
| | Enter the difference from line 5d and line 5e, column A in line 5e, column C | 5e | <input type="radio"/> | 10,000 | <input type="radio"/> | 23,152 | <input type="radio"/> | 23,376 |
| 6 | Other taxes. List type <input type="radio"/> | 6 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | |
| 7 | Add line 5e and line 6 | 7 | <input type="radio"/> | 10,000 | <input type="radio"/> | 23,152 | <input type="radio"/> | 23,376 |

Interest You Paid

| | | | | | | | |
|-----------|----------------------------------------------------------------------------------|-----------|-----------------------|-------|-----------------------|-----------------------|-------|
| 8a | Home mortgage interest and points reported to you on federal Form 1098 | 8a | <input type="radio"/> | 6,900 | | <input type="radio"/> | 4,525 |
| 8b | Home mortgage interest not reported to you on federal Form 1098 | 8b | <input type="radio"/> | | | <input type="radio"/> | |
| 8c | Points not reported to you on federal Form 1098 | 8c | <input type="radio"/> | | | <input type="radio"/> | |
| 8d | Mortgage insurance premiums | 8d | <input type="radio"/> | | <input type="radio"/> | | |
| 8e | Add line 8a through line 8d | 8e | <input type="radio"/> | 6,900 | <input type="radio"/> | | 4,525 |
| 9 | Investment interest | 9 | <input type="radio"/> | | <input type="radio"/> | | |
| 10 | Add line 8e and line 9 | 10 | <input type="radio"/> | 6,900 | <input type="radio"/> | | 4,525 |

Gifts to Charity

| | | | | | | | |
|-----------|---------------------------------------|-----------|-----------------------|--|-----------------------|--|-----------------------|
| 11 | Gifts by cash or check | 11 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |
| 12 | Other than by cash or check | 12 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |
| 13 | Carryover from prior year | 13 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |
| 14 | Add line 11 through line 13 | 14 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |

Casualty and Theft Losses

| | | | | | | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--|-----------------------|--|-----------------------|
| 15 | Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions | 15 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--|-----------------------|--|-----------------------|

Other Itemized Deductions

| | | | | | | | | |
|-----------|---------------------------------------------------------------------|-----------|-----------------------|--------|-----------------------|--------|-----------------------|--------|
| 16 | Other-from list in federal instructions | 16 | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 17 | <input type="radio"/> | 16,900 | <input type="radio"/> | 23,152 | <input type="radio"/> | 27,901 |

18 Total. Combine line 17 column A less column B plus column C ☐ **18** 21,649

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 19 | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. | <input type="radio"/> 19 | <input type="text"/> |
| 20 | Tax preparation fees | <input type="radio"/> 20 | <input type="text"/> |
| 21 | Other expenses - investment, safe deposit box, etc. List type <input type="radio"/> | <input type="radio"/> 21 | <input type="text"/> |
| 22 | Add line 19 through line 21. | <input type="radio"/> 22 | <input type="text"/> |
| 23 | Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> 288,938 | | |
| 24 | Multiply line 23 by 2% (0.02). If less than zero, enter 0. | <input type="radio"/> 24 | <input type="text" value="5,779"/> |
| 25 | Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 | <input type="radio"/> 25 | <input type="text" value="0"/> |
| 26 | Total Itemized Deductions. Add line 18 and line 25. | <input type="radio"/> 26 | <input type="text" value="21,649"/> |
| 27 | Other adjustments. See instructions. Specify <input type="radio"/> | <input type="radio"/> 27 | <input type="text"/> |
| 28 | Combine line 26 and line 27. | <input type="radio"/> 28 | <input type="text" value="21,649"/> |
| 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 | | \$203,341 |
| | Head of household | | \$305,016 |
| | Married/RDP filing jointly or qualifying widow(er) | | \$406,687 |
| | No. Transfer the amount on line 28 to line 29. | | |
| | Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 | <input type="radio"/> 29 | <input type="text" value="21,649"/> |
| 30 | Enter the larger of the amount on line 29 or your standard deduction listed below | | |
| | Single or married/RDP filing separately. See instructions. | | \$4,601 |
| | Married/RDP filing jointly, head of household, or qualifying widow(er) | | \$9,202 |
| | Transfer the amount on line 30 to Form 540, line 18 | <input type="radio"/> 30 | <input type="text" value="21,649"/> |



Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

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

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|
| 1. Enter the amount from Form 1040 or 1040- SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. | 264,107 |
| 2. Enter the amount from Form 1040 or 1040- SR, line 3a* | 2. | 620 |
| 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 line 16 is blank or a loss, enter -0- | 3. | 431 |
| <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. | | |
| 4. Add lines 2 and 3 | 4. | 1,051 |
| 5. Subtract line 4 from line 1. If zero or less, enter - 0- | 5. | 263,056 |
| 6. Enter: | | |
| \$40,000 if single or married filing separately, \$80,000 if married filing jointly or qualifying widow(er), \$53,600 if head of household. | 6. | 80,000 |
| 7. Enter the smaller of line 1 or line 6 | 7. | 80,000 |
| 8. Enter the smaller of line 5 or line 7 | 8. | 80,000 |
| 9. Subtract line 8 from line 7. This amount is taxed at 0% | 9. | 0 |
| 10. Enter the smaller of line 1 or line 4 | 10. | 1,051 |
| 11. Enter the amount from line 9 | 11. | 0 |
| 12. Subtract line 11 from line 10 | 12. | 1,051 |
| 13. Enter: | | |
| • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing joint or qualifying widow(er), or • \$469,050 if head of household | 13. | 496,600 |
| 14. Enter the smaller of line 1 or line 13 | 14. | 264,107 |
| 15. Add lines 5 and 9 | 15. | 263,056 |
| 16. Subtract line 15 from line 14. If zero or less, enter - 0- | 16. | 1,051 |
| 17. Enter the smaller of line 12 or line 16 | 17. | 1,051 |
| 18. Multiply line 17 by 15% (0.15) | 18. | 158 |
| 19. Add lines 9 and 17 | 19. | 1,051 |
| 20. Subtract line 19 from line 10 | 20. | |
| 21. Multiply line 20 by 20% (0.20) | 21. | |
| 22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet | 22. | 51,292 |
| 23. Add lines 18, 21, and 22 | 23. | 51,450 |
| 24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet | 24. | 51,545 |
| 25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040- SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040- SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 25. | 51,450 |

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

ROTH IRA RECORD WORKSHEET

Name **LATOYA M DAWSON**

SSN 602-60-6953

Important. Carry forward all Retirement Plan Account Record Worksheets as a permanent part of the taxpayer's file. A separate record of each separate retirement plan account should be maintained for each taxpayer (for each spouse for a married couple).

| For Year | Fair Market Value on Dec. 31 | Contributions | Excess Contributions | Total Conversions ♦ | Nontaxable Conversions | Distributions | Earnings Distributed | Amount Tentatively Subject to Penalty |
|-------------|------------------------------------|---------------|-------------------------|------------------------|---------------------------|---------------|-------------------------|---------------------------------------------|
| 2020 | | | | 5,000 | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | TOTALS | | | 5,000 | | | | |
| | Basis: | 0 | | 5,000 | | | | |

◆ Total conversions include taxable and nontaxable conversions. 1. Includes amounts from spouse's account 2. Includes excess contribution 3. Designated Roth rollover

Standard Deduction Worksheet- Line 12

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-----------|
| 1. Check if: | <input type="checkbox"/> You were born before January 2, 1956 | } Total number of boxes checked | 1. _____ |
| | <input type="checkbox"/> You are blind | | |
| | <input type="checkbox"/> Spouse was born before January 2, 1956 | | |
| | <input type="checkbox"/> Spouse is blind | | |
| 2. Enter the amount shown below for your filing status. | | } | 2. _____ |
| • Single or married filing separately - \$12,400 | | | |
| • Married filing jointly - \$24,800 | | | |
| • Head of household - \$18,650 | | | |
| 3. Can you (or your spouse if filing jointly) be claimed as a dependent? | | | |
| <input type="checkbox"/> No. Skip line 4; enter the amount from line 2 on line 5a. | | | |
| <input type="checkbox"/> Yes. Go to line 4. | | | |
| 4. Is your earned income * more than \$750? | | } | 4. _____ |
| <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total | | | |
| <input type="checkbox"/> No. Enter \$1,100 | | | |
| | | | |
| 5. Standard deduction. | | | |
| a. Enter the smaller of line 2 or 4 as indicated. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040- SR, line 12. Otherwise, go to line 5b | | | 5a. _____ |
| b. If born before January 2, 1956, or blind, multiply the number on line 1 by \$1,300 (\$1,650 if single or head of household) | | | 5b. _____ |
| c. Add lines 5a and 5b. Enter the total here and on Form 1040 or 1040- SR, line 12 | | | 5c. _____ |

** **Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040- SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Form 1040

Student Loan Interest Deduction Worksheet

2020

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|-----|--------------------|
| Name | LATOYA M DAWSON & JOSEPH R MELENDEZ | | SSN | 602-60-6953 |
| Total interest paid from Form 1098-E | | | | 130 |
| Total interest paid in 2020 on qualified student loans | | | | 130 |
| 1. Enter the total interest you paid in 2020 on qualified student loans. Do not enter more than \$2,500 | | | 1. | 130 |
| 2. • If you are not excluding unemployment compensation from income, enter the amount from Form 1040 or 1040-SR, line 9. | | | | |
| • If you are excluding unemployment compensation from income, enter the amount from Form 1040 or 1040- SR, lines 1, 2b, 3b, 4b, 5b, 6b, 7, Schedule 1, lines 1 through 7, and line 3 of the Unemployment Compensation Exclusion Worksheet | | | 2. | 288,938 |
| 3. Enter the total of amounts from Form 1040 or 1040- SR, line 10b, and Schedule 1, lines 10 through 19 | | | 3. | |
| 4. Enter any amount you entered on the dotted line next to Schedule 1, line 22 | | | 4. | |
| 5. Add the amounts on lines 3 and 4 | | | 5. | |
| 6. Subtract the amount on line 5 from the amount on line 2. | | | 6. | 288,938 |
| 7. Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45) | | | 7. | |
| 8. Enter any housing deduction (Form 2555, line 50) | | | 8. | |
| 9. Enter the amount of income from Puerto Rico that you are excluding | | | 9. | |
| 10. Enter the amount of income from American Samoa that you are excluding (Form 4563, line 15) | | | 10. | |
| 11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income | | | 11. | 288,938 |
| 12. Enter the amount shown below for your filing status | | | 12. | 140,000 |
| • Single, head of household, or qualifying widow(er) - \$70,000 | | | | |
| • Married filing jointly - \$140,000 | | | | |
| 13. Is the amount on line 11 more than the amount on line 12? | | | | |
| <input type="checkbox"/> No. Skip line 14, enter - 0- on line 15, and go to line 16. | | | | |
| <input checked="" type="checkbox"/> Yes. Subtract line 12 from line 11 | | | 13. | 148,938 |
| 14. Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 | | | 14. | 1.000 |
| 15. Multiply line 1 by line 14 | | | 15. | 130 |
| 16. Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 20. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) | | | 16. | 0 |

LATOYA M DAWSON & JOSEPH R MELENDEZ
Recovery Rebate Credit Worksheet- Line 30

602-60-6953

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2. | | |
| <input checked="" type="checkbox"/> No. | Go to line 2. | |
| <input type="checkbox"/> Yes. | You can't take the credit. Stop here. Don't complete the rest of this worksheet and don't enter any amount on line 30. | |
| 2. Does your 2020 return include a valid social security number (defined under Valid social security number; earlier) for you and, if filing a joint return, your spouse? | | |
| <input checked="" type="checkbox"/> Yes. | Skip lines 3 and 4, and go to line 5. | |
| <input type="checkbox"/> No. | If you are filing a joint return, go to line 3. | |
| If you aren't filing a joint return, Stop you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | | |
| 3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number, earlier)? | | |
| <input type="checkbox"/> Yes. | Your credit is not limited. Go to line 5. | |
| <input type="checkbox"/> No. | Go to line 4. | |
| 4. Does one of you have a valid social security number (defined under Valid social security number, earlier)? | | |
| <input type="checkbox"/> Yes. | Your credit is limited. Go to line 5. | |
| <input type="checkbox"/> No. | Stop here. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | |
| 5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter: | | |
| <ul style="list-style-type: none"> \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 | | 5. <u>2,400</u> |
| 6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number. | | 6. <u>0</u> |
| 7. Add lines 5 and 6 | | 7. <u>2,400</u> |
| 8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter: | | |
| <ul style="list-style-type: none"> \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 | | 8. <u>1,200</u> |
| 9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number | | 9. <u>0</u> |
| 10. Add lines 8 and 9 | | 10. <u>1,200</u> |
| 11. Enter the amount from line 11 of Form 1040 or 1040- SR | | 11. <u>288,938</u> |
| 12. Enter the amount shown below for your filing status: | | |
| <ul style="list-style-type: none"> \$150,000 if married filing jointly or qualifying widow(er) \$112,500 if head of household \$75,000 if single or married filing separately | | 12. <u>150,000</u> |
| 13. Is the amount on line 11 more than the amount on line 12? | | |
| <input type="checkbox"/> No. | Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. | |
| <input checked="" type="checkbox"/> Yes. | Subtract line 12 from line 11. | 13. <u>138,938</u> |
| 14. Multiply line 13 by 5% (0.05) | | 14. <u>6,947</u> |
| 15. Subtract line 14 from line 7. If zero or less, enter - 0- | | 15. <u>0</u> |
| 16. Enter the amount, if any, of the EIP 1 that was issued to you (before offset for any past- due child support payment). You may refer to Notice 1444 on your tax account information at IRS.gov/Account for the amount to enter here | | 16. <u>478</u> |
| 17. Subtract line 16 from line 15. If zero or less, enter - 0-. If line 16 is more than line 15, you don't have to pay back the difference | | 17. <u>0</u> |
| 18. Subtract line 14 from line 10. If zero or less, enter - 0- | | 18. <u>0</u> |
| 19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444- B or your tax account information at IRS.gov/Account for the amount to enter here | | 19. <u>0</u> |
| 20. Subtract line 19 from line 18. If zero or less, enter - 0-. If line 19 is more than line 18, you don't have to pay back the difference | | 20. <u>0</u> |
| 21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR | | 21. <u>0</u> |