

**NEDA NAZEMI
FARAZ FARAZ DADGOSTARI**

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without 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.

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

Taxpayer's PIN:	<u>15141</u>
Taxpayer's Date of Birth:	<u>07/18/1984</u>
Taxpayer's Prior Year Adjusted Gross Income:	<u>30,352.</u>
Taxpayer's Prior year PIN	_____
Taxpayer's Electronic Filing PIN	_____
Spouse's PIN:	<u>15141</u>
Spouse's Date of Birth:	<u>07/26/1982</u>
Spouse's Prior Year Adjusted Gross Income:	<u>34,197.</u>
Spouse's Prior year PIN	_____
Spouse's Electronic Filing PIN	_____

Date: 03/29/2020

Virginia Direct Deposit/Direct Debit Information

Routing Transit Number (RTN)

051000017

Depositor Account Number (DAN)

435033975777

Type of Account

Checking

☒ Direct Debit☐ Direct Deposit

03/30/2020

Amount. . .

1,150

Prepared for	NEDA NAZEMI FARAZ FARAZ DADGOSTARI																								
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$</td> <td>74,330</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>74,330</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>24,400</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>49,930</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>5,603</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>7,340</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>1,737</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income	\$	74,330	Adjusted Gross Income	\$	74,330	Total Deductions	\$	24,400	Total Taxable Income	\$	49,930	Total Tax	\$	5,603	Total Payments	\$	7,340	Refund Amount	\$	1,737	Amount You Owe	\$	0
Gross Income	\$	74,330																							
Adjusted Gross Income	\$	74,330																							
Total Deductions	\$	24,400																							
Total Taxable Income	\$	49,930																							
Total Tax	\$	5,603																							
Total Payments	\$	7,340																							
Refund Amount	\$	1,737																							
Amount You Owe	\$	0																							
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.

Filing status [] Single [X] 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 spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. ▶

Your first name and middle initial NEDA Last name NAZEMI Your social security number 075-75-9591
If joint return, spouse's first name and middle initial FARAZ Last name FARAZ DADGOSTARI Spouse's social security no. 854-28-8839
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2437 N BERKSHIRE RD
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHARLOTTESVILLE, VA 22901
Foreign country name Foreign province/county Foreign postal code
If more than four dependents, see inst. and [X] here ▶ []

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, 1955 [] Are blind Spouse: [] Was born before January 2, 1955 [] Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) [X] if qualifies for (see inst.):
				Child tax credit Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2 SCH 7500 1 74,220.
2a Tax-exempt interest 2a
3a Qualified dividends 3a
4a IRA distributions 4a
c Pension and annuities. 4c
5a Social security benefits 5a
b Taxable interest. Attach Sch. B if required 2b
b Ordinary div. Attach Sch. B if required 3b
d Taxable amount 4b
d Taxable amount 4d
b Taxable amount 5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 6
7a Other income from Schedule 1, line 9 7a 110.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶ 7b 74,330.
8a Adjustments to income from Schedule 1, line 22 8a
b Subtract line 8a from line 7b. This is your adjusted gross income 8b 74,330.
9 Standard deduction or itemized deductions (from Schedule A) 9 24,400.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10
11a Add lines 9 and 10 11a 24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter - 0- 11b 49,930.

12a	Tax (see inst. Check if any from Form(s) 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>)	12a	5,603.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	5,603.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter - 0-	14	5,603.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax	16	5,603.
17	Federal income tax withheld from Forms W-2 and 1099	17	7,340.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	7,340.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,737.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,737.
b	Routing number 051000017	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 435033975777		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	
Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See inst.		
(Other than paid preparer)	<input checked="" type="checkbox"/> No		
Designee's name	Phone no.	Personal identification number (PIN)	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here	Your signature	Date	Your occupation
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no.	Email address	
Paid Preparers Use Only	Preparer's name	Preparer's signature	Date
	Firm's name	Phone no.	PTIN
	Firm's address	Firm's EIN	Check if:
			<input type="checkbox"/> 3rd Party Designee
			<input type="checkbox"/> self-employed

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

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

NEDA NAZEMI & FARAZ FARAZ DADGOSTARI

Your social security number

075-75-9591

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	110.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C.	3	
4	Other gains or (losses). Attach Form 4797.	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	110.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE.	14	
15	Self-employed SEP, SIMPLE, and qualified plans.	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	
18a	Alimony paid.	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917.	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

Schedule 1 (Form 1040 or 1040-SR) 2019

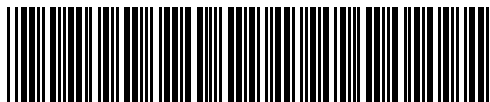
2019 STATE TAX RETURN FILING INSTRUCTIONS

VIRGINIA

FOR THE YEAR ENDING

December 31, 2019

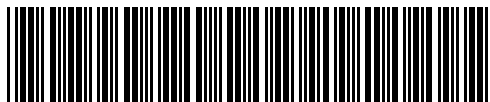
Prepared for	NEDA NAZEMI and FARAZ FARAZ DADGOSTARI																								
Tax Summary	<table> <tr> <td>Gross Income</td><td>\$</td><td>74,330</td></tr> <tr> <td>Adjusted Gross Income</td><td>\$</td><td>74,220</td></tr> <tr> <td>Total Deductions</td><td>\$</td><td>10,860</td></tr> <tr> <td>Total Taxable Income</td><td>\$</td><td>63,360</td></tr> <tr> <td>Total Tax</td><td>\$</td><td>3,126</td></tr> <tr> <td>Total Payments</td><td>\$</td><td>2,015</td></tr> <tr> <td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr> <td>Amount You Owe</td><td>\$</td><td>1,150</td></tr> </table>	Gross Income	\$	74,330	Adjusted Gross Income	\$	74,220	Total Deductions	\$	10,860	Total Taxable Income	\$	63,360	Total Tax	\$	3,126	Total Payments	\$	2,015	Refund Amount	\$	0	Amount You Owe	\$	1,150
Gross Income	\$	74,330																							
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Total Tax	\$	3,126																							
Total Payments	\$	2,015																							
Refund Amount	\$	0																							
Amount You Owe	\$	1,150																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	<p>SIGN AND DATE YOUR RETURN Please sign and date Form VA-8453. When filing a joint return, both you and your spouse need to sign the form. Keep a copy with your records for three years.</p> <p>KEEP A COPY 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>																								



NEDA NAZEMI
FARAZ FARAZDADGOSTARI
2437 N BERKSHIRE RD

CHARLOTTESVILLE VA 22901

SSN - You	NAZE	075759591	Vendor ID	1029	XXXXX
SSN - Spouse	FARA	854288839			
Fed Adj Gross Income (FAGI)	1.	74330.	Withholding (VA) -You	19A.	607.
Additions	2.		Withholding (VA) - Spouse	19B.	1408.
Subtotal	3.	74330.	Estimated Payments	20.	
Age Deduction - You	4A.		2018 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.	110.	Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.	110.	Total Payments / Credits	26.	2015.
Total VA Adj Gross Income (VAGI)	9.	74220.	Tax You Owe	27.	1111.
Itemized Deductions - VA Sch. A	10.		Tax Overpayment	28.	
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deds & Exemptions)	14.	10860.	Addition to Tax, Penalty & Interest	32.	39.
VA Taxable Income	15.	63360.	Sales and Use Tax	33.	
Amount of Tax	16.	3385.	Amount You Owe		1150.
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	N	
VAGI -Spouse	17A.	39870.	Your Refund		
Net Amount of Tax	18.	3126.	Bank Routing #		
			Bank Account #		



Filing Status, Age & License Information

Filing Status 2

Federal Head of Household

DOB - You 07181984

VA Driver's License ID - You A61294624

VA Driver's License - Iss. Date - You 05/09/2017

Spouse Name (Filing Status 3 Only)

DOB - Spouse 07261982

VA Driver's License ID - Spouse A61294623

VA Driver's License - Iss. Date - Spouse 05/08/2017

Additional Filing Information

Locality 003

Name or Filing Status Change

Address Change X

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

You 1

Spouse 1

Dependents

Total (A) 02

Exemptions (B)

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account with in the territorial jurisdiction of the United States.

Signature - You For Info Only Date

Phone - You 4343267014

Signature - Spouse For Info Only Date

Phone - Spouse 4343267014

Signature - Preparer _____ Date

Phone - Preparer

The Tax Dept. may discuss my/our return with my/our preparer.

Preparer Information 0

File by May 1, 2020

Include Page 1, Page 2 and all
supporting 760CG documents.

**Additions**

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Subtractions

Income (US obligations / securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B. Code
 6C. Code
 6D. Code
 Total Subtractions 7.

Deductions

8A.
 8B.
 8C.
 Total Deductions 9.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.
 # of Personal Exemptions 12.
 Tot. Exemptions Amount or \$0 13.
 Federal EIC 14.
 20% of Line 14 15.
 Greater of Line 13 or Line 15 16.
 Credit 17.

Addition to Tax, Penalty & Interest

Addition to Tax 18. 39.
 Form 760C Addition X
 Form 760F Addition
 Penalty 19.
 Late Filing Penalty
 Extension Penalty
 Interest 20.
 Total Adjustments 21. 39.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI			10.

2019 Schedule INC/CG

075759591

Report all W-2s, 1099s & VK-1s with VA Withholding



NEDA

NAZEMI

FARAZ

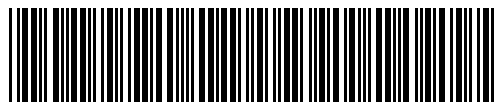
FARAZDADGOSTARI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
075759591	W	607.	546001796	30546001796F001	15150.
854288839	W	1408.	546001796	30546001796F001	32370.

Total VA Withholding	SSN	VA Withholding
You	075759591	607.
Spouse	854288839	1408.
Total # of W-2s, 1099s & VK-1s	02	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

760C - 2019 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts



• Enclose this form with Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date _____, 20_____, ending date _____, 20_____, and check here ☐

First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name of Estate or Trust NEDA NAZEMI & FARAZ FARAZ DADGOSTARI	Your Social Security Number or FEIN 075-75-9591
If Estate or Trust, Name and Title of Fiduciary	Spouse's Social Security Number 854-28-8839
	Office Use SC Office Use Payment

Part I - Compute Your Underpayment

1. 2019 Income Tax Liability After Spouse Tax Adjustment and Tax Credits. See instructions. (If \$150 or less, you are not required to file Form 760C)	1.	3,126
2. Enter 90% of the Amount Shown on Line 1	2.	2,813
3. 2018 Income Tax Liability After Spouse Tax Adjustment and Tax Credits	3.	
4. Enter the Amount From Line 2 or Line 3, Whichever is Less	4.	2,813
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4

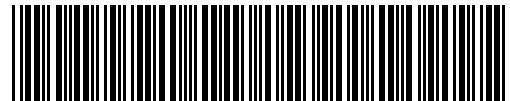
Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line

	A	B	C	D
6. Due Dates of Installment Payments	May 1, 2019	June 15, 2019	Sept. 15, 2019	Jan. 15, 2020
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns)	703	703	703	704
8. Enter the Income Tax Withheld for Each Installment Period	504	504	504	503
9. Enter the Overpayment Credit from Your 2018 Income Tax Return				
10. Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments)				
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 & 10 from Line 7. See instructions for overpayment)	199	199	199	201
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)				
a. First Payment				
b. Second Payment				
c. Third Payment				
d. Fourth Payment				
13. Enter the Total Timely Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2019)	504	504	504	503
14. Subtract Line 13 From Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II)	199	199	199	201

Late Payment/ Overpayment Table (See Instructions for Lines 11 and 12.)

Continued on Next Page ➡

Date of Payment	Date of Payment	Date of Payment	Date of Payment
Payment Amount	Payment Amount	Payment Amount	Payment Amount
\$	\$	\$	\$



Part II - Exceptions That Void the Addition to Tax

		A May 1, 2019	B June 15, 2019	C Sept. 15, 2019	D Jan. 15, 2020
15. Total Amount Paid and Withheld from January 1, 2019 through the Installment Date Indicated		504	1,008	1,512	2,015
16. Exception 1: Prior Year's Tax (Multiply the 2018 tax by the percentage in each column)	100% of 2018 Tax	25%	50%	75%	100%
17. Exception 2: Tax on Prior Year's Inc Using the 2019 Rates & Exemptions (Multiply the 2018 tax by the percentage in each col.)	100% of Tax	25%	50%	75%	100%
18. Exception 3 Worksheet: Tax on Annualized 2019 Income (Use the formula below to compute the amount on Lines 18a, b and c for each col.) Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2019, by 3. May 31 column: Multiply the actual amount for the period ended May 31, 2019, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2019, by 1.5.					
From January 1 to:		April 30	May 31	August 31	
a. Annualized VA Adjusted Gross Income (VAGI) for Each Period					
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column if You Did Not Claim Itemized Deductions					
c. Compute the Annualized Child and Dependent Care Expenses and Other Deductions for Each Period					
d. Total Dollar Amount of Exemptions Claimed on Your Return					
e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a)					
f. Virginia Tax (Enter the Virginia income tax on the amount(s) shown on Ln 18e)					
g. Multiply Line 18f by the Percentage Shown for Each Period		22.5%	45%	67.5%	
19. Exception 4 Worksheet: Tax on 2019 Income Over a 4, 5 and 8 Month Period* (* 3, 4 and 7 months for estates and trusts)					
From January 1 to:		April 30	May 31	August 31	
a. Enter Your VA Adjusted Gross Income (VAGI) for Each Period					
b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction					
c. Enter the Child and Dependent Care Expenses and Other Deductions for Each Period					
d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return					
e. VA Taxable Income (Subtract Lines 19b, c and d from Line 19a)					
f. Virginia Tax (Enter the Virginia income tax for the amount(s) on Line 19e)					
g. Multiply Line 19f by 90% (.90) for Each Period					

Note

Estates and trusts should use end dates of March 31, April 30 & July 31.

Note

Exceptions 3 and 4 do not apply to the fourth installment period.

Part III - Compute the Addition to Tax

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

	A May 1, 2019	B June 15, 2019	C Sept. 15, 2019	D Jan. 15, 2020
20. Amount of Underpayment from Part I, Line 14	199	199	199	201
21. Date of Payment from Part I, Line 12 (If no payments were entered on Line 12, enter the actual date of payment or May 1, 2020, whichever is earlier.)	05/01/2020	05/01/2020	05/01/2020	05/01/2020
22. a. Number of Days After Installment Due Date Through Date Paid or June 30, 2019, Whichever Is Earlier (If June 30, 2019, is earlier, enter 60 and 15 respectively.)	60	15		
b. Number of Days After June 30, 2019 Through Date Paid or May 1, 2020, Whichever Is Earlier (If May 1, 2020, is earlier, enter 306, 306, 229 and 107.)	306	306	229	107
23. a. Multiply the Number of Days in Each Column on Ln 22a by the Daily Rate of .00022 (8% Per Annum)	0.01320	0.00330	0.00000	0.00000
b. Multiply the Number of Days in Each Column on Ln 22b by the Daily Rate of .00019 (7% Per Annum)	0.05814	0.05814	0.04351	0.02033
c. Add Lines 23a and 23b in Each Column and Enter the Total Here	0.07134	0.06144	0.04351	0.02033
24. Multiply the Amount on Line 20 by Line 23c for Each Column	14	12	9	4
25. Addition to Tax (Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return)	39			