

**JAY'S TAX AND BOOKKEEPING
2250 MENZEL PLACE
SANTA CLARA, CA 95050-3624
(408) 244-8476**

October 12, 2020

KETAN UPADHYAY and PRITY VYAS
46876 BRADLEY ST
FREMONT, CA 94539

Dear Ketan and Prity,

**YOUR TAX RETURN WAS PREPARED BASED ON THE
INFORMATION PROVIDED BY YOU. PLEASE REVIEW THE TAX
RETURN TO ENSURE THAT THERE ARE NO OMISSIONS OR
MISSTATEMENTS BEFORE SIGNING THE FORMS.**

**IF DETAILS WERE PROVIDED THRU VARIOUS EMAILS
PLEASE VERIFY ALL DATA AS JAY'S TAX WILL NOT
BE RESPONSIBLE FOR ANY OMISSIONS.**

**IF YOU HAVE ANY FOREIGN INCOME TO REPORT YOU
ARE REQUIRED TO FILE THE 114 (FBAR)FORMS
BESIDES THIS TAX RETURN. PLEASE NOTE JAY'S TAX
& BOOKKEEPING IS NOT RESPONSIBLE FOR FILING
THE FORM UNLESS REQUESTED BY YOU.**

Your 2019 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$20,439.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before October 15, 2020 to:

INTERNAL REVENUE SERVICE
P.O. BOX 7704
SAN FRANCISCO, CA 94120-7704

Your 2019 California Individual Income Tax Return will be electronically filed with the FTB upon receipt of a signed Form 8879 - California e-file Signature Authorization. There is a balance due of \$8,621.

Mail your California payment voucher on or before October 15, 2020 and make your check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0008

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your Individual tax balance due or Extension Payment or Estimated Tax Payment Directly from your checking or savings account. To access online, visit www.irs.gov, Select PAY TAB, Select Make A Payment and follow instructions. You will need the Tax Year, Form number, Filing Status, Primary Name and SSN, Address and DOB.

You can also Use WebPay Option for CA-FTB payments also. Log into ftb.ca.gov and use Individual Webpay option for Debit to your account instead of mailing the check. Taxpayers who has more than \$ 10,000.00 liability must Mandatory pay thru Web Pay option.

DO NOT MAIL CHECKS IF YOU USE ELECTRONIC PAYMENT OPTION.

Please be sure to call if you have any questions.

Sincerely,

Jayant Trivedi

	2019	2018	Diff
INCOME			
Wages, salaries, tips, etc.....	285,000	208,500	76,500
Rent, royalty, partnership, SCorp, trust	167,963	113,044	54,919
Total income.....	452,963	321,544	131,419
ADJUSTMENTS TO INCOME			
Self-employed health insurance.....	16,390	20,606	-4,216
Total adjustments.....	16,390	20,606	-4,216
Adjusted gross income.....	436,573	300,938	135,635
ITEMIZED DEDUCTIONS			
Taxes.....	10,000	10,000	0
Interest.....	28,557	26,772	1,785
Total itemized deductions.....	38,557	36,772	1,785
TAX COMPUTATION			
Standard deduction.....	24,400	24,000	400
Larger of itemized or standard deduction	38,557	36,772	1,785
Qualified business income deduction.....	9,483	0	9,483
Taxable income.....	388,533	264,166	124,367
Tax before credits.....	86,964	51,979	34,985
CREDITS			
Child tax credit & other dependent cr....	2,150	5,000	-2,850
Total credits.....	2,150	5,000	-2,850
Tax after credits.....	84,814	46,979	37,835
OTHER TAXES			
Other taxes.....	315	0	315
Total tax.....	85,129	46,979	38,150
PAYMENTS			
Federal income tax withheld.....	56,690	31,519	25,171
Amount paid with extension.....	8,000	15,000	-7,000
Total payments.....	64,690	46,519	18,171
REFUND OR AMOUNT DUE			
Underpayment penalty.....	0	388	-388
Amount you owe.....	20,439	848	19,591
TAX RATES			
Marginal tax rate.....	32.0%	24.0%	8.0%
Effective tax rate.....	21.9%	17.8%	4.1%

	2019	2018	Diff
FEDERAL ADJUSTED GROSS INCOME			
Federal adjusted gross income.....	436,573	300,938	135,635
CALIFORNIA ADDITIONS			
Rents, royalties, partnerships, trusts.....	6,125	0	6,125
Total additions to federal AGI.....	6,125	0	6,125
ADJUSTED GROSS INCOME			
Adjusted gross income.....	442,698	300,938	141,760
ITEMIZED DEDUCTIONS			
Itemized deduction before limitation.....	37,657	35,699	1,958
Itemized deduction limitation.....	-2,130	0	-2,130
California itemized deductions.....	35,527	35,699	-172
California standard deduction.....	9,074	8,802	272
TAX COMPUTATION			
Total taxable income.....	407,171	265,239	141,932
Tax.....	32,203	19,174	13,029
Exemption credits.....	640	1,704	-1,064
Net tax.....	31,563	17,470	14,093
PAYMENTS			
California income tax withheld.....	20,942	15,989	4,953
Estimated tax payments.....	2,000	0	2,000
Total payments.....	22,942	15,989	6,953
REFUND OR AMOUNT DUE			
Amount overpaid.....	0	0	0
Amount you owe.....	8,621	1,481	7,140
TAX RATES			
Marginal tax rate.....	9.3%	9.3%	0.0%
Effective tax rate.....	7.8%	6.6%	1.2%

IRS e-file Signature Authorization

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) ►

Taxpayer's name KETAN UPADHYAY	Social security number 623-11-8920
Spouse's name PRITY VYAS	Spouse's social security number 124-80-2184

Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	436,573.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	85,129.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	56,690.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	20,439.

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. 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. 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 (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is 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 JAY'S TAX AND BOOKKEEPING to enter or generate my PIN 16148 as my
ERO firm name Enter five digits, but
don't enter all zeros
- signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed 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 ► _____

Spouse's PIN: check one box only

- ☒ I authorize JAY'S TAX AND BOOKKEEPING to enter or generate my PIN 28483 as my
ERO firm name Enter five digits, but
don't enter all zeros
- signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed 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 signature ► _____ Date ► _____

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.

77058522501

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Jayant Trivedi Date ► _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (2019)

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "2019 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and
mail Form 1040-V payments to:

Internal Revenue Service
P.O. Box 7704
San Francisco, CA 94120-7704

Form **1040-V** (2019)

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury
Internal Revenue Service (99)

2019

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

20,439.

FDIA8601L 09/03/19

1030



KETAN UPADHYAY & PRITY VYAS
46876 BRADLEY ST
FREMONT CA 94539

INTERNAL REVENUE SERVICE
P.O. BOX 7704
SAN FRANCISCO CA 94120-7704

623118920 VX UPAD 30 0 201912 610

Make your check payable to the "United States Treasury"
include your SSN, daytime phone # and "2019 Form 4868"
Mail your payment to:

Internal Revenue Service
P.O. Box 7122
San Francisco, CA 94120-7122

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service (99)		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		FDIA4601L 08/13/19 2019	
Part I Identification		Part II Individual Income Tax			
1 KETAN UPADHYAY PRITY VYAS 46876 BRADLEY ST FREMONT, CA 94539		4 Estimate of total tax liability for 2019... \$ 85,129.			
		5 Total 2019 payments 56,690.			
		6 Balance due. Subtract line 5 from line 4 (see instructions)..... 28,439.			
		7 Amount you are paying (see instructions)..... 8,000.			
2 623-11-8920		8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) <input type="checkbox"/>			
3 124-80-2184		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>			

623118920 VX UPAD 30 0 201912 670

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

Your first name and middle initial KETAN UPADHYAY		Last name UPADHYAY	Your social security number 623-11-8920
If joint return, spouse's first name and middle initial PRITY VYAS		Last name VYAS	Spouse's social security number 124-80-2184
Home address (number and street). If you have a P.O. box, see instructions. 46876 BRADLEY ST		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FREMONT, CA 94539			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a 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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ISHAAN	UPADHYAY	614-75-2673	Son	<input checked="" type="checkbox"/>	
VIHAAN	UPADHYAY	391-81-3906	Son	<input checked="" type="checkbox"/>	

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	285,000.
2a Tax-exempt interest	2a	
2b Taxable int. Att. Sch. B if reqd.	2b	
3a Qualified dividends	3a	
3b Ordinary div. Att. Sch. B if reqd.	3b	
4a IRA distributions	4a	
4b Taxable amount.	4b	
c Pensions and annuities	4c	
4d Taxable amount.	4d	
5a Social security benefits	5a	
5b Taxable amount.	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	167,963.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	452,963.
8a Adjustments to income from Schedule 1, line 22	8a	16,390.
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	436,573.
9 Standard deduction or itemized deductions (from Schedule A)	9	38,557.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	9,483.
11a Add lines 9 and 10	11a	48,040.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	388,533.

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

Form **1040** (2019)

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 86,964.	
b Add Schedule 2, line 3, and line 12a and enter the total		12b 86,964.
13a Child tax credit or credit for other dependents		13a 2,150.
b Add Schedule 3, line 7, and line 13a and enter the total		13b 2,150.
14 Subtract line 13b from line 12b. If zero or less, enter -0-		14 84,814.
15 Other taxes, including self-employment tax, from Schedule 2, line 10		15 315.
16 Add lines 14 and 15. This is your total tax		16 85,129.
17 Federal income tax withheld from Forms W-2 and 1099		17 56,690.
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 8,000.	
e Add lines 18a through 18d. These are your total other payments and refundable credits		18e 8,000.
19 Add lines 17 and 18e. These are your total payments		19 64,690.
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		21a
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
22 Amount of line 20 you want applied to your 2020 estimated tax		22
23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.		23 20,439.
24 Estimated tax penalty (see instructions)		24

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund Direct deposit? See instructions.

Amount You Owe

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
--------------------------------------	--------------------------------	---

Sign Here

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

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation ACCOUNTANT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510) 754-1349		Email address <input type="text"/>	

Paid Preparer Use Only

Preparer's name Jayant Trivedi	Preparer's signature Jayant Trivedi	Date <input type="text"/>	PTIN P00607168	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name JAY'S TAX AND BOOKKEEPING			Phone no. (408) 244-8476	
Firm's address 2250 Menzel Place Santa Clara, CA 95050-3624			Firm's EIN 77-0325476	

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

KETAN UPADHYAY AND PRITY VYAS

Your social security number

623-11-8920

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	
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	167,963.
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	167,963.

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	16,390.
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	16,390.

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **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. **02**

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

KETAN UPADHYAY AND PRITY VYAS

Your social security number

623-11-8920

Part I Tax

1	Alternative minimum tax. Attach Form 6251.	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b.	3	0.

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 type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	315.
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 15.	10	315.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

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

KETAN UPADHYAY AND PRITY VYAS

Your social security number

623-11-8920

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.	1	
2	Credit for child and dependent care expenses. Attach Form 2441.	2	
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5	Residential energy credits. Attach Form 5695.	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b.	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return.	8	
9	Net premium tax credit. Attach Form 8962.	9	
10	Amount paid with request for extension to file (see instructions).	10	8,000.
11	Excess social security and tier 1 RRTA tax withheld.	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d.	14	8,000.

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **07**

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

KETAN UPADHYAY AND PRITY VYAS

Your social security number

623-11-8920

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

- | | | | |
|---|--|----|---------|
| 5 | State and local taxes.
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. ► <input type="checkbox"/> | 5a | 24,257. |
| | b State and local real estate taxes (see instructions) | 5b | 9,100. |
| | c State and local personal property taxes | 5c | |
| | d Add lines 5a through 5c | 5d | 33,357. |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| 6 | Other taxes. List type and amount ► | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000. |

**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. ► <input type="checkbox"/> | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 28,557. |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 8b | |
| | c Points not reported to you on Form 1098. See instructions for special rules. | 8c | |
| | d Mortgage insurance premiums (see instructions) | 8d | |
| | e Add lines 8a through 8d | 8e | 28,557. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 28,557. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 0. |

**Casualty and
Theft Losses**

- | | | | |
|----|--|----|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. | 15 | 0. |
|----|--|----|----|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|----|
| 16 | Other—from list in instructions. List type and amount ► | 16 | 0. |
|----|---|----|----|

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9. | 17 | 38,557. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ► <input type="checkbox"/> | | |

FDIA0301L 01/15/20

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

Your social security number

KETAN UPADHYAY AND PRITY VYAS

623-11-8920

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	AASHNA U LLC	P		82-4330357		
B	AASHNA U LLC	P		82-4330357		
C	ISHAAN ENTERPRISE	S		26-4773547		
D	VIHAAN ENTERPRISE	S		81-1996559		

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		1,836.			
B		1,836.			
C			23,606.	191,197.	
D			7,519.	11,563.	
29 a Totals.....				202,760.	
b Totals.....		3,672.	31,125.		
30 Add columns (h) and (k) of line 29a.....				30	202,760.
31 Add columns (g), (i), and (j) of line 29b.....				31	-34,797.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....				32	167,963.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34 a Totals.....		
b Totals.....		
35 Add columns (d) and (f) of line 34a.....	35	
36 Add columns (c) and (e) of line 34b.....	36	
37 Total estate and trust income or (loss). Combine lines 35 and 36.....	37	

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

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below.....	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18.	41	167,963.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions).....	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....	43	

Qualified Business Income Deduction

► Attach to your tax return.

► Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019Attachment
Sequence No. **55A**

Name(s) shown on return

KETAN UPADHYAY AND PRITY VYAS

Your taxpayer identification number

623-11-8920

Part I Trade, Business, or Aggregation InformationComplete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed.
See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	ISHAan	<input type="checkbox"/>	<input type="checkbox"/>	81-1996559	<input type="checkbox"/>
B	VIHAAN	<input type="checkbox"/>	<input type="checkbox"/>	26-4773547	<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions.	2 191,197.	11,563.	
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13.	3 38,239.	2,313.	
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4		
5 Multiply line 4 by 50% (0.50).	5		
6 Multiply line 4 by 25% (0.25).	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property.	7		
8 Multiply line 7 by 2.5% (0.025).	8		
9 Add lines 6 and 8.	9		
10 Enter the greater of line 5 or line 9.	10		
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10.	11		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions.	12 8,942.	541.	
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12.	13 8,942.	541.	
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions.	14		
15 Qualified business income component. Subtract line 14 from line 13.	15 8,942.	541.	
16 Total qualified business income component. Add all amounts reported on line 15. ►	16 9,483.		

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

Form 8995-A (2019)

Part III **Phased-in Reduction**

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3.....	17	38,239.	2,313.	
18	Enter the amounts from line 10.....	18			
19	Subtract line 18 from line 17.....	19	38,239.	2,313.	
20	Taxable income before qualified business income deduction.....	20	398,016.		
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly).....	21	321,400.		
22	Subtract line 21 from line 20.....	22	76,616.		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly).....	23	100,000.		
24	Phase-in percentage. Divide line 22 by line 23.....	24	76.616%		
25	Total phase-in reduction. Multiply line 19 by line 24.....	25	29,297.	1,772.	
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business.....	26	8,942.	541.	

Part IV **Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16.....	27	9,483.		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions.....	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years.....	29			
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-.....	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20).....	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31.....	32		9,483.	
33	Taxable income before qualified business income deduction.....	33	398,016.		
34	Net capital gain. See instructions.....	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-.....	35		398,016.	
36	Income limitation. Multiply line 35 by 20% (0.20).....	36		79,603.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36.....	37		9,483.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.....	38			
39	Total qualified business income deduction. Add lines 37 and 38.....	39		9,483.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.....	40			

Form 8995-A (2019)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

OMB No. 1545-0074

2019Attachment
Sequence No. **71**

- 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.

Name(s) shown on return

Your social security number

KETAN UPADHYAY AND PRITY VYAS

623-11-8920

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	285,000.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	285,000.	
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		35,000.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		315.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
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		
10	Enter the amount from line 4.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
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		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V.	18		315.
----	--	----	--	------

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	4,313.	
20	Enter the amount from line 1.	20	285,000.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	4,133.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		180.
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 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions).	24		180.

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

- **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
 ► **Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

KETAN UPADHYAY AND PRITY VYAS

Taxpayer identification number

623-11-8920

Enter preparer's name and PTIN

Jayant Trivedi P00607168**Part I Due Diligence Requirements**

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

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on.			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2019)

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

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8867** (2019)

**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.

OMB No. 1545-2227

2019

Attachment
Sequence No. **72**

Name(s) shown on your tax return

KETAN UPADHYAY AND PRITY VYAS

Your social security number or EIN

623-11-8920

Part I Investment Income

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

1	Taxable interest (see instructions)	1	
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	167,963.
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-167,963.
4c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
5d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	

Part II Investment Expenses Allocable to Investment Income and Modifications

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

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	436,573.
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	186,573.
16	Enter the smaller of line 12 or line 15	16	
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	
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
18c	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	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	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	

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to **www.irs.gov/Form4562** for instructions and the latest information.

OMB No. 1545-0172

2019Attachment
Sequence No. **179**

Name(s) shown on return

KETAN UPADHYAY AND PRITY VYAS

Identifying number

623-11-8920

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
From Schedule K-1			31,125.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	31,125.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	31,125.
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. .	11	484,088.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	31,125.
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12. ▶	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 08/05/19

Form **4562** (2019)

TAX PAYMENT WORKSHEET (KEEP FOR YOUR RECORDS)

- 1 Total tax you expect to owe. This is the amount you expect to enter on Form 540, line 64; or Long Form 540NR, line 74 1 _____
- 2 Payments and credits:
- a California income tax withheld (including real estate and nonresident withholding) 2a _____
- b California estimated tax payments and amount applied from your 2018 tax return 2b _____
(To check your estimated tax payments go to ftb.ca.gov and login or register for MyFTB.)
- c Other payments and credits (including any tax payments made with any previous form FTB 3519). 2c _____
- 3 Total tax payments and credits. Add line 2a, line 2b, and line 2c 3 _____
- 4 Tax due. Is line 1 more than line 3? 4 _____

- **No. Stop here.** You have no tax due. **Do not** mail form FTB 3519. If you file your tax return by October 15, 2020 (fiscal year filer — see instructions), the automatic extension will apply.
- **Yes.** Subtract line 3 from line 1 and enter on line 4. This is your tax due. For online payments, **do not** mail the form, go to ftb.ca.gov/pay for more information. If you meet the requirements of the Mandatory e-Pay program, you must make all payments electronically, regardless of the taxable year or amount. Go to ftb.ca.gov/e-pay. For check or money order payments, using black or blue ink, complete your check or money order and form FTB 3519. Enter the tax due amount from line 4 as the 'Amount of payment.' Make your check or money order payable to the 'Franchise Tax Board,' and write your SSN or ITIN and '2019 FTB 3519' in the 'For' section. Enclose, but **do not** staple your payment to form FTB 3519 and mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008.**

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and '2019 FTB 3519' on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year — File and Pay by April 15, 2020.**
Fiscal Year Filers — see instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.
Go to ftb.ca.gov/pay for more information.
Do not mail this form if you use Web Pay.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR **2019** **Payment for Automatic
Extension for Individuals**

CALIFORNIA FORM
3519 (PIT)

623-11-8920 UPAD 124-80-2184
KETAN UPADHYAY
PRITY VYAS

19

46876 BRADLEY ST
FREMONT CA 94539

Amount of Payment 2000.

Voucher at bottom of page.

Mail 3582 payments to:

Franchise Tax Board
P.O. Box 942867
Sacramento, CA 94267-0008

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2019 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 15, 2020.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.
Go to ftb.ca.gov/pay for more information. **Do not mail this voucher if you use Web Pay.**

----- DETACH HERE -----

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

----- DETACH HERE -----

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2019

**Payment Voucher for
Individual e-filed Returns**

CALIFORNIA FORM

3582 (e-file)

623-11-8920 UPAD 124-80-2184
KETAN UPADHYAY
PRITY VYAS

19

46876 BRADLEY ST
FREMONT CA 94539

Amount of Payment 8621.

2019

California Resident
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

623-11-8920 UPAD 124-80-2184

19

KETAN UPADHYAY
PRITY VYASA
R
RP46876 BRADLEY ST
FREMONT CA 94539

03-31-1974 04-17-1980

Filing
StatusIf your California filing status is different from your federal filing status, check the box here. ☐1 ☐ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☒ Married/RDP filing jointly. See inst.5 ☐ Qualifying widow(er). Enter year spouse/RDP died. _____
See instructions. _____3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions. • 6 ☐

Exemptions

► 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.

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. • 7 ☐ 2 x \$122 = • \$ 244.8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. • 8 ☐ x \$122 = • \$9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. • 9 ☐ x \$122 = • \$

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

	Dependent 1	Dependent 2	Dependent 3
First Name	• ISHAAN	• VIHAAN	•
Last Name	• UPADHYAY	• UPADHYAY	•
SSN	• 614752673	• 391813906	•
Dependent's relationship to you	• SON	• SON	•

Total dependent exemptions. • 10 ☐ 2 x \$378 = • \$ 756.

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. ☒ **11** \$ 1,000.

Taxable Income

- 12** State wages from your federal Form(s) W-2, box 16. ☐ **12** 285,000.
- 13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b. ☒ **13** 436,573.
- 14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ☐ **14** _____
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ☐ **15** 436,573.
- 16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ☐ **16** 6,125.
- 17** California adjusted gross income. Combine line 15 and line 16. ☐ **17** 442,698.
- 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. \$4,537
☐ Married/RDP filing jointly, Head of household, or Qualifying widow(er). \$9,074
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ☐ **18** 35,527.
- 19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. ☒ **19** 407,171.

Tax

- ☐ Tax Table ☒ Tax Rate Schedule
- 31** Tax. Check the box if from: ☐ FTB 3800 ☐ FTB 3803. ☐ **31** 32,203.
- 32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. ☒ **32** 640.
- 33** Subtract line 32 from line 31. If less than zero, enter -0-. ☒ **33** 31,563.
- 34** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ☐ **34** _____
- 35** Add line 33 and line 34. ☒ **35** 31,563.

Special Credits

- 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** _____
- 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** 31,563.

Your name: **KETAN UPADHYAY**

Your SSN or ITIN: **623-11-8920**

Other Taxes

- 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 Add line 48, line 61, line 62, and line 63. This is your total tax. • 64 31,563.

Payments

- 71 California income tax withheld. See instructions. • 71 20,942.
- 72 2019 CA estimated tax and other payments. See instructions. • 72 2,000.
- 73 Withholding (Form 592-B and/or 593). See instructions. • 73 _____
- 74 Excess SDI (or VPDI) withheld. See instructions. • 74 0.
- 75 Earned Income Tax Credit (EITC). • 75 _____
- 76 Young Child Tax Credit (YCTC). See instructions. • 76 _____
- 77 Add lines 71 through 76. These are your total payments.
See instructions. (•) 77 22,942.

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. • 91 0.
If line 91 is zero, check if: ☒ No use tax is owed.
☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

- 92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77. (•) 92 22,942.
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91. (•) 93 _____
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. (•) 94 _____
- 95 Amount of line 94 you want applied to your **2020** estimated tax. • 95 _____
- 96 Overpaid tax available this year. Subtract line 95 from line 94. • 96 _____
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64. (•) 97 8,621.

Your name: KETAN UPADHYAY

Your SSN or ITIN: 623-11-8920

Contributions	Code	Amount
California Seniors Special Fund. See instructions.....	● 400	_____
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	_____
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	_____
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	_____
California Firefighters' Memorial Fund.....	● 406	_____
Emergency Food for Families Voluntary Tax Contribution Fund.....	● 407	_____
California Peace Officer Memorial Foundation Fund.....	● 408	_____
California Sea Otter Fund.....	● 410	_____
California Cancer Research Voluntary Tax Contribution Fund	● 413	_____
School Supplies for Homeless Children Fund.....	● 422	_____
State Parks Protection Fund/Parks Pass Purchase.....	● 423	_____
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	_____
Keep Arts in Schools Voluntary Tax Contribution Fund.....	● 425	_____
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	_____
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	_____
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	_____
Rape Kit Backlog Voluntary Tax Contribution Fund.....	● 440	_____
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	_____
National Alliance on Mental Illness California Voluntary Tax Contribution Fund.....	● 442	_____
Schools Not Prisons Voluntary Tax Contribution Fund.....	● 443	_____
Suicide Prevention Voluntary Tax Contribution Fund.....	● 444	_____
110 Add code 400 through code 444. This is your total contribution.....	● 110	_____

Your name: **KETAN UPADHYAY**

Your SSN or ITIN: **623-11-8920**

**Amount
You
Owe**

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** 8,621.

Pay Online — Go to ftb.ca.gov/pay for more information.

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

**Interest
and
Penalties**

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** _____

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. ... **114** 8,621.

**Refund
and
Direct
Deposit**

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** 0.

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

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

● Routing number ☐ Type ☐ Checking ● Account number ● **116** Direct deposit amount _____

☐ Savings

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

● Routing number ☐ Type ☐ Checking ● Account number ● **117** Direct deposit amount _____

☐ Savings

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

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

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

Your signature

Date

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

● Your email address. Enter only one email address.

● Preferred phone number
(510) 754-1349

**Sign
Here**

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

JAYANT TRIVEDI

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

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

JAY'S TAX AND BOOKKEEPING

● PTIN

P00607168

Joint tax
return? (See
instructions)

Firm's address

**2250 MENZEL PLACE
SANTA CLARA, CA 95050-3624**

● Firm's FEIN

770325476

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

2019 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

KETAN UPADHYAY AND PRITY VYAS

623-11-8920

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 checked="" type="radio"/> 285,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/>	2b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/>	3b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4a IRA distributions. See instructions. a <input checked="" type="radio"/>	4b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Pensions and annuities. See instr. c <input checked="" type="radio"/>	4d <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. a <input checked="" type="radio"/>	5b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Capital gain or (loss). See instructions	6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2a Alimony received. 2a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. ST. 1	<input checked="" type="radio"/> 167,963.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,125.
6 Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation. 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Other income.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
a California lottery winnings	e NOL from FTB 3805Z, 3806, 3807, or 3809	a <input checked="" type="radio"/>	a <input checked="" type="radio"/>
b Disaster loss deduction from FTB 3805V	f Other (describe):	b <input checked="" type="radio"/>	b <input checked="" type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8)	<input checked="" type="radio"/>	c <input checked="" type="radio"/>	c <input checked="" type="radio"/>
d NOL deduction from FTB 3805V	g Student loan discharged due to closure of a for-profit school	d <input checked="" type="radio"/>	d <input checked="" type="radio"/>
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C	<input checked="" type="radio"/> 452,963.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,125.

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

10 Educator expenses. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans. 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction. 16	<input checked="" type="radio"/> 16,390.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b Recipient's: SSN <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last name <input checked="" type="radio"/>	18a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions. 22	<input checked="" type="radio"/> 16,390.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions. 23	<input checked="" type="radio"/> 436,573.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,125.

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California . . . ☒ ☐

Part II Adjustments to Federal Itemized Deductions		A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
Check the box if you did NOT itemize for federal but will itemize for California . . . <input checked="" type="radio"/> <input type="checkbox"/>				
Medical and Dental Expenses See instructions				
1	Medical and dental expenses <input checked="" type="radio"/>	1		
2	Enter amount from fed. Form 1040 or 1040-SR, ln 8b <input checked="" type="radio"/>	2		
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . 4b <input checked="" type="radio"/>			<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes 5a <input checked="" type="radio"/>	5a <input checked="" type="radio"/>	24,257.	<input checked="" type="radio"/>	24,257.	
5b	State and local real estate taxes 5b <input checked="" type="radio"/>	5b <input checked="" type="radio"/>	9,100.			
5c	State and local personal property taxes 5c <input checked="" type="radio"/>	5c <input checked="" type="radio"/>				
5d	Add lines 5a through 5c 5d <input checked="" type="radio"/>	5d <input checked="" type="radio"/>	33,357.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in col. A 5e <input checked="" type="radio"/>	5e <input checked="" type="radio"/>	10,000.			
	Enter the amount from line 5a, column B in line 5e, column B			<input checked="" type="radio"/>	24,257.	
	Enter the difference from line 5d and line 5e, column A in line 5e, column C					<input checked="" type="radio"/> 23,357.
6	Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/>	6 <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Add lines 5e and 6 7 <input checked="" type="radio"/>	7 <input checked="" type="radio"/>	10,000.	<input checked="" type="radio"/>	24,257.	<input checked="" type="radio"/> 23,357.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 8a <input checked="" type="radio"/>	8a <input checked="" type="radio"/>	28,557.			<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098 8b <input checked="" type="radio"/>	8b <input checked="" type="radio"/>				<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098 8c <input checked="" type="radio"/>	8c <input checked="" type="radio"/>				<input checked="" type="radio"/>
8d	Mortgage insurance premiums 8d <input checked="" type="radio"/>	8d <input checked="" type="radio"/>		<input checked="" type="radio"/>		
8e	Add lines 8a through 8d 8e <input checked="" type="radio"/>	8e <input checked="" type="radio"/>	28,557.	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest 9 <input checked="" type="radio"/>	9 <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Add lines 8e and 9 10 <input checked="" type="radio"/>	10 <input checked="" type="radio"/>	28,557.	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Gifts to Charity

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

Casualty and Theft Losses

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

16	Other—from list in federal instructions 16 <input checked="" type="radio"/>	16 <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17 <input checked="" type="radio"/>	17 <input checked="" type="radio"/>	38,557.	<input checked="" type="radio"/>	24,257.	<input checked="" type="radio"/> 23,357.

18 Total. Combine line 17 column A less column B plus column C ☒ **18** 37,657.

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....	<input checked="" type="radio"/> 19		
20	Tax preparation fees	<input checked="" type="radio"/> 20		
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/>	<input checked="" type="radio"/> 21		
22	Add lines 19 through 21	<input checked="" type="radio"/> 22		
23	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/>			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	<input checked="" type="radio"/> 24		0.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	<input checked="" type="radio"/> 25		0.
26	Total Itemized Deductions. Add line 18 and line 25	<input checked="" type="radio"/> 26		37,657.
27	Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	<input checked="" type="radio"/> 27		
28	Combine line 26 and line 27	<input checked="" type="radio"/> 28		37,657.
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.....		\$200,534	
	Head of household		\$300,805	
	Married/RDP filing jointly or qualifying widow(er).....		\$401,072	
	No. Transfer the amount on line 28 to line 29.			
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	<input checked="" type="radio"/> 29		35,527.
30	Enter the larger of the amount on line 29 or your standard deduction listed below			
	Single or married/RDP filing separately. See instructions.....		\$4,537	
	Married/RDP filing jointly, head of household, or qualifying widow(er) ..		\$9,074	
	Transfer the amount on line 30 to Form 540, line 18	<input checked="" type="radio"/> 30		35,527.

Depreciation and Amortization Adjustments

Do not complete this form if your California depreciation amounts are the same as federal amounts.

SSN or ITIN

623-11-8920

Business or activity to which form FTB 3885A relates

1 This form is being completed for a passive activity.

X This form is being completed for a nonpassive activity.

PART II - SUMMARY

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions. . . . SEE STATEMENT 2 ☒ 2 25,000.

Part III Depreciation

(a)
Description of property
placed in service

(b)
e placed
service
/dd/yyyy

(c)
California basis
for depreciation

(d)
Method

(e)
Life or
rate

(f)
California
depreciation
deduction

[illegible]

4	Add the amounts on line 3, column (f)	4
5	California depreciation for assets placed in service prior to 2019	5
6	Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5	6
7	Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22	7
8 a	If line 6 is more than line 7, enter the difference here and see instructions	8 a
b	If line 6 is less than line 7, enter the difference here and see instructions	8 b

Part IV Amortization

(a)	(b)
Description of cost	Cost
1. Direct materials	
2. Direct labor	
3. Manufacturing overhead	
4. Selling and administrative expenses	
5. Interest expense	
6. Income tax expense	
7. Other expenses	
8. Total cost	

(b)
Date
Authorization
begins
/dd/yyyy

(c)	California basis for amortization
1	100.00
2	100.00
3	100.00
4	100.00
5	100.00
6	100.00
7	100.00
8	100.00
9	100.00
10	100.00
11	100.00
12	100.00
13	100.00
14	100.00
15	100.00
16	100.00
17	100.00
18	100.00
19	100.00
20	100.00
21	100.00
22	100.00
23	100.00
24	100.00
25	100.00
26	100.00
27	100.00
28	100.00
29	100.00
30	100.00
31	100.00
32	100.00
33	100.00
34	100.00
35	100.00
36	100.00
37	100.00
38	100.00
39	100.00
40	100.00
41	100.00
42	100.00
43	100.00
44	100.00
45	100.00
46	100.00
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81	100.00
82	100.00
83	100.00
84	100.00
85	100.00
86	100.00
87	100.00
88	100.00
89	100.00
90	100.00
91	100.00
92	100.00
93	100.00
94	100.00
95	100.00
96	100.00
97	100.00
98	100.00
99	100.00
100	100.00

(d)
Code
section

(e)
Period or
percentage

(f)
California
amortization
deduction

[illegible]

10	Total California amortization from this activity. Add the amounts on line 9, column (f).....	10
11	California amortization of costs that began before 2019.....	11
12	Total California amortization from this activity. Add the amounts on line 10 and line 11.....	12
13	Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44.....	13
14a	If line 12 is more than line 13, enter the difference here and see instructions.....	14a
b	If line 12 is less than line 13, enter the difference here and see instructions.....	14b

Statement 1
Schedule CA, Part I, Section B, Line 5
Rents, Royalties, Partnerships, Estates, Trusts, etc.

Partnership/S-Corporation Income Adjustment.....	\$	6,125.
Total	\$	<u>6,125.</u>

Statement 2
Form 3885A, Line 2
Election to Expense Certain Tangible Property (Section 179)

1. Maximum Dollar Limitation		25,000.
2. Cost of Section 179 Property Placed in Service During Tax Year		0.
3. Threshold Cost of Section 179 Property Before Reduction		200,000.
4. Reduction in Limitation (subtract line 3 from line 2)		0.
5. Dollar Limitation for Tax Year (subtract line 4 from line 1)		25,000.
 6. (a) Description of Property	(b) Cost	(c) Elected Cost
From K-1	0.	31,125.
 7. Listed Property		0.
8. Total Elected Cost of Section 179 Property (line 6 plus line 7)		31,125.
9. Tentative Deduction (lesser of line 5 or line 8)		25,000.
10. Carryover of Disallowed Deduction from 2018		0.
11. Lesser of business income or line 5		25,000.
12. Section 179 Expense Deduction		25,000.
13. Carryover of Disallowed Deduction to 2020		0.