

TAX RETURN COMPARISON
2019 / 2020 / 2021

2021

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Identifying number 553-39-5912	
	2019	2020	2021	Difference 2020-2021
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends	225	13,902	8,458	(5,444)
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)		24,802	650,605	625,803
Pensions and IRA distributions	38,986		54,516	54,516
Rent and royalty income (loss)	258,314	158,841	136,397	(22,444)
Part, S-corps, trusts income (loss) . . .	335,119	316,103	334,444	18,341
Farm income (loss)				
Unemployment compensation				
Total SS benefits received	43,450	44,140	44,716	576
Taxable SS benefits	36,933	37,519	38,009	490
Other income (loss)				
Total Income	669,577	551,167	1,222,429	671,262
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	669,577	551,167	1,222,429	671,262
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions			600	600
Employee business expenses				
Standard or other deductions	27,000	27,400	27,800	400
Total deductions claimed	27,000	27,400	28,400	1,000
Qualified Business Income Deduction .	97,787	73,899	82,497	8,598
Tax and Credits				
Taxable Income	544,790	449,868	1,111,532	661,664
Tax	141,064	102,995	245,940	142,945
Credits		254		(254)
Self-employment tax				
Other taxes	9,824	7,507	30,227	22,720
Total Tax	150,888	110,248	276,167	165,919
Payments				
Withholdings				
Estimated tax payments	165,760	166,000	249,849	83,849
Earned income credit				
Other payments and credits	22,400		30,000	30,000
Estimated tax penalty		151		(151)
Overpayment	37,272	55,752	3,682	(52,070)
Overpayment Applied	36,869	55,601	3,682	(51,919)
Refund	403	151		(151)
Balance Due				
Marginal tax rate	35.00	35.00	37.00	2.00
Effective tax rate	25.89	22.89	22.13	(0.76)

FOR TAX YEAR 2021

AKSHAI K & CHANCHAL RUNCHAL

J ARORA INC

17037 CHATSWORTH ST STE 202

Granada Hills, CA 91344

(818)923-5038

J ARORA INC

17037 CHATSWORTH ST STE 202
Granada Hills, CA 91344
JARORAEA@GMAIL.COM
Phone: (818)923-5038 | Fax: (818)923-5053

September 24, 2022

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

Subject: Preparation of Your 2021 Tax Returns

AKSHAI K & CHANCHAL RUNCHAL:

Thank you for choosing J ARORA INC to assist you with your 2021 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2021 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2021 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (818)923-5038.

Sincerely,

A handwritten signature in black ink, appearing to read "Jagjit Singh Arora".

JAGJIT SINGH ARORA, E.A
J ARORA INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

J ARORA INC

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Granada Hills, CA 91344
JARORAEA@GMAIL.COM
Phone: (818)923-5038 | Fax: (818)923-5053

September 24, 2022

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

AKSHAI K & CHANCHAL RUNCHAL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	Zero Due	
California Income Tax	Zero Due	
California Limited Liability Company Return of Income	\$900 Balance Due	Mail a check
California Limited Liability Company Return of Income	\$900 Balance Due	Mail a check
Georgia Income Tax	Zero Due	
New York Income Tax	Zero Due	

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
California Income Tax
California Limited Liability Company Return of Income
California Limited Liability Company Return of Income
Georgia Income Tax
New York Income Tax

Mail payment on or before due date to the following address:

California Limited Liability Company Return of Income

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0531

California Limited Liability Company Return of Income

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0531

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$72,268	April 18, 2022	Mail a check
2nd	\$75,950	June 15, 2022	Mail a check
3rd	\$75,950	September 15, 2022	Mail a check
4th	\$75,950	January 17, 2023	Mail a check

California Limited Liability Company Return of Income

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$800	April 15, 2022	Mail a check

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

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JARORAEA@GMAIL.COM
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September 24, 2022

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (818)923-5038.

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

AKSHAI K & CHANCHAL RUNCHAL

Taxpayer address (optional)

1931 STRADELLA RD

LOS ANGELES, CA 90077-2320

1. ☐ Your federal income tax return for **2021** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **J ARORA INC**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-13-2022**. The Submission ID assigned to your extension is **9626072022103gn2aj1z**.
DCN:00-962607-000292

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

EF Attachments

2021

EF_PDF~

(These PDF files will be included with the e-filed return. Do not attach this page if paper filing.)

Name as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Taxpayer ID Number

553-39-5912

Reference

SCH D FORM 8949

Description

1099CRx557ML2021.PDF

Filename:

1099CRx557ML2021.PDF

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 your 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		Last name		Your social security number	
AKSHAI K		RUNCHAL		553-39-5912	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
CHANCHAL		RUNCHAL		573-41-5200	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
1931 STRADELLA RD					
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code	
LOS ANGELES			CA	90077-2320	
Foreign country name		Foreign province/state/county		Foreign postal code	
<div>Presidential Election Campaign</div> <div>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.</div> <div> <input type="checkbox"/> You <input type="checkbox"/> Spouse </div>					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

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

Age/Blindness

You:

☒ Were born before January 2, 1957
☐ Are blind

Spouse:

☒ Was born before January 2, 1957
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
	2a	Tax-exempt interest	2a	2,297	b	Taxable interest
	3a	Qualified dividends	3a	8,103	b	Ordinary dividends
	4a	IRA distributions	4a		b	Taxable amount
<div>Standard Deduction for-</div> <ul style="list-style-type: none"> Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, see instructions. 	5a	Pensions and annuities	5a	2	b	Taxable amount
	6a	Social security benefits	6a	44,716	b	Taxable amount
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	650,605
	8	Other income from Schedule 1, line 10			8	470,841
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	1,222,429
	10	Adjustments to income from Schedule 1, line 26			10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	1,222,429
	12a	Standard deduction or itemized deductions (from Schedule A).			12a	27,800
	b	Charitable contributions if you take the standard deduction (see instructions)			12b	600
	c	Add lines 12a and 12b			12c	28,400
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	82,497
	14	Add lines 12c and 13			14	110,897
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.			15	1,111,532

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	245,940
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	245,940
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	245,940
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	30,227
24	Add lines 22 and 23. This is your total tax	24	276,167
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	249,849
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	30,000
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	30,000
33	Add lines 25d, 26, and 32. These are your total payments	33	279,849
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,682
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	0
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	3,682
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	0
38	Estimated tax penalty (see instructions)	38	

If you have a
qualifying child,
attach Sch. EIC.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

--	--	--	--	--

**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 3456	Date 09-20-2022	Your occupation ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
Spouse's signature. If a joint return, both must sign. 3409	Date 09-20-2022	Spouse's occupation ANALYST	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
Phone no. 310-471-5013	Email address								

**Paid
Preparer
Use Only**

Preparer's signature JAGJIT SINGH ARORA, E.A	Date 09-24-2022	PTIN P00186900	Check if: <input type="checkbox"/> Self-employed
Preparer's name JAGJIT SINGH ARORA, E.A	Phone no. 818-923-5038		
Firm's name ▶ J ARORA INC			
Firm's address ▶ 17037 CHATSWORTH ST STE 202 Granada Hills, CA 91344			Firm's EIN ▶ 32-0225393

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

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

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

OMB No. 1545-0074

2021Attachment
Sequence No. **01**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

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	470,841
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	10	470,841

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) . . ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	0

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

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

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

OMB No. 1545-0074

2021Attachment
Sequence No. **02**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	30,227
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

EEA

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount ►	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount ►	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	30,227

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

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

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

OMB No. 1545-0074

2021Attachment
Sequence No. **03**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. 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 nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	30,000
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	30,000

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment
Sequence No. **08**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

Part I

Interest

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

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

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►	
	Statement #1	318
	INTEREST SUBTOTAL	318
2	Add the amounts on line 1	318
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	318

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

Part II

Ordinary Dividends

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

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

5	List name of payer ►	
	AMERITRADE	53
	MARILL LYNCH	2,800
	MARILL LYNCH	5,287
	DIVIDEND SUBTOTAL	8,140
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	8,140

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

Part III

Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►		
8	During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

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

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

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	195,567	186,391		9,176
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	20,306	20,300		6
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	9,182

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	50,486	36,810		13,676
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	627,668
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	79
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	641,423

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

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	650,605
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	144,468
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► **File with your Schedule D** to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SEE ATTACHED 1099B PDF	VARIOUS		195,567	186,391			9,176
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			195,567	186,391			9,176

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SEE ATTACHED 1099B PDF	VARIOUS		50,486	36,810			13,676
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				50,486	36,810			13,676

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► **File with your Schedule D** to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
	(f) Code(s) from instructions	(g) Amount of adjustment						
	SEE ATTACHED 1099B PDF	VARIOUS		20,306	20,300			6
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			20,306	20,300			6

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** (2021)

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**B** If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A	3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066				
B	12029 CLOVER AVE, LOS ANGELES, CA 90066				
C	105 ST STEPHENS, Tyrone, GA 30290				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B	1		B 365	0	<input type="checkbox"/>
C	4		C 365	0	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	71,973	59,000	140,528
4 Royalties received	4			
Expenses:				
5 Advertising	5	83	68	388
6 Auto and travel (see instructions)	6	293	240	572
7 Cleaning and maintenance	7	3,289	3,782	4,820
8 Commissions	8	400		13,373
9 Insurance	9	1,298	1,063	4,360
10 Legal and other professional fees	10	800	100	5,000
11 Management fees	11	2,397	2,662	5,792
12 Mortgage interest paid to banks, etc. (see instructions)	12			42,209
13 Other interest	13			
14 Repairs	14	4,394	2,256	24,474
15 Supplies	15	4,644	4,952	470
16 Taxes	16	5,628	6,622	20,649
17 Utilities	17	254	209	14,942
18 Depreciation expense or depletion	18	753	8,488	41,916
19 Other (list) ▶ Statement #2	19	266	258	148
20 Total expenses. Add lines 5 through 19	20	24,499	30,700	179,113
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	47,474	28,300	(38,585)
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	(38,585)
23a Total of all amounts reported on line 3 for all rental properties	23a	1,118,122		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	230,848		
d Total of all amounts reported on line 18 for all properties	23d	212,266		
e Total of all amounts reported on line 20 for all properties	23e	981,725		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			244,216
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .	25			(107,819)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on 50,152 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . .	26			136,397

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No**

B If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	4416 KATHERINE AVE, SHERMAN OAKS, CA 91423				
B	2408 OCEAN PARK, Santa Monica, CA 90405				
C	8055 SENOIA ROAD, FAIRBURN, GEORGIA, Fairburn, GA 30213				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B	2		B 365	0	<input type="checkbox"/>
C	4		C 365	0	<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3	23,779	182,064	195,627
4	Royalties received	4			
Expenses:					
5	Advertising	5	862	440	226
6	Auto and travel (see instructions)	6	97	741	796
7	Cleaning and maintenance	7	5,300	12,795	4,560
8	Commissions	8			
9	Insurance	9	1,248	5,012	4,201
10	Legal and other professional fees	10	6,320	29,767	4,549
11	Management fees	11	1,000	14,093	8,369
12	Mortgage interest paid to banks, etc. (see instructions)	12	5,941	33,034	48,620
13	Other interest	13			1,880
14	Repairs	14	2,053	15,223	6,757
15	Supplies	15	361	12,773	654
16	Taxes	16	4,465	14,709	30,196
17	Utilities	17	84	15,197	10,614
18	Depreciation expense or depletion	18	7,176		38,568
19	Other (list) ▶ Statement #3	19	541	454	932
20	Total expenses. Add lines 5 through 19	20	35,448	154,238	160,922
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	(11,669)	27,826	34,705
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,669)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .	25	()	0	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No

B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A	805 SPENCER STREET, Syracuse, NY 13204				
B	2001 S GRAMERCY, Los Angeles, CA 90018				
C	226 JAY STREET, Rochester, NY 14608				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	8		365	0	<input type="checkbox"/>
B	2		365	0	<input type="checkbox"/>
C	8		182	0	<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3	282,491	21,841	140,819
4	Royalties received	4			
Expenses:					
5	Advertising	5	480	25	163
6	Auto and travel (see instructions)	6	1,150	89	573
7	Cleaning and maintenance	7		3,827	
8	Commissions	8			
9	Insurance	9	1,176	6,530	15,114
10	Legal and other professional fees	10	6,465	14,229	4,292
11	Management fees	11	2,130	901	926
12	Mortgage interest paid to banks, etc. (see instructions)	12	77,603		23,441
13	Other interest	13	5,436	808	
14	Repairs	14		10,133	
15	Supplies	15	944	10,112	470
16	Taxes	16	59,711	24,092	884
17	Utilities	17	999	3,973	498
18	Depreciation expense or depletion	18	74,352	4,351	36,662
19	Other (list) ▶ Statement #4	19	505	336	3,425
20	Total expenses. Add lines 5 through 19	20	230,951	79,406	86,448
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	51,540	(57,565)	54,371
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	(57,565)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .	25	()	0	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912****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	MD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>	<input type="checkbox"/>
B	MD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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					167,222
B					167,222
C					
D					
29a	Totals				334,444
b	Totals				
30	Add columns (h) and (k) of line 29a				30 334,444
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 334,444

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

33	(a) Name	(b) Employer identification number
A		
B		

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

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

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

Part V **Summary**

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	470,841
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 AD; 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	50,152

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

2021
 Attachment
 Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
 b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶ **United States**

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

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

i Enter the name of the foreign country or U.S. possession ▶		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A Various	B RIC	C	
1a	Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDEND				1a
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related :				
a	Certain itemized deductions or standard deduction (see instructions)	27,800	27,800		
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	27,800	27,800		
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)	2,204,154	2,204,154		
f	Divide line 3d by line 3e (see instructions)				
g	Multiply line 3c by line 3f				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5				6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties			(s) Interest
A										
B										
C										

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

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2021)

FOR ALT MIN TAX PURPOSES ONLY

Foreign Tax Credit

(Individual, Estate, or Trust)

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

AMT ▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.**
▶ **Go to www.irs.gov/Form1116 for instructions and the latest information.**

OMB No. 1545-0121

2021

Attachment
Sequence No. **19**

Name

AKSHAI K & CHANCHAL RUNCHAL

Identifying number as shown on page 1 of your tax return

553-39-5912

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

- a** ☐ Section 951A category income **c** ☒ **Passive category income** **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶ **United States**

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

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

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

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties			(s) Interest
A										
B										
C										

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

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2021)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2021

Attachment
Sequence No. **27**

► **Attach to your tax return.**

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

- | | | | |
|----------|---|-----------|--|
| a | Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions | 1a | |
| b | Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c | Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5	
6	Gain, if any, from line 32, from other than casualty or theft						6	627,668
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7	627,668
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.								
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.								
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9	

Part II	Ordinary Gains and Losses (see instructions)
----------------	---

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

10		Ordinary gain and losses not included on lines 11 through 16 (include property held 1 year or less):					
11	Loss, if any, from line 7			11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable			12			
13	Gain, if any, from line 31			13			0
14	Net gain or (loss) from Form 4684, lines 31 and 38a			14			
15	Ordinary gain from installment sales from Form 6252, line 25 or 36			15			
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824			16			
17	Combine lines 10 through 16			17			0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						
				18a			
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						
				18b			0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A416 KATHERINE AVE		01-02-2009	08-13-2021
B			
C			
D			

These columns relate to the properties on lines 19A through 19D.▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	1,100,000		
21	Cost or other basis plus expense of sale	21	616,781		
22	Depreciation (or depletion) allowed or allowable	22	144,449		
23	Adjusted basis. Subtract line 22 from line 21	23	472,332		
24	Total gain. Subtract line 23 from line 20	24	627,668		
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g	0		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a.	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	627,668
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	627,668

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Net Investment Income Tax-
Individuals, Estates, and Trusts

▶ Attach to your tax return.

OMB No. 1545-2227

2021

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

Name(s) shown on your tax return

Your social security number or EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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	318
2	Ordinary dividends (see instructions)		2	8,140
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 470,841		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b (334,444)		
c	Combine lines 4a and 4b		4c	136,397
5a	Net gain or loss from disposition of property (see instructions)	5a 650,605		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	650,605
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	795,460

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	795,460
13	Modified adjusted gross income (see instructions)	13 1,222,429		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 972,429		
16	Enter the smaller of line 12 or line 15		16	795,460
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	30,227
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2021)

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates 3106 INGLEWOOD BLVD	Identifying number 553-39-5912
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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	
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	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	753

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 2021	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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	753
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	

For Paperwork Reduction Act Notice, see separate instructions.

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

2021Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

12029 CLOVER AVE

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	5,826

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 2021	17	2,662
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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,488
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates CARRIAGE OAKS LLC	Identifying number 553-39-5912
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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	
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	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	41,916

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 2021	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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	41,916
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	

For Paperwork Reduction Act Notice, see separate instructions.

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

4416 KATHERINE AVE

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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 2021	17	7,176
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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	7,176
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	

For Paperwork Reduction Act Notice, see separate instructions.

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

MEADOW GLEN LLC

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	38,568

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 2021	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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	38,568
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	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25								
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
MEADOW GLEN -REFIN	05-17-2021	32,105	AMT	25	856
43 Amortization of costs that began before your 2021 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					856

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

2021Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

FLEETPRIDE

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	74,352

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 2021	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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	74,352
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

GRAMERCY

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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	4,351

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 2021	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 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,351
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	

For Paperwork Reduction Act Notice, see separate instructions.

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.**2021**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

ROCHESTER-226 Jay St

Identifying number

553-39-5912**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 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 2021	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 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	07-2021	3,120,194	39 yrs.	MM	S/L	36,662
				MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	36,662
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	

For Paperwork Reduction Act Notice, see separate instructions.

2021 Form 4868 Extension Voucher and Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Filing method:

The extension has been e-filed.

Due date:

04-18-2022

Balance due:

\$30,000

Transaction method:

To pay by check or money order, write "2021 Form 4868," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 4868 to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

An extension to file does not extend the time to pay your tax.

Mail-to address:

Internal Revenue Service
P.O. Box 802503
Cincinnati, OH 45280-2503

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) **ONLY** if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

▼ 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**

For calendar year 2021, or other tax year beginning

, 2021, and ending

OMB No. 1545-0074

2021

Part I	Identification	Part II	Individual Income Tax
AKSHAI K & CHANCHAL RUNCHAL 1931 STRADELLA RD LOS ANGELES CA 90077-2320 2 Your social security number 553-39-5912 3 Spouse's social security number 573-41-5200		4	Estimate of total tax liability for 2021 \$ 151,280
		5	Total 2021 payments 249,849
		6	Balance due. Subtract line 5 from line 4 See instructions 0
		7	Amount you're paying (see instructions) . . ▶ 30,000
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ▶ <input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see instructions later.
EEA

Form 4868 (2021)

553395912 TR RUNC 30 0 202112 670

IRS e-file Signature Authorization

OMB No. 1545-0074

2021

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

Submission Identification Number (SID) ►

Taxpayer's name

AKSHAI K RUNCHAL

Spouse's name

CHANCHAL RUNCHAL

Social security number

553-39-5912

Spouse's social security number

573-41-5200

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	1,222,429
2	Total tax	2	276,167
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	

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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize J ARORA INC to enter or generate my PIN 63456 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 J ARORA INC to enter or generate my PIN 43409 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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. 962607-50346
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ► JAGJIT SINGH ARORA, E.A. Date ► 09-24-2022

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

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

Form **8879** (Rev. 01-2021)

Federal Supporting Statements**2021 PG01**

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Schedule B - Interest

Statement #1

Payer	Amount
BANK OF THE WEST	47
FIRST AMERICAN TITLE COMPANY	7
MARILL LYNCH	23
MARILL LYNCH	2
MR COOPER	40
MR COOPER	86
UNITED BUSINESS BANK LLC	<u>113</u>

Total	<u><u>318</u></u>
--------------	--------------------------

Schedule E - Line 19 - Other Expenses

PG01
Statement #2

Other Expenses	Property A	Property B	Property C
BANK CHARGES	2	2	31
OTHER MISC	264		117
MISC	<u> </u>	<u>256</u>	<u> </u>
Total	<u><u>266</u></u>	<u><u>258</u></u>	<u><u>148</u></u>

Schedule E - Line 19 - Other Expenses

PG01
Statement #3

Other Expenses	Property A	Property B	Property C
BANK CHARGES	251	74	54
MISC	290	380	22
Amortization	<u> </u>	<u> </u>	<u>856</u>
Total	<u><u>541</u></u>	<u><u>454</u></u>	<u><u>932</u></u>

Federal Supporting Statements**2021 PG01**

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Schedule E - Line 19 - Other Expenses

Statement #4

Other Expenses	Property A	Property B	Property C
BANK FEE	43	1	4
MISC	462	335	246
PRO RATA INTEREST			3,175
Total	505	336	3,425

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

Form 8960 Line 4b Item Detail

K-1: MD LIVE OAK PROPERTIES LLC

(167,222)

K-1: MD LIVE OAK PROPERTIES LLC

(167,222)

Total-----
(334,444)

Summary of Estimates**2022**

Name(s) as shown on return

Your SSN/EIN

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912****Federal****Form: 1040-ES****Payment Schedule**

Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	75,950	75,950	75,950	75,950	303,800
Overpayment Applied	3,682	0	0	0	3,682
Net Installment Due	72,268	75,950	75,950	75,950	300,118

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

California**Form: 3522-ES****Payment Schedule**

Due Date	04-15-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	800				800
Overpayment Applied					
Net Installment Due	800				800

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Estimated Tax Worksheet for Next Year

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2022 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions) 110%	24b.	303,784
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	303,784
25.	Projected Withholding	25.	
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	303,784

Estimates will be computed on \$303,784. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Dividend List

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

#	TSJ	Name of Payer	Res ST	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Tax Withheld	199A
1	J	AMERITRADE	CA	53	53			
2	J	CHARLES SCHWAB & CO INC	CA					
3	S	CHARLES SCHWAB & CO INC	CA					
4	S	JP MORGAN	CA					
5	T	MARILL LYNCH	CA	2,800	2,800			
6	J	MARILL LYNCH	CA	5,287	5,250	79		324
Totals from all pages				8,140	8,103	79		324

#	25% Rate	Sec 1202	Investment Expenses	Nominee Div	NonTax State	US Gov Div	Res ST Muni Int	Other ST Mun Int
1								
2								
3								
4								
5								
6	19							
Total	19							

1040

Interest Listing

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax		Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
						Resident State State Interest	Other State State Interest				
S T T T T T S	BANK OF THE WEST	CA	47								
	FIRST AMERICAN TITLE COMPANY	CA	7								
	MARILL LYNCH	CA	23								
	MARILL LYNCH	CA	2			2,297					
	MR COOPER	CA	86								
	MR COOPER	CA	40								
	UNITED BUSINESS BANK	CA	113								
	TOTALS			318			2,297				

Tax-exempt Interest

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

Screen	Payer Name	Amount received	Total
INT	MARILL LYNCH	11,256 =====	
Total tax-exempt interest received			11,256
INT	MARILL LYNCH - Bond Premium	(8,959) =====	
Total bond premium on tax-exempt bonds			(8,959) =====
Subtract total bond premium on tax-exempt bonds from total interest received. Enter here and on Form 1040, line 2a.			2,297

1099-R Detail Listing

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

T/S	Payer Name	Gross	FEDERAL		Distribution Code	Federal W/H	State Code	STATE	
			Taxable					Taxable	State W/H
T	ANALYTIC COMPUT	1			G		CA		
S	ANALYTIC COMPUT	1			G		CA		
T	MERRILL LYNCH	54,516	54,516		7		CA		
	Total	54,518	54,516						
	Taxpayer IRA/SEP								
	Total	54,516	54,516						
	Taxpayer Pension &								
	Annuity Total	1							
	Spouse Pension &								
	Annuity Total	1							

SSA Detail Listing

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

[illegible]

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2021, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
- Don't use this worksheet if you repaid benefits in 2021 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2021 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2021. For more information, see Repayments More Than Gross Benefits.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 or 1040-SR on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

1. Enter the total amount from **box 5** of **ALL** your **Forms SSA-1099** and **RRB-1099**.

Also, enter this amount on Form 1040 or 1040-SR, line 6a 1. 44,716

2. Multiply line 1 by 50% (0.50) 2. 22,358

3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8 3. 1,184,420

4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. 2,297

5. Enter the total of any exclusions/adjustments for:

- Adoption benefits (Form 8839, line 28),
- Foreign earned income or housing (Form 2555, lines 45 and 50), and
- Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5.

6. Combine lines 2, 3, 4, and 5 6. 1,209,075

7. Enter the total of the amounts from Schedule 1 (Form 1040), lines 11 through 20, and 23 and 25 7.

8. Is the amount on line 7 less than the amount on line 6?

No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.

x Yes. Subtract line 7 from line 6 8. 1,209,075

9. If you are:

- Married filing jointly, enter \$32,000
- Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2021, enter \$25,000 9. 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2021, skip lines 9 through 16, multiply line 8 by 85% (0.85), and enter the result on line 17. Then, go to line 18.

10. Is the amount on line 9 less than the amount on line 8?

No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2021, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.

x Yes. Subtract line 9 from line 8 10. 1,177,075

11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2021 11. 12,000

12. Subtract line 11 from line 10. If zero or less, enter -0- 12. 1,165,075

13. Enter the **smaller** of line 10 or line 11 13. 12,000

14. Multiply line 13 by 50% (0.50) 14. 6,000

15. Enter the **smaller** of line 2 or line 14 15. 6,000

16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. 990,314

17. Add lines 15 and 16 17. 996,314

18. Multiply line 1 by 85% (0.85) 18. 38,009

19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b 19. 38,009

TIP

If you received a lump-sum payment in 2021 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				of the	
over	but not over	pay	plus	% on excess	amount over
0	19,900	0.00		10%	0
19,900	81,050	1,990.00		12%	19,900
81,050	172,750	9,328.00		22%	81,050
172,750	329,850	29,502.00		24%	172,750
329,850	418,850	67,206.00		32%	329,850
418,850	628,300	95,686.00		35%	418,850
628,300	. . . . .	168,993.50		37%	628,300

$\$168,993.50 + ((\$1,111,532.00 - \$628,300.00) \times 37.0\%) = \$347,789$

Tax from Tax Rate Schedule \$ 347,789

Tax from Qualified Dividends/Capital Gain Worksheet \$ 245,940

\$ 245,940 Tax computed using the most advantageous method allowed

Schedule D Tax Worksheet

(Keep for Your Records)

2021

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Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains or if you file Form 4952 and you have an amount on line 4g, even if you don't need to file Schedule D. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16 (or in the instructions for Form 1040-NR, line 16) to figure your tax. Before completing this worksheet, complete Form 1040, 1040-SR, or 1040-NR through line 15.

Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet **or** this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less **and** you have no qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a;
- or**
- Form 1040, 1040-SR, or 1040-NR, line 15, is zero or less.

Instead, see the instructions for Forms 1040 and 1040-SR, line 16 (or Form 1040-NR, line 16).

1. Enter your taxable income from Form 1040, 1040-SR, or 1040-NR, line 15. (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16)	1.	<u>1,111,532</u>
2. Enter your qualified dividends from Form 1040, 1040-SR, or 1040-NR, line 3a	2.	<u>8,103</u>
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g	3.	<u></u>
4. Enter amount from Form 4952, line 4e*	4.	<u></u>
5. Subtract line 4 from line 3. If zero or less, enter -0-	5.	<u></u>
6. Subtract line 5 from line 2. If zero or less, enter -0-**	6.	<u>8,103</u>
7. Enter the smaller of line 15 or line 16 of Sch. D	7.	<u>641,423</u>
8. Enter the smaller of line 3 or line 4	8.	<u></u>
9. Subtract line 8 from line 7. If zero or less, enter -0-**	9.	<u>641,423</u>
10. Add lines 6 and 9	10.	<u>649,526</u>
11. Add lines 18 and 19 of Schedule D**	11.	<u>144,468</u>
12. Enter the smaller of line 9 or line 11	12.	<u>144,468</u>
13. Subtract line 12 from line 10	13.	<u>505,058</u>
14. Subtract line 13 from line 1. If zero or less, enter -0-	14.	<u>606,474</u>
15. Enter: <ul style="list-style-type: none"> • \$40,400 if single or married filing separately; • \$80,800 if married filing jointly or qualifying widow(er); or • \$54,100 if head of household. 	15.	<u>80,800</u>
16. Enter the smaller of line 1 or line 15	16.	<u>80,800</u>
17. Enter the smaller of line 14 or line 16	17.	<u>80,800</u>
18. Subtract line 10 from line 1. If zero or less, enter -0-	18.	<u>462,006</u>
19. Enter the smaller of line 1 or: <ul style="list-style-type: none"> • \$164,925 if single or married filing separately; • \$329,850 if married filing jointly or qualifying widow(er); or • \$164,900 if head of household. 	19.	<u>329,850</u>
20. Enter the smaller of line 14 or line 19	20.	<u>329,850</u>
21. Enter the larger of line 18 or line 20	21.	<u>462,006</u>
22. Subtract line 17 from line 16. This amount is taxed at 0%	22.	<u></u>
If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.		
23. Enter the smaller of line 1 or line 13	23.	<u>505,058</u>
24. Enter the amount from line 22. (If line 22 is blank, enter -0-.)	24.	<u></u>
25. Subtract line 24 from line 23. If zero or less, enter -0-	25.	<u>505,058</u>
26. Enter: <ul style="list-style-type: none"> • \$445,850 if single; • \$250,800 if married filing separately; • \$501,600 if married filing jointly or qualifying widow(er); or • \$473,750 if head of household. 	26.	<u>501,600</u>
27. Enter the smaller of line 1 or line 26	27.	<u>501,600</u>
28. Add lines 21 and 22	28.	<u>462,006</u>
29. Subtract line 28 from line 27. If zero or less, enter -0-	29.	<u>39,594</u>
30. Enter the smaller of line 25 or line 29	30.	<u>39,594</u>

Schedule D Tax Worksheet - Continued

(Keep for your records)

2021

Name(s) as shown on return

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553-39-5912

31. Multiply line 30 by 15% (0.15)	31.	5,939
32. Add lines 24 and 30	32.	39,594
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.		
33. Subtract line 32 from line 23	33.	465,464
34. Multiply line 33 by 20% (0.20)	34.	93,093
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.		
35. Enter the smaller of line 9 above or Schedule D, line 19	35.	144,468
36. Add lines 10 and 21	36.	1,111,532
37. Enter the amount from line 1 above	37.	1,111,532
38. Subtract line 37 from line 36. If zero or less, enter -0-	38.	
39. Subtract line 38 from line 35. If zero or less, enter -0-	39.	144,468
40. Multiply line 39 by 25% (0.25)	40.	36,117
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.		
41. Add lines 21, 22, 30, 33, and 39	41.	
42. Subtract line 41 from line 1	42.	
43. Multiply line 42 by 28% (0.28)	43.	
44. Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44.	110,791
45. Add lines 31, 34, 40, 43, and 44	45.	245,940
46. Figure the tax on the amount on line 1 . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	46.	347,789
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also, include this amount on Form 1040,1040-SR, or 1040-NR, line 16. (If you are filing Form 2555, don't enter this amount on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR)	47.	245,940

*If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

**If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16, before completing this line.

**Form 1040 or
1040-SR****Investment Income for the
Earned Income Credit**

(Keep for your records)

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AKSHAI K & CHANCHAL RUNCHAL

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Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b **1.** 318
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b **2.** 2,297
3. Enter any amount from Form 1040 or 1040-SR, line 3b **3.** 8,140
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) **4.** _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- **5.** 650,605
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) **6.** 627,668
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) **7.** 22,937

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8k. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 24z. (If the result is less than zero, enter -0-) **8.** _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) **9.** 86,245
10. Adjustment from EIC screen **10.** _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** **11.** 119,937
12. Is the amount on line 11 more than **\$10,000**?
- ☒ **Yes.** You can't take the credit.
- ☐ **No.** Go to *Step 3* of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Worksheet To Figure Your Qualified Loan Limit and Deductible Home Mortgage Interest for the Current Year

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Qualified Loan Limit

1. Enter the average balance of all your grandfathered debt. See the line 1 instructions 1. _____
2. Enter the average balance of all your home acquisition debt incurred after October 12, 1987, and prior to December 16, 2017. See the line 2 instructions 2. 423,739
3. Enter \$1,000,000 (\$500,000 if married filing separately) 3. 1,000,000
4. Enter the larger of the amount on line 1 or the amount on line 3 4. 1,000,000
5. Add the amounts on lines 1 and 2. Enter the total here 5. 423,739
6. Enter the smaller of the amount on line 4 or the amount on line 5 6. 423,739
 - If you have no home acquisition debt incurred after December 15, 2017, or the amount on line 6 is \$750,000 (\$375,000 if married filing separately) or more, line 6 is your qualified loan limit. Enter this amount on line 11 and go to Part II, line 12.
 - If you have home acquisition debt incurred after December 15, 2017, go to line 7.
7. Enter the average balance of all your home acquisition debt incurred after December 15, 2017. See the line 7 instructions 7. 1,400,000
8. Enter \$750,000 (\$375,000 if married filing separately) 8. 750,000
9. Enter the larger of the amount on line 6 or the amount on line 8 9. 750,000
10. Add the amounts on lines 6 and 7. Enter the total here 10. 1,823,739
11. Enter the smaller of line 9 or line 10. **This is your qualified loan limit** 11. 750,000

Part II Deductible Home Mortgage Interest

12. Enter the total of the average balances of all mortgages from lines 1, 2, and 7 on all qualified homes.
See the line 12 instructions 12. 1,823,739
 - If line 11 is less than line 12, go on to line 13.
 - If line 11 is equal to or more than line 12, stop here. All of your interest on all the mortgages included on line 12 is deductible as home mortgage interest on Schedule A (Form 1040).
13. Enter the total amount of interest that you paid on the loans from line 12. See the line 13 instructions 13. 22,596
14. Divide the amount on line 11 by the amount on line 12. Enter the result as a decimal amount (rounded to three places) 14. 0.411
15. Multiply the amount on line 13 by the decimal amount on line 14. Enter the result.
This is your deductible home mortgage interest. Enter this amount on Schedule A (Form 1040) 15. 9,287
16. Subtract the amount on line 15 from the amount on line 13. Enter the result. **This isn't home mortgage interest.** See the line 16 instructions. 16. 13,309

Unrecaptured Section 1250 Gain Worksheet - Line 19

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions 1. 144,449
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 2.
3. Subtract line 2 from line 1 3. 144,449
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions 4.
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain" 5.
6. Add lines 3 through 5 6. 144,449
7. Enter the **smaller** of line 6 or the gain from Form 4797, line 7 7. 144,449
8. Enter the amount, if any, from Form 4797, line 8 8.
9. Subtract line 8 from line 7. If zero or less, enter -0- 9. 144,449
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions 10.
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R 11. 19
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions 12.
13. Add lines 9 through 12 13. 144,468
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0- 14.
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- 15. (0)
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code D* 16. (0)
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- 17. 0
18. **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19 18. 144,468

* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR before completing this line.

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2021 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

All Source Gross Income

WK_TTLGI

Description	Amount
Taxable IRA dist., pensions, and annuities	54,516
Taxable Social Security income	38,009
Schedule B interest	318
Schedule B dividends	8,140
Schedule E rent	1,118,122
Schedule E, line 30 & 35	334,444
Capital gain distributions	79
Form 4797 capital gains	627,668
Form 8949 short term gains	9,182
Form 8949 long term gains	<u>13,676</u>
Total	<u><u>2,204,154</u></u>

Worksheet for Line 18
(Worldwide Qualified Dividends and Capital Gains)

(Keep for your records)

2021

Name(s) as shown on return

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AKSHAI K & CHANCHAL RUNCHAL

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Caution: See the instructions for line 18 before starting this worksheet.

1. **Individuals:** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15.
Estates and trusts: Enter taxable income without the deduction for your exemption 1. 1,111,532
2. Enter your worldwide 28% gains. See instructions 2. _____
3. Multiply line 2 by 0.2432 3. _____
4. Enter your worldwide 25% gains. See instructions 4. 144,468
5. Multiply line 4 by 0.3243 5. 46,851
6. Enter your worldwide 20% gains and qualified dividends. See instructions 6. 465,464
7. Multiply line 6 by 0.4595 7. 213,881
8. Enter your worldwide 15% gains and qualified dividends. See instructions 8. 39,594
9. Multiply line 8 by 0.5946 9. 23,543
10. Enter your worldwide 0% gains and qualified dividends. See instructions 10. _____
11. Add lines 3, 5, 7, 9, and 10 11. 284,275
12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 12. 827,257

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 7

(This page is not filed with the return. It is for your records only.)

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Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Income	Regular tax	Alt Min Tax
Wages		
Interest income before Series EE bond exclusion	318	318
Dividend income	8,140	8,140
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	650,605	650,605
Taxable IRA distributions	54,516	54,516
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	334,444	334,445
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental	157,971	157,972
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	1,205,994	1,205,996
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	1,205,994	1,205,996
MAGI adjustment from input screen E2		
Modified adjusted gross income	1,205,994	1,205,996

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2021**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete 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	Schedule E: 3106 INGLEWOOD BLVD, LO	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<input type="checkbox"/>
B	Schedule E: 12029 CLOVER AVE, LOS A	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<input type="checkbox"/>
C	Schedule E: 105 ST STEPHENS, Tyrone	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<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	38,629	23,027	0
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	7,726	4,605	0
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0	0
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	20,710	233,415	0
8	Multiply line 7 by 2.5% (0.025)	8	518	5,835	
9	Add lines 6 and 8	9	518	5,835	0
10	Enter the greater of line 5 or line 9	10	518	5,835	0
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	518	4,605	0
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	518	4,605	0
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	518	4,605	0
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16	82,432		

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

Form **8995-A** (2021)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$164,900 but not \$214,900 (\$164,925 and \$214,925 if married filing separately, \$329,800 and \$429,800 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		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction 20			
21	Threshold. Enter \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly) 21			
22	Subtract line 21 from line 20 22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 23			
24	Phase-in percentage. Divide line 22 by line 23 . 24 %			
25	Total phase-in reduction. Multiply line 19 by line 24 25			
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			

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	82,432		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	324		
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	324		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	65		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 ▶	32		82,497	
33	Taxable income before qualified business income deduction	33	1,194,029		
34	Net capital gain. See instructions	34	649,526		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		544,503	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		108,901	
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		82,497	
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		82,497	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)		

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2021**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete 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	Schedule E: 4416 KATHERINE AVE, SHE	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<input type="checkbox"/>
B	Schedule E: 2408 OCEAN PARK, Santa	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<input type="checkbox"/>
C	Schedule E: 8055 SENOIA ROAD, FAIRB	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<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	0	22,641
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0	4,528
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0
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	0	0
8	Multiply line 7 by 2.5% (0.025)	8		48,556
9	Add lines 6 and 8	9	0	0
10	Enter the greater of line 5 or line 9	10	0	0
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0	0
12	Phased-in reduction. Enter the amount from line 26, if any	12		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0	0
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	0	0
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16		

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

Form **8995-A** (2021)

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2021**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete 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	Schedule E: 805 SPENCER STREET, Syr	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>
B	Schedule E: 2001 S GRAMERCY, Los An	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>
C	Schedule E: 226 JAY STREET, Rochest	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<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	41,937	0	44,240
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	8,387	0	8,848
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0	0
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	3,215,530	0	3,120,194
8	Multiply line 7 by 2.5% (0.025)	8	80,388		78,005
9	Add lines 6 and 8	9	80,388	0	78,005
10	Enter the greater of line 5 or line 9	10	80,388	0	78,005
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	8,387	0	8,848
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	8,387	0	8,848
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	8,387	0	8,848
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16			

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

Form **8995-A** (2021)

EEA

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2021**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete 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	K1P: 564 MACON ST MCDONOUGH GA 3025	<input type="checkbox"/>	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>
B	K1P: 564 MACON ST MCDONOUGH GA 3025	<input type="checkbox"/>	<input type="checkbox"/>	26-0429153	<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	136,064	136,064
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	27,213	27,213
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	18,644	18,645
5	Multiply line 4 by 50% (0.50)	5	9,322	9,323
6	Multiply line 4 by 25% (0.25)	6	4,661	4,661
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	1,479,050	1,479,050
8	Multiply line 7 by 2.5% (0.025)	8	36,976	36,976
9	Add lines 6 and 8	9	41,637	41,637
10	Enter the greater of line 5 or line 9	10	41,637	41,637
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	27,213	27,213
12	Phased-in reduction. Enter the amount from line 26, if any	12		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	27,213	27,213
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	27,213	27,213
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16		

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

Form **8995-A** (2021)

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

[illegible]

2	Qualified business net (loss) carryforward from prior years. See instructions	2	()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(107,819)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	578,660
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)	5	(107,819)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(0)

Explanation of Pre-CARES Act vs. Post-CARES Act

For informational purposes and use by certain states

(Do not file. Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Income		Pre-CARES Act	Post-CARES Act	Difference
Wages, salaries, tips, etc.				
Taxable interest		318	318	
Ordinary dividends		8,140	8,140	
Taxable refunds				
Alimony received				
Business income or (loss)				
Capital gain or (loss)		650,605	650,605	
Other gains or (losses)				
Taxable IRA distributions		54,516	54,516	
Taxable pensions and annuities				
Schedule E income/loss		470,841	470,841	
Farm income or (loss)				
Unemployment compensation				
Social security benefits		38,009	38,009	
Net Operating Loss (NOL)				
Limitation on business losses - Form 461 (ELA)				
Other income				
Totals		1,222,429	1,222,429	
Adjustments		Pre-CARES Act	Post-CARES Act	Difference
Educator expenses				
Employee business expenses				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self-employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Tuition and fees				
Other adjustments				
Charitable contributions if taking standard deduction			600	600
Totals			600	600
Adjusted Gross Income		1,222,429	1,221,829	(600)

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

3106 INGLEWOOD BLVD

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2021

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	3106 INGLEWOOD AVE	10011992	260,000	91,000	100.00			169,000	27.5		0	165,671		165,671	
2	3106 INGLEWOOD BLVD I	02152011	20,710*		100.00			20,710	27.5	SL MM	3.636	7,436	753	8,189	753

Depreciation Detail Listing

12029 CLOVER AVE

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2021

PAGE 1

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Social security number/EIN

$$\underline{553-39-5912}$$

Land Amount		CY 179 and CY Bonus		ST ADJ:	
Net Depreciable Cost	233,415	TOTAL CY Depr including 179/bonus	8,488	UBIA:	233,415

ST ADJ:
UBIA: 233,415

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

CARRIAGE OAKS LLC

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PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

KIRSHEN R & CHRISTINE KIRSHEN												999 99 9912			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
7	CARRIAGE OAKS PARTNER	05052016	2,104,110	* 469,400	100.00			1,634,710	39	SL MM	2.564	193,868	41,916	235,784	41,916

Depreciation Detail Listing

4416 KATHERINE AVE

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2021

PAGE 1

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Social security number/EIN

$$\underline{553-39-5912}$$

Land Amount	278,443	CY 179 and CY Bonus	ST ADJ:
Net Depreciable Cost	315,700	TOTAL CY Depr including 179/bonus	7,176

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ:

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2408 OCEAN PARK

2021

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Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
5	2408 OCEN PARK	02011985	425,000	127,500	100.00			297,500	27.5		0	297,500		297,500	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

MEADOW GLEN LLC

2021

PAGE 1

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Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
8	MEADOW GLEN	05052016	1,942,256*	438,100	100.00			1,504,156	39	SL MM	2.564	178,384	38,568	216,952	38,568
12	MEADOW GLEN -REFINANC	05172021	32,105		100.00			32,105	25	AMT-AMT	2.6667		856	856	856

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

FLEETPRIDE

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2021

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
9	FLEETPRIDE	08072020	3,215,530	* 315,800	100.00			2,899,730	39	SL MM	2.564	27,895	74,352	102,247	74,352

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2021

GRAMERCY

PAGE 1

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Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

ARCHAIC & CHANCIAL ROUNDALE															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
10	GRAMERCY(1031 EXCHAGN	07202020	119,644	*	100.00			119,644	27.5	SL MM	3.636	1,994	4,351	6,345	4,350
		</													

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

ROCHESTER-226 Jay St

(This page is not filed with the return. It is for your records only.)

2021

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
11	ROCHESTER-226 JAY ST	07022021	3,120,194*		100.00			3,120,194	39	SL MM	1.175		36,662	36,662	36,662
11	LAND	07022021	163,000		100.00				0	NDA					

Depreciation Reconciliation for AKSHAI K & CHANCHAL RUNCHAL

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	8,636,365	7,194,565	175,604	1,246,357	
Placed in Service in Current Year	3,152,299	3,152,299	37,518	37,518	
Removed from Service in Current Year	315,700	315,700	7,176	144,449	
End of Year	11,472,964	10,031,164	205,946	1,139,426	

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	3106 INGLEWOOD AVE	10-01-1992	169,000	SL	27.5	3,329
E	1	3106 INGLEWOOD BLVD IMPR	02-15-2011	20,710	SL	27.5	753
E	2	12029 CLOVER AVE-IMPROVE	09-01-2013	160,214	SL	27.5	5,826
E	5	2408 OCEN PARK	02-01-1985	297,500	M	27.5	
E	2	CLOVER-IMPROVEMENTS	03-15-2014	73,201	M	27.5	2,662
E	3	CARRIAGE OAKS PARTNERS	05-05-2016	1,634,710	SL	39	41,916
E	6	MEADOW GLEN	05-05-2016	1,504,156	SL	39	38,568
E	7	FLEETPRIDE	08-07-2020	2,899,730	SL	39	74,352
E	8	GRAMERCY(1031 EXCHAGNE B	07-20-2020	119,644	SL	27.5	4,351
E	9	ROCHESTER-226 JAY ST	07-02-2021	3,120,194	SL	39	80,005
E	6	MEADOW GLEN -REFINANCING	05-17-2021	32,105	AMT	25	1,284
		TOTAL					253,046

Carryover Worksheet
List of items that will carryover to the 2022 tax return

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2022 to flow to the Schedule A	28,479
State donations and contributions carryover	
State overpayment applied to next year	54,533

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	AMT _____ Reg. Tax _____
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss	AMT _____	Reg. Tax _____
Long-term capital loss	AMT _____	Reg. Tax _____
Net operating loss	AMT _____	Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____	Reg. Tax _____
Qualified REIT and PTP loss carryover		
QBI loss carryover		
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____	Reg. Tax _____

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	
Res. energy efficient property credit	

Other

Preparer Fee		1,500
Overpayment applied to next year's estimates		3,682
Estimated Tax Payment 1 _____ 75,950	Estimated Tax Payment 2 _____	75,950
Estimated Tax Payment 3 _____ 75,950	Estimated Tax Payment 4 _____	75,950
Federal tax liability for 2210 calculation		276,167
State tax liability for state 2210 calculation		91,315
IRA basis	Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2022	Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2023	Taxpayer _____ Spouse _____	
Excess repayments from 8915-F	Taxpayer _____ Spouse _____	
Deferred SE tax to be repaid by 12/31/2022		

Passive Activity

At Risk Limitations

FOR ALT MIN TAX PURPOSES ONLY
Worksheet for AMT Form 1116, line 18
(Worldwide Qualified Dividends and Capital Gains)

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Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Caution: See the instructions for line 18 before starting this worksheet.

Percentages on lines 5, 7, and 9, are found in the instructions for Form 6251.

- 1. Individuals:** Enter the amount from Form 6251, line 4.
Estates and trusts: Enter taxable income without the deduction for your exemption **1.** 1,139,335
- 2.** Reserved **2.** _____
- 3.** Reserved **3.** _____
- 4.** Enter the amount from Form 6251, line 36 (25% gains) **4.** 144,468
- 5.** Multiply line 4 by 0.1071 **5.** 15,473
- 6.** Enter the amount from Form 6251, line 33 (20% gains and qualified dividends) **6.** 465,464
- 7.** Multiply line 6 by 0.2857 **7.** 132,983
- 8.** Enter the amount from Form 6251, line 30 (15% gains and qualified dividends) **8.** 39,594
- 9.** Multiply line 8 by 0.4643 **9.** 18,383
- 10.** Enter the amount from Form 6251, line 23 (0% gains and qualified dividends) **10.** _____
- 11.** Add lines 3, 5, 7, 9, and 10 **11.** 166,839
- 12.** Subtract line 11 from line 1. Enter the result here and on your AMT Form 1116, line 18 **12.** 972,496

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

3106 INGLEWOOD BLVD - 3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066

1

	2020	2021	Difference
Income			
Rents received	63,942	71,973	8,031
Royalties received			
Expenses			
Advertising		83	83
Auto and travel	204	293	89
Cleaning and maintenance	2,905	3,289	384
Commissions		400	400
Insurance	1,224	1,298	74
Legal & professional fees		800	800
Management fees		2,397	2,397
Mortgage interest			
Other interest			
Repairs	3,550	4,394	844
Supplies	339	4,644	4,305
Taxes	5,663	5,628	(35)
Utilities	2,253	254	(1,999)
Depreciation expense	753	753	
Other	77	266	189
Total expenses	16,968	24,499	7,531
Net income or (loss)	46,974	47,474	500
Allowed on return after Form 6198 and Form 8582 limitations	46,974	47,474	500

Property description and address

Input order

12029 CLOVER AVE - 12029 CLOVER AVE, LOS ANGELES, CA 90066

2

	2020	2021	Difference
Income			
Rents received	69,600	59,000	(10,600)
Royalties received			
Expenses			
Advertising		68	68
Auto and travel	222	240	18
Cleaning and maintenance	3,521	3,782	261
Commissions			
Insurance	1,068	1,063	(5)
Legal & professional fees		100	100
Management fees	2,125	2,662	537
Mortgage interest			
Other interest			
Repairs	1,627	2,256	629
Supplies		4,952	4,952
Taxes	6,685	6,622	(63)
Utilities	269	209	(60)
Depreciation expense	8,488	8,488	
Other	38	258	220
Total expenses	24,043	30,700	6,657
Net income or (loss)	45,557	28,300	(17,257)
Allowed on return after Form 6198 and Form 8582 limitations	45,557	28,300	(17,257)

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

CARRIAGE OAKS LLC - 105 ST STEPHENS, Tyrone, GA 30290

3

	2020	2021	Difference
Income			
Rents received	89,037	140,528	51,491
Royalties received			
Expenses			
Advertising		388	388
Auto and travel	283	572	289
Cleaning and maintenance	6,941	4,820	(2,121)
Commissions	500	13,373	12,873
Insurance	3,742	4,360	618
Legal & professional fees	1,501	5,000	3,499
Management fees	3,867	5,792	1,925
Mortgage interest	52,213	42,209	(10,004)
Other interest			
Repairs	3,350	24,474	21,124
Supplies		470	470
Taxes	24,661	20,649	(4,012)
Utilities	15,413	14,942	(471)
Depreciation expense	41,916	41,916	
Other	34	148	114
Total expenses	154,421	179,113	24,692
Net income or (loss)	(65,384)	(38,585)	26,799
Allowed on return after Form 6198 and Form 8582 limitations	(65,384)	(38,585)	26,799

Property description and address

Input order

4416 KATHERINE AVE - 4416 KATHERINE AVE, SHERMAN OAKS, CA 91423

4

	2020	2021	Difference
Income			
Rents received	40,764	23,779	(16,985)
Royalties received			
Expenses			
Advertising		862	862
Auto and travel	130	97	(33)
Cleaning and maintenance	3,560	5,300	1,740
Commissions			
Insurance	1,214	1,248	34
Legal & professional fees	200	6,320	6,120
Management fees		1,000	1,000
Mortgage interest	9,475	5,941	(3,534)
Other interest			
Repairs	1,008	2,053	1,045
Supplies	225	361	136
Taxes	8,740	4,465	(4,275)
Utilities	158	84	(74)
Depreciation expense	11,479	7,176	(4,303)
Other	50	541	491
Total expenses	36,239	35,448	(791)
Net income or (loss)	4,525	(11,669)	(16,194)
Allowed on return after Form 6198 and Form 8582 limitations	4,525	(11,669)	(16,194)

Schedule E Comparison

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2021

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

2408 OCEAN PARK - 2408 OCEAN PARK, Santa Monica, CA 90405

5

	2020	2021	Difference
Income			
Rents received	179,430	182,064	2,634
Royalties received			
Expenses			
Advertising		440	440
Auto and travel	571	741	170
Cleaning and maintenance	6,930	12,795	5,865
Commissions			
Insurance	7,885	5,012	(2,873)
Legal & professional fees	2,422	29,767	27,345
Management fees	10,410	14,093	3,683
Mortgage interest	37,778	33,034	(4,744)
Other interest			
Repairs	9,251	15,223	5,972
Supplies	2,122	12,773	10,651
Taxes	11,666	14,709	3,043
Utilities	14,803	15,197	394
Depreciation expense			
Other	462	454	(8)
Total expenses	104,300	154,238	49,938
Net income or (loss)	75,130	27,826	(47,304)
Allowed on return after Form 6198 and Form 8582 limitations	75,130	27,826	(47,304)

Property description and address

Input order

MEADOW GLEN LLC - 8055 SENOIA ROAD, FAIRBURN, GEORGIA, Fairburn, GA 30213

6

	2020	2021	Difference
Income			
Rents received	211,452	195,627	(15,825)
Royalties received			
Expenses			
Advertising		226	226
Auto and travel	673	796	123
Cleaning and maintenance	4,019	4,560	541
Commissions			
Insurance	3,825	4,201	376
Legal & professional fees	700	4,549	3,849
Management fees	8,083	8,369	286
Mortgage interest	63,057	48,620	(14,437)
Other interest		1,880	1,880
Repairs	1,205	6,757	5,552
Supplies		654	654
Taxes	25,189	30,196	5,007
Utilities	9,722	10,614	892
Depreciation expense	38,568	39,424	856
Other	131	76	(55)
Total expenses	155,172	160,922	5,750
Net income or (loss)	56,280	34,705	(21,575)
Allowed on return after Form 6198 and Form 8582 limitations	56,280	34,705	(21,575)

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

FLEETPRIDE - 805 SPENCER STREET, Syracuse, NY 13204

7

	2020	2021	Difference
Income			
Rents received	95,084	282,491	187,407
Royalties received			
Expenses			
Advertising		480	480
Auto and travel	303	1,150	847
Cleaning and maintenance	22		(22)
Commissions			
Insurance	364	1,176	812
Legal & professional fees	3,875	6,465	2,590
Management fees		2,130	2,130
Mortgage interest	26,248	77,603	51,355
Other interest		5,436	5,436
Repairs			
Supplies		944	944
Taxes	800	59,711	58,911
Utilities	369	999	630
Depreciation expense	27,895	74,352	46,457
Other	36	505	469
Total expenses	59,912	230,951	171,039
Net income or (loss)	35,172	51,540	16,368
Allowed on return after Form 6198 and Form 8582 limitations	35,172	51,540	16,368

Property description and address

Input order

GRAMERCY - 2001 S GRAMERCY, Los Angeles, CA 90018

8

	2020	2021	Difference
Income			
Rents received	9,100	21,841	12,741
Royalties received			
Expenses			
Advertising		25	25
Auto and travel	29	89	60
Cleaning and maintenance	1,532	3,827	2,295
Commissions			
Insurance	1,334	6,530	5,196
Legal & professional fees	3,025	14,229	11,204
Management fees	850	901	51
Mortgage interest			
Other interest	1,785	808	(977)
Repairs	4,958	10,133	5,175
Supplies	3,778	10,112	6,334
Taxes	7,720	24,092	16,372
Utilities	671	3,973	3,302
Depreciation expense	1,994	4,351	2,357
Other	3	336	333
Total expenses	27,679	79,406	51,727
Net income or (loss)	(18,579)	(57,565)	(38,986)
Allowed on return after Form 6198 and Form 8582 limitations	(18,579)	(57,565)	(38,986)

CANOTES	Notes about the return	2021 PAGE 1
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN 553-39-5912
<p>68 The federal return is currently taking the standard deduction and the CA return is itemizing. If CA is required to use the standard deduction as well, please go to the ITEM screen and select the 'Force Standard' checkbox.</p> <p>70 Schedule CA is present in this return therefore the short form will be suppressed and the long form will be produced.</p> <p>77 Principal Residence has been populated automatically by the software based on the resident state and street address on federal screen 1. If the information is not correct please use the CA screen ADDR - Principal Address Information to correct the data.</p> <p>140 If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p> <p>400 Mandatory E-Pay Information</p> <p>This client may be required to make their payments electronically (Mandatory E-Pay)</p> <p>Starting January 1, 2011, the mandatory e-pay penalty will be assessed when a person required to make payments electronically pays using any other method.</p> <p>The penalty is equal to one percent (1%) of the amount paid, unless failure to pay was for reasonable cause and not willful neglect. (Revenue and Taxation Code section 19011.5)</p> <p>SB 1389 (Enacted September 30, 2008) added Section 19011.5 to the Revenue & Taxation Code, requiring some taxpayers to make their tax payments using an electronic method (Mandatory E-Pay).</p> <p>Electronic payments are required once a person:</p> <ol style="list-style-type: none"> 1. Makes an estimate tax or extension payment (by check or electronic method) over \$20,000. 2. Files an original tax return with a tax liability over \$80,000. <p>Taxpayers whose tax thresholds fall below the mandatory e-pay amounts may request to discontinue making electronic payments. In March 2009, FTB will provide a waiver form for taxpayers to file.</p>		

**2021 CALLC01 Filing Instructions
14523 TUPPER LLC**

Form filed:

CALLC01 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-18-2022

Payment:

\$900.00

Transaction method:

Make check or money order payable to "Franchise Tax Board."
Write the partnership/LLC's federal employer Identification
number (FEIN), SOS File number, and "2021 Form 565/568" on
the check or money order. Note: All checks or money orders
must be payable in US dollars and drawn against a US
financial institution.

Other instructions:

Voucher

2021**Limited Liability Company
Return of Income****568**

201203510348 1452 454344496 21
 TYB 01-01-2021 TYE 12-31-2021
 14523 TUPPER LLC

1931 STRADELLA RD
 LOS ANGELES CA 90077

ACCTMETHOD 1 01-20-2012 ASSETS 0.
 INITIAL 0 FINAL 0 AMENDED 0

- I** (1) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the LLC holds a controlling or majority interest that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- (2) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- (3) During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? • ☐ Yes ☒ No
- (Yes requires filing of statement, penalties may apply - see instructions.)**

Enclose, but do not staple, any payment.	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
	1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions.	1	304332 00
	2	Limited Liability Company fee. See instructions.	2	900 00
	3	2021 annual Limited Liability Company tax. See instructions.	3	800 00
	4	Pass-through entity elective tax. See instructions.	4	00
	5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
	6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank. •	6	00
	7	Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6	7	1700 00
	8	Amount paid with form FTB 3537 and 2021 form FTB 3522 and form FTB 3536	8	800 00
	9	Amount paid with form FTB 3893	9	00
	10	Overpayment from prior year allowed as a credit	10	00
	11	Withholding (Form 592-B and/or 593)	11	00
	12	Total payments. Add line 8, line 9, line 10 and line 11.	12	800 00
	13	Use tax. This is not a total line. See instructions.	13	0 00
	14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	800 00
	15	Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13.	15	00
	16	Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	900 00
	17	Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17	00

		Whole dollars only
	18 Amount of line 17 to be credited to 2022 tax or fee	18 00
	19 Refund. If the total of line 18 is less than line 17, subtract the total from line 17.	19 .00
	20 Penalties and interest. See instructions	20 00
	21 Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result	21 900 .00
J	Principal business activity code (Do not leave blank)	531310
	Business activity <u>REAL ESTATE</u> Product or service <u>MANAGEMENT</u>	
K	Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members	1
L	Is this LLC an investment partnership? See General Information O	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	(1) Is this LLC apportioning or allocating income to California using Schedule R?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year?	<input checked="" type="radio"/> Yes <input checked="" type="checkbox"/> No
N	Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
P	(1) Does the LLC have any foreign (non-U.S.) nonresident members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Does the LLC have any domestic (non-foreign) nonresident members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Q	Are any members in this LLC also LLCs or partnerships?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
R	Is this LLC under audit by the IRS or has it been audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
S	Is this LLC a member or partner in another multiple member LLC or partnership? If "Yes," complete Schedule EO, Part I.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T	Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U	(1) Is this LLC a business entity disregarded for tax purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V	Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
W	Did this LLC file the Federal Schedule M-3 (federal Form 1065)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X	Is this LLC a direct owner of an entity that filed a federal Schedule M-3?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Y	Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? If "Yes," attach schedule of trusts and federal identification numbers.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Z	Does this LLC own an interest in a business entity disregarded for tax purposes? If "Yes," complete Schedule EO, Part II.	<input checked="" type="radio"/> Yes <input checked="" type="checkbox"/> No
AA	Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BB	Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) • ☐ Yes ☒ No

(2) If "Yes," enter the year of asset disposition. •

DD Is the LLC reporting previously deferred Income from:

(see instructions) • ☐ Installment Sale • ☐ IRC § 1031 • ☒ IRC § 1033 • ☒ Other

EE "Doing business as" name. See instructions: • _____

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? • ☐ Yes ☒ No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG (1) Has this LLC previously operated outside California? • ☐ Yes ☒ No

(2) Is this the first year of doing business in California? • ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? • ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? • ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) • _____ (3) Amount last remitted ■ \$ _____

Single Member LLC Information and Consent - Complete only if the LLC is disregarded. • Federal TIN/SSN

573-41-5200

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC FEIN/CA Corp no./CA SOS File no.

CHANCHAL RUNCHAL

1931 STRADELLA RD LOS ANGELES, CA 90077-2320

Street Address, City, State, and ZIP Code

• What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:
☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ► Date 2019-04-05

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of authorized member or manager ► CHANCHAL RUNCHAL Date

Authorized member or manager's email address (optional) runchal@gmail.com Telephone • 310-471-5013

Paid Preparer's Use Only Paid preparer's signature ► Date 09-24-2022 Check if self-employed ☐ PTIN • P00186900

Firm's name (or yours, if self-employed) and address ► J ARORA INC

17037 CHATSWORTH ST STE 202 Granada Hills, CA 91344 Firm's FEIN • 32-0225393 Telephone • 818-923-5038

May the FTB discuss this return with the preparer shown above (see instructions)? • ☐ Yes ☒ No

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule	5		00
6	Total. Add line 1 through line 5	6		00
7	Inventory at end of year	7		00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8		00

9 a Check all methods used for valuing closing inventory:
(1) ☐ Cost (2) ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation _____
b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 . ☐
c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No
d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions**Caution:** Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$ _____	b Less returns and allowances \$ _____	c Balance •	1c		00
	2	Cost of goods sold (Schedule A, line 8)	•	2		00	
	3	GROSS PROFIT. Subtract line 2 from line 1c	•	3		00	
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	•	4		00	
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	•	5		00	
	6	Total farm profit. Attach federal Schedule F (Form 1040)	•	6		00	
	7	Total farm loss. Attach federal Schedule F (Form 1040)	•	7		00	
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)	•	8		00	
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)	•	9		00	
	10	Other income. Attach schedule	•	10		00	
	11	Other loss. Attach schedule	•	11		00	
	12	Total income (loss). Combine line 3 through line 11	•	12		00	
Deductions	13	Salaries and wages (other than to members)	•	13		00	
	14	Guaranteed payments to members	•	14		00	
	15	Bad debts	•	15		00	
	16	Deductible interest expense not claimed elsewhere on return	•	16		00	
	17	a Depreciation and amortization. Attach form FTB 3885L \$ _____	•				
		b Less depreciation reported on Schedule A and elsewhere on return \$ _____	•	17c		00	
	18	Depletion. Do not deduct oil and gas depletion	•	18		00	
	19	Retirement plans, etc	•	19		00	
	20	Employee benefit programs	•	20		00	
	21	Other deductions. Attach schedule	•	21		00	
	22	Total deductions. Add line 13 through line 21	•	22		00	
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12	•	23		00	

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0-

Schedule K Members' Shares of Income, Deductions, Credits, etc.

(a) Distributive share items		(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 • 0	0	⊕ 0			
	2 Net income (loss) from rental real estate activities. Attach federal Form 8825	2 (6,025)		⊕ (6,025)			
	3 a Gross income (loss) from other rental activities	3a		⊕			
	b Less expenses. Attach schedule	3b					
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		•			
	4 Guaranteed payments a Services	4a					
	b Capital	4b					
	c Total	4c		•			
	5 Interest income	5		•			
	6 Dividends	6		•			
	7 Royalties	7		•			
	8 Net short-term capital gain (loss). Attach Schedule D (568)	8		•			
	9 Net long-term capital gain (loss). Attach Schedule D (568)	9		•			
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft) . .	10a		•			
b Total loss under IRC Section 1231 (other than due to casualty or theft) . .	10b		•				
11 a Other portfolio income (loss). Attach schedule	11a		⊕				
b Total other income. Attach schedule	11b		⊕				
c Total other loss. Attach schedule	11c						
Deductions	12 Expense deduction for recovery property (IRC Section 179). Attach schedule	12					
	13 a Charitable contributions. See instructions. Attach schedule	13a					
	b Investment interest expense	13b		•			
	c 1 Total expenditures to which IRC Section 59(e) election may apply . .	13c1					
	2 Type of expenditures _____	13c2					
	d Deductions related to portfolio income	13d					
e Other deductions. Attach schedule	13e		⊕				
Credits	15 a Withholding on LLC allocated to all members	15a					
	b Low-income housing credit	15b					
	c Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c					
	d Credits related to other rental activities. Attach schedule	15d					
	e Nonconsenting nonresident members' tax paid by LLC	15e					
	f Other credits. Attach schedule	15f		•			
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	17a					
	b Adjusted gain or loss	17b					
	c Depletion (other than oil and gas)	17c					
	d Gross income from oil, gas, and geothermal properties	17d					
	e Deductions allocable to oil, gas, and geothermal properties	17e					
	f Other alternative minimum tax items. Attach schedule	17f					
Other Information	18 a Tax-exempt interest income	18a					
	b Other tax-exempt income	18b		•			
	c Nondeductible expenses	18c					
	19 a Distributions of money (cash and marketable securities)	19a		⊕			
	b Distribution of property other than money	19b		⊕			
	20 a Investment income	20a					
	b Investment expenses	20b					
c Other information. See instructions	20c						
Analysis	21 a Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13e . .	21a (6,025)		• (6,025)			
	b Analysis of members:	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members	0	0 0	0	0	0	0

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				•
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				•
7 a Loans to partners				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				•
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	⊕	()	•
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		⊕		•
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				•
14 Total assets				
Liabilities and Capital				
15 Accounts payable				•
16 Mortgages, notes, bonds payable in less than 1 year				•
17 Other current liabilities. Attach schedule				
18 All nonrecourse loans		⊕		•
19 a Loans from partners				
b Mortgages, notes, bonds payable in 1 year or more		⊕		•
20 Other liabilities. Attach schedule				•
21 Members' capital accounts		⊕		•
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See inst.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize	•	a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		b Other \$	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13e. Itemize:		c Total. Add line 6a and line 6b	•
a Depreciation \$		7 Deductions included on Sch K, line 1 through line 13e not charged against book income this year. Itemize:	
b Travel and entertainment . \$		a Depreciation \$	
c Annual LLC tax \$		b Other \$	
d Other \$		c Total. Add line 7a and line 7b	•
e Total. Add line 4a through line 4d	•	8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year		5 Total of line 1 through line 4	
2 Capital contributed during year		6 Distributions:	
a Cash	•	a Cash	•
b Property	•	b Property	•
3 Net income (loss) per books		7 Other decreases. Itemize	•
4 Other increases. Itemize	•	8 Total of line 6 and line 7	
		9 Balance at end of year. Subtract line 8 from line 5 .	

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule)

Type of entity: ☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Partnership ☐ (4) Limited Partnership ☐ (5) Sole Proprietor ☐ (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC •

Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ☒ 1a _____
b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ☒ 1b _____
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ☒ 2a 304,332
b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ☒ 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities ☒ 3a _____
b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ☒ 3b _____
c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ☒ 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ☒ 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ☒ 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ☒ 6 _____
- 7 Add line 1a through line 6 ☒ 7 304,332
- 8 California rental real estate
a Enter the total gross rents from federal Form 8825, line 18a ☒ 8a _____
b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ☒ 8b _____
c Add line 8a and line 8b ☒ 8c _____
- 9 Other California rentals.
a Enter the amount from Schedule K (568), line 3a ☒ 9a _____
b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ☒ 9b _____
c Add lines 9a and 9b ☒ 9c _____
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ☒ 10 _____
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ☒ 11 _____
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ☒ 12 _____
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ☒ 13 _____
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ☒ 14 _____
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ☒ 15 _____
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ☒ 16 _____
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ☒ 17 304,332

Federal ITIN 9
SSN 9 573-41-5200
SOS Number 12
CA Corporation number 7
FEIN 9
LLC Temp number 9
Not Applicable 50
Business Name Line 1 75
Business Name Line 2 75
Individual Name 35 CHANCHAL RUNCHAL
F Address Line 1 35
F Address Line 2 35
F City 50
F Province 17
F Country 2
F Postal Code 16
US Address Line 1 35 1931 STRADELLA RD
US Address Line 2 35
US City 22 LOS ANGELES
US State 2 CA
US Zip Code 16 90077-2320
Consent Date 10 2019-04-05
Title 100
Entity Type Individual
Explain 30

G. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = Cash, Accrual, Hybrid

J. K-1s Filed

Filed by Mag Media {5} false
K1 Mag Media Count _____

Voucher at bottom of page.

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2021 FTB 3588" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
 PO BOX 942857
 SACRAMENTO CA 94257-0531**

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

WHEN TO FILE:

The tax liability must be paid by the original due date of the return.

For LLCs classified as partnerships, the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.

SMLLCs

- For SMLLCs owned by pass-through entities (S corporations, partnerships, and LLCs classified as partnerships), the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.
- For all other SMLLCs, the original due date of the return is the 15th day of the 4th month following the close of the taxable year of the owner.

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: Make payments online using Web Pay for Businesses. LLCs can make an immediate payment or schedule payments up to a year in advance. For more information, go to ftb.ca.gov/pay.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

TAXABLE YEAR

CALIFORNIA FORM

2021**Payment Voucher for
LLC e-filed Returns****3588 (e-file)**

201203510348 1452 45-4344496 (310) 471-5013 21 FORM 0
 TYB 01-01-2021 TYE 12-31-2021
 14523 TUPPER LLC

1931 STRADELLA RD
 LOS ANGELES CA 90077

AMOUNT OF PAYMENT 900.

Date Accepted _____

043

TAXABLE YEAR

2021**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name

14523 TUPPER LLC

California Secretary of State (SOS) file number or FEIN

454344496

Part I Tax Return Information (whole dollars only)

1	Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1	304,332
2	Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2	304,332
3	Tax and fee due (Form 568, line 16)	3	900
4	Overpayment (Form 568, line 17)	4	
5	Total amount due (Form 568, line 21)	5	900

Part II Settle Your Account Electronically for Taxable Year 2021.

6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2022 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

Part IV Banking Information (Have you verified the LLC's banking information?)

9 Routing number _____
 10 Account number _____ 11 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2022 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2021 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager

Date



Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signature

JAGJIT SINGH ARORA, E.A

Date

09-24-2022

Check if
also paid
preparer ☒Check
if self-
employed ☐

ERO's PTIN

P00186900

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

J ARORA INC

17037 CHATSWORTH ST STE 202

Granada Hills, CA

Firm's FEIN

32-0225393

ZIP code

91344

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check
if self-
employed ☐

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

2021 CALLC02 Filing Instructions
2408 OCEAN PARK LLC

Form filed:

CALLC02 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-18-2022

Payment:

\$900.00

Transaction method:

Make check or money order payable to "Franchise Tax Board."
Write the partnership/LLC's federal employer Identification
number (FEIN), SOS File number, and "2021 Form 565/568" on
the check or money order. Note: All checks or money orders
must be payable in US dollars and drawn against a US
financial institution.

Other instructions:

Voucher

2021

Limited Liability Company

Return of Income

568

201204210532 2408 454393189 21
 TYB 01-01-2021 TYE 12-31-2021
 2408 OCEAN PARK LLC

1931 STRADELLA DR
 LOS ANGELES CA 90077

ACCTMETHOD 1 03-10-2012 ASSETS 0.
 INITIAL 0 FINAL 0 AMENDED 0

- I (1) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the LLC holds a controlling or majority interest that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ☐ Yes ☒ No
- (2) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ☐ Yes ☒ No
- (3) During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? ☐ Yes ☒ No
- (Yes requires filing of statement, penalties may apply - see instructions.)

Enclose, but do not staple, any payment.	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
	1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions.	1	322883 00
	2	Limited Liability Company fee. See instructions.	2	900 00
	3	2021 annual Limited Liability Company tax. See instructions.	3	800 00
	4	Pass-through entity elective tax. See instructions.	4	00
	5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
	6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6	00
	7	Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6	7	1700 00
	8	Amount paid with form FTB 3537 and 2021 form FTB 3522 and form FTB 3536	8	800 00
	9	Amount paid with form FTB 3893	9	00
	10	Overpayment from prior year allowed as a credit	10	00
	11	Withholding (Form 592-B and/or 593)	11	00
	12	Total payments. Add line 8, line 9, line 10 and line 11.	12	800 00
	13	Use tax. This is not a total line. See instructions.	13	0 00
	14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	800 00
	15	Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13.	15	00
	16	Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	900 00
	17	Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17	00

		Whole dollars only
	18 Amount of line 17 to be credited to 2022 tax or fee	18 00
	19 Refund. If the total of line 18 is less than line 17, subtract the total from line 17.	19 .00
	20 Penalties and interest. See instructions	20 00
	21 Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result	21 900 .00
J	Principal business activity code (Do not leave blank)	531310
	Business activity <u>REAL ESTATE</u> Product or service <u>MANAGEMENT</u>	
K	Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members	1
L	Is this LLC an investment partnership? See General Information O	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	(1) Is this LLC apportioning or allocating income to California using Schedule R?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year?	<input checked="" type="radio"/> Yes <input type="checkbox"/> No
N	Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
P	(1) Does the LLC have any foreign (non-U.S.) nonresident members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Does the LLC have any domestic (non-foreign) nonresident members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Q	Are any members in this LLC also LLCs or partnerships?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
R	Is this LLC under audit by the IRS or has it been audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
S	Is this LLC a member or partner in another multiple member LLC or partnership? If "Yes," complete Schedule EO, Part I.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T	Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U	(1) Is this LLC a business entity disregarded for tax purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V	Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
W	Did this LLC file the Federal Schedule M-3 (federal Form 1065)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X	Is this LLC a direct owner of an entity that filed a federal Schedule M-3?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Y	Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? If "Yes," attach schedule of trusts and federal identification numbers.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Z	Does this LLC own an interest in a business entity disregarded for tax purposes? If "Yes," complete Schedule EO, Part II.	<input checked="" type="radio"/> Yes <input type="checkbox"/> No
AA	Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BB	Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) • ☐ Yes ☒ No

(2) If "Yes," enter the year of asset disposition. •

DD Is the LLC reporting previously deferred Income from:

(see instructions) • ☐ Installment Sale • ☐ IRC § 1031 • ☒ IRC § 1033 • ☒ Other

EE "Doing business as" name. See instructions: • _____

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? • ☐ Yes ☒ No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG (1) Has this LLC previously operated outside California? • ☐ Yes ☒ No

(2) Is this the first year of doing business in California? • ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? • ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? • ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) • _____ (3) Amount last remitted ■ \$ _____

Single Member LLC Information and Consent - Complete only if the LLC is disregarded. • Federal TIN/SSN

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC 573-41-5200

FEIN/CA Corp no./CA SOS File no.

CHANCHAL RUNCHAL

1931 STRADELLA RD LOS ANGELES, CA 90077-2320

Street Address, City, State, and ZIP Code

• What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:
☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ► Date 2019-04-05

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of authorized member or manager ► CHANCHAL RUNCHAL Date

Authorized member or manager's email address (optional) runchal@gmail.com Telephone • 310-471-5013

Paid Preparer's Use Only Paid preparer's signature ► Date 09-24-2022 Check if self-employed ☐ PTIN • P00186900

Firm's name (or yours, if self-employed) and address ► J ARORA INC 17037 CHATSWORTH ST STE 202 Granada Hills, CA 91344 Firm's FEIN • 32-0225393

Telephone • 818-923-5038

May the FTB discuss this return with the preparer shown above (see instructions)? • ☐ Yes ☒ No

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule	5		00
6	Total. Add line 1 through line 5	6		00
7	Inventory at end of year	7		00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8		00

9 a Check all methods used for valuing closing inventory:
(1) ☐ Cost (2) ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation _____
b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 . ☐
c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No
d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions**Caution:** Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$ _____	b Less returns and allowances \$ _____	c Balance •	1c		00
	2	Cost of goods sold (Schedule A, line 8)	•	2		00	
	3	GROSS PROFIT. Subtract line 2 from line 1c	•	3		00	
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	•	4		00	
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	•	5		00	
	6	Total farm profit. Attach federal Schedule F (Form 1040)	•	6		00	
	7	Total farm loss. Attach federal Schedule F (Form 1040)	•	7		00	
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)	•	8		00	
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)	•	9		00	
	10	Other income. Attach schedule	•	10		00	
	11	Other loss. Attach schedule	•	11		00	
	12	Total income (loss). Combine line 3 through line 11	•	12		00	
Deductions	13	Salaries and wages (other than to members)		13		00	
	14	Guaranteed payments to members	•	14		00	
	15	Bad debts	•	15		00	
	16	Deductible interest expense not claimed elsewhere on return	•	16		00	
	17	a Depreciation and amortization. Attach form FTB 3885L \$ _____ b Less depreciation reported on Schedule A and elsewhere on return \$ _____	c Balance •	17c		00	
	18	Depletion. Do not deduct oil and gas depletion		18		00	
	19	Retirement plans, etc		19		00	
	20	Employee benefit programs		20		00	
	21	Other deductions. Attach schedule	•	21		00	
	22	Total deductions. Add line 13 through line 21.	•	22		00	
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12	•	23		00	

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0-

Schedule K Members' Shares of Income, Deductions, Credits, etc.

(a) Distributive share items		(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1 • 0	0	⊕ 0			
	2 Net income (loss) from rental real estate activities. Attach federal Form 8825	2 82,197		⊕ 82,197			
	3 a Gross income (loss) from other rental activities	3a		⊕			
	b Less expenses. Attach schedule	3b					
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		•			
	4 Guaranteed payments a Services	4a					
	b Capital	4b					
	c Total	4c		•			
	5 Interest income	5		•			
	6 Dividends	6		•			
	7 Royalties	7		•			
	8 Net short-term capital gain (loss). Attach Schedule D (568)	8		•			
	9 Net long-term capital gain (loss). Attach Schedule D (568)	9		•			
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft) . .	10a		•			
b Total loss under IRC Section 1231 (other than due to casualty or theft) . .	10b		•				
Deductions	11 a Other portfolio income (loss). Attach schedule	11a		⊕			
	b Total other income. Attach schedule	11b		⊕			
	c Total other loss. Attach schedule	11c					
	12 Expense deduction for recovery property (IRC Section 179). Attach schedule	12					
	13 a Charitable contributions. See instructions. Attach schedule	13a					
	b Investment interest expense	13b		•			
	c 1 Total expenditures to which IRC Section 59(e) election may apply . .	13c1					
	2 Type of expenditures _____	13c2					
	d Deductions related to portfolio income	13d					
	e Other deductions. Attach schedule	13e		⊕			
	Credits	15 a Withholding on LLC allocated to all members	15a				
		b Low-income housing credit	15b				
		c Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c				
		d Credits related to other rental activities. Attach schedule	15d				
e Nonconsenting nonresident members' tax paid by LLC		15e					
f Other credits. Attach schedule		15f		•			
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	17a					
	b Adjusted gain or loss	17b					
	c Depletion (other than oil and gas)	17c					
	d Gross income from oil, gas, and geothermal properties	17d					
	e Deductions allocable to oil, gas, and geothermal properties	17e					
	f Other alternative minimum tax items. Attach schedule	17f					
Other Information	18 a Tax-exempt interest income	18a					
	b Other tax-exempt income	18b		•			
	c Nondeductible expenses	18c					
	19 a Distributions of money (cash and marketable securities)	19a		⊕			
	b Distribution of property other than money	19b		⊕			
	20 a Investment income	20a					
b Investment expenses	20b						
c Other information. See instructions	20c						
Analysis	21 a Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13e . .	21a 82,197		• 82,197			
	b Analysis of members:	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members	0	0 0	0	0	0	0

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				•
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				•
7 a Loans to partners				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				•
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	⊕	()	•
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		⊕		•
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				•
14 Total assets				
Liabilities and Capital				
15 Accounts payable				•
16 Mortgages, notes, bonds payable in less than 1 year				•
17 Other current liabilities. Attach schedule				
18 All nonrecourse loans		⊕		•
19 a Loans from partners				
b Mortgages, notes, bonds payable in 1 year or more		⊕		•
20 Other liabilities. Attach schedule				•
21 Members' capital accounts		⊕		•
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See inst.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize	•	a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		b Other \$	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13e. Itemize:		c Total. Add line 6a and line 6b	•
a Depreciation \$		7 Deductions included on Sch K, line 1 through line 13e not charged against book income this year. Itemize:	
b Travel and entertainment . \$		a Depreciation \$	
c Annual LLC tax \$		b Other \$	
d Other \$		c Total. Add line 7a and line 7b	•
e Total. Add line 4a through line 4d	•	8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year		5 Total of line 1 through line 4	
2 Capital contributed during year		6 Distributions:	
a Cash	•	a Cash	•
b Property	•	b Property	•
3 Net income (loss) per books		7 Other decreases. Itemize	•
4 Other increases. Itemize	•	8 Total of line 6 and line 7	
		9 Balance at end of year. Subtract line 8 from line 5 .	

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule)

Type of entity: ☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Partnership ☐ (4) Limited Partnership ☐ (5) Sole Proprietor ☐ (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC •

Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ☒ 1a _____
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ☒ 1b _____
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ☒ 2a 322,883
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ☒ 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities ☒ 3a _____
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ☒ 3b _____
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ☒ 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ☒ 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ☒ 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ☒ 6 _____
- 7 Add line 1a through line 6 ☒ 7 322,883
- 8 California rental real estate
- a Enter the total gross rents from federal Form 8825, line 18a ☒ 8a _____
- b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ☒ 8b _____
- c Add line 8a and line 8b ☒ 8c _____
- 9 Other California rentals.
- a Enter the amount from Schedule K (568), line 3a ☒ 9a _____
- b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ☒ 9b _____
- c Add lines 9a and 9b ☒ 9c _____
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ☒ 10 _____
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ☒ 11 _____
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ☒ 12 _____
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ☒ 13 _____
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ☒ 14 _____
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ☒ 15 _____
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ☒ 16 _____
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ☒ 17 322,883

Federal ITIN 9
SSN 9 573-41-5200
SOS Number 12
CA Corporation number 7
FEIN 9
LLC Temp number 9
Not Applicable 50
Business Name Line 1 75
Business Name Line 2 75
Individual Name 35 CHANCHAL RUNCHAL
F Address Line 1 35
F Address Line 2 35
F City 50
F Province 17
F Country 2
F Postal Code 16
US Address Line 1 35 1931 STRADELLA RD
US Address Line 2 35
US City 22 LOS ANGELES
US State 2 CA
US Zip Code 16 90077-2320
Consent Date 10 2019-04-05
Title 100
Entity Type Individual
Explain 30

G. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = Cash, Accrual, Hybrid

J. K-1s Filed

Filed by Mag Media {5} false
K1 Mag Media Count _____

Voucher at bottom of page.

454393189

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

WHERE TO FILE:

Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the California SOS file number, FEIN, and "2022 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page. Enclose, but **do not** staple, your payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

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

WHEN TO FILE:

**Fiscal Year - File and Pay by the 15th day of the 4th month after the beginning of the taxable year.
Calendar Year - File and Pay by April 15, 2022.**

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:

Make a payment online using Web Pay for Businesses. LLCs can make an immediate payment or schedule payments up to a year in advance. For more information, go to ftb.ca.gov/pay.

___ DETACH HERE _ _ _

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

___ DETACH HERE _ _ _

TAXABLE YEAR

CALIFORNIA FORM

2022

LLC Tax Voucher

3522

201204210532 2408 45-4393189 (310) 471-5013 21 FORM 0
TYB 01-01-2022 TYE 12-31-2022
2408 OCEAN PARK LLC

1931 STRADELLA DR
LOS ANGELES CA 90077

AMOUNT OF PAYMENT 800.

043

6111226

FTB 3522 2021

Date Accepted _____

043

TAXABLE YEAR

2021**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name

2408 OCEAN PARK LLC

California Secretary of State (SOS) file number or FEIN

454393189

Part I Tax Return Information (whole dollars only)

1	Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1	322,883
2	Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2	322,883
3	Tax and fee due (Form 568, line 16)	3	900
4	Overpayment (Form 568, line 17)	4	
5	Total amount due (Form 568, line 21)	5	900

Part II Settle Your Account Electronically for Taxable Year 2021.

6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2022 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

Part IV Banking Information (Have you verified the LLC's banking information?)

9 Routing number _____
 10 Account number _____ 11 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2022 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2021 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager

Date



Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signature

JAGJIT SINGH ARORA, E.A

Date

09-24-2022

Check if
also paid
preparer ☒Check
if self-
employed ☐

ERO's PTIN

P00186900

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

J ARORA INC

17037 CHATSWORTH ST STE 202

Granada Hills, CA

Firm's FEIN

32-0225393

ZIP code

91344

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check
if self-
employed ☐

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

2021 CA540 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-18-2022

Overpayment Applied:

The full overpayment of \$48,685.00 will be applied to the
2022 liability

2021 California Resident Income Tax Return**540**

ATTACH FEDERAL RETURN

553-39-5912 RUNC 573-41-5200
 AKSHAI K RUNCHAL
 CHANCHAL RUNCHAL

21

1931 STRADELLA RD
 LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

Principal Residence

Enter your county at time of filing (see instructions)

☒ LOS ANGELES

 If your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐

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

Filing Status

 1 ☐ Single 4 ☐ 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 here.

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

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 \$129 = ☒ \$ 258

 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 ☐ X \$129 = ☒ \$

 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions ☒ 9 ☐ 2 X \$129 = ☒ \$ 258

Your name: AKSHAI K & CHANCH Your SSN or ITIN: 553395912

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

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions 10 X \$400 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 516

12	State wages from your federal Form(s) W-2, box 16.	12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.	13	1222429	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	38009	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1184420	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16		.00
17	California adjusted gross income. Combine line 15 and line 16	17	1184420	.00
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	10708	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	1173712	.00

31	Tax. Check the box if from: Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="checkbox"/> • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	31	112876	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions	32	0	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	112876	.00
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A •	34		.00
35	Add line 33 and line 34	35	112876	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name OTHER STATE code 187 and amount-	43	23298	.00
44	Enter credit name code and amount-	44		.00

Your name: AKSHAI K & CHANCH

Your SSN or ITIN: 553395912

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540) • 45 .00
- 46 Nonrefundable Renter's Credit. See instructions • 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 23298 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 89578 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) • 61 .00
- 62 Mental Health Services Tax. See instructions • 62 1737 .00
- 63 Other taxes and credit recapture. See instructions • 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. . . . • 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax • 65 91315 .00

Payments

- 71 California income tax withheld. See instructions • 71 .00
- 72 2021 CA estimated tax and other payments. See instructions • 72 140000 .00
- 73 Withholding (Form 592-B and/or 593). See instructions • 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions • 74 .00
- 75 Earned Income Tax Credit (EITC) • 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions • 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions • 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions 78 140000 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box
See inst. Medicare Part A or C coverage is qualifying health care coverage. . . • ☒
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions • 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 140000 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 95 140000 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then
subtract line 93 from line 92 96 .00

Your name:

AKSHAI K & CHANCH

Your SSN or ITIN:

553395912

Overpaid Tax/Tax Due

- | | | | | |
|------------|--|--------------|------------------------------------|----------------------------------|
| 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 | ⊕ 97 | <input type="text" value="48685"/> | <input type="text" value=".00"/> |
| 98 | Amount of line 97 you want applied to your 2022 estimated tax | • 98 | <input type="text" value="48685"/> | <input type="text" value=".00"/> |
| 99 | Overpaid tax available this year. Subtract line 98 from line 97 | • 99 | <input type="text"/> | <input type="text" value=".00"/> |
| 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | ⊕ 100 | <input type="text"/> | <input type="text" value=".00"/> |

Contributions

- | | Code | Amount | |
|---|--------------|----------------------|----------------------------------|
| California Seniors Special Fund. See instructions | • 400 | <input type="text"/> | <input type="text" value=".00"/> |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | • 401 | <input type="text"/> | <input type="text" value=".00"/> |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | • 403 | <input type="text"/> | <input type="text" value=".00"/> |
| California Breast Cancer Research Voluntary Tax Contribution Fund | • 405 | <input type="text"/> | <input type="text" value=".00"/> |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | • 406 | <input type="text"/> | <input type="text" value=".00"/> |
| Emergency Food for Families Voluntary Tax Contribution Fund | • 407 | <input type="text"/> | <input type="text" value=".00"/> |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | • 408 | <input type="text"/> | <input type="text" value=".00"/> |
| California Sea Otter Voluntary Tax Contribution Fund | • 410 | <input type="text"/> | <input type="text" value=".00"/> |
| California Cancer Research Voluntary Tax Contribution Fund | • 413 | <input type="text"/> | <input type="text" value=".00"/> |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | • 422 | <input type="text"/> | <input type="text" value=".00"/> |
| State Parks Protection Fund/Parks Pass Purchase | • 423 | <input type="text"/> | <input type="text" value=".00"/> |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | • 424 | <input type="text"/> | <input type="text" value=".00"/> |
| Keep Arts in Schools Voluntary Tax Contribution Fund | • 425 | <input type="text"/> | <input type="text" value=".00"/> |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | • 431 | <input type="text"/> | <input type="text" value=".00"/> |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | • 438 | <input type="text"/> | <input type="text" value=".00"/> |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | • 439 | <input type="text"/> | <input type="text" value=".00"/> |
| Rape Kit Backlog Voluntary Tax Contribution Fund | • 440 | <input type="text"/> | <input type="text" value=".00"/> |
| Schools Not Prisons Voluntary Tax Contribution Fund | • 443 | <input type="text"/> | <input type="text" value=".00"/> |
| Suicide Prevention Voluntary Tax Contribution Fund | • 444 | <input type="text"/> | <input type="text" value=".00"/> |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | • 445 | <input type="text"/> | <input type="text" value=".00"/> |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | • 446 | <input type="text"/> | <input type="text" value=".00"/> |
| 110 Add code 400 through code 446. This is your total contribution | • 110 | <input type="text"/> | <input type="text" value=".00"/> |

Your name: **AKSHAI K & CHANCH** Your SSN or ITIN: **553395912**

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • **111** **.00**
Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** **.00**
113 Underpayment of estimated tax.
Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **113** **.00**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . **114** **.00**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • • **115** **.00**

Refund and Direct Deposit 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 **.00**
☐ 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 **.00**
☐ Savings

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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)

09-24-2022

• Your email address. Enter only one email address.

RUNCHAL@GMAIL.COM

• Preferred phone number

310-471-5013

Sign Here

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

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

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

J ARORA INC

• PTIN

P00186900

Firm's address

17037 CHATSWORTH ST STE 202 GRANADA HILLS, CA 91344

• Firm's FEIN

320225393

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2021 AGI FD/ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest	2b	158	160	158 160
3b Ordinary dividends	3b	5,470	2,670	5,470 2,670
4b Taxable amount of IRA distributions	4b	54,516		54,516
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	25,339	12,670	25,341 12,668
7 Capital gain or (loss)	7	313,874	336,731	313,874 336,731
8 Other income from Schedule 1	8	224,521	246,320	224,521 246,320
9 Total income (Sum of Lines 1-8)	9	623,878	598,551	623,880 598,549
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	623,878	598,551	623,880 598,549
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	224,521	246,320	224,521 246,320
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income	8			
10 Total Additional Income (Sum of lines 1-8)	10	224,521	246,320	224,521 246,320
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

2021 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

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

553-39-5912

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

1

⓪

⓪

⓪

2 Taxable interest. a ⓪ 2297

2b

⓪

318

⓪

⓪

3 Ordinary dividends. See instructions. a ⓪ 8103

3b

⓪

8140

⓪

⓪

4 IRA distributions. See instructions. a ⓪ 54516

4b

⓪

54516

⓪

⓪

5 Pensions and annuities. See instructions. a ⓪ 2

5b

⓪

⓪

⓪

6 Social security benefits. a ⓪ 44716

6b

⓪

38009

⓪

38009

⓪

7 Capital gain or (loss). See instructions 7

7

⓪

650605

⓪

⓪

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1

1

⓪

⓪

⓪

2a Alimony received. See instructions 2a

2a

⓪

⓪

⓪

3 Business income or (loss). See instructions . . . 3

3

⓪

⓪

⓪

4 Other gains or (losses) 4

4

⓪

⓪

⓪

5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5

5

⓪

470841

⓪

⓪

6 Farm income or (loss) 6

6

⓪

⓪

⓪

7 Unemployment compensation 7

7

⓪

⓪

⓪

8 Other income:

a Federal net operating loss 8a

8a

⓪

⓪

⓪

b Gambling income 8b

8b

⓪

⓪

⓪

c Cancellation of debt 8c

8c

⓪

⓪

⓪

d Foreign earned income exclusion from federal Form 2555 8d

8d

⓪

⓪

⓪

e Taxable Health Savings Account distribution.. 8e

8e

⓪

⓪

⓪

f Alaska Permanent Fund dividends 8f

8f

⓪

⓪

⓪

g Jury duty pay 8g

8g

⓪

⓪

⓪

h Prizes and awards 8h

8h

⓪

⓪

⓪

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income . . . 8i	<input type="radio"/>		
j Stock options 8j	<input type="radio"/>		
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 8k	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLE account 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, line 1 through line 7 and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions 10	<input type="radio"/> 1222429	<input type="radio"/> 38009	<input type="radio"/>

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18	Penalty on early withdrawal of savings	18		
19 a	Alimony paid	19a		
	b Recipient's: SSN <input type="text"/>			
	Last Name <input type="text"/>			
20	IRA deduction	20		
21	Student loan interest deduction	21		
22	Reserved for future use	22		
23	Archer MSA deduction	23		
24	Other adjustments:			
	a Jury duty pay	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to IRC Section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to IRC Section 403(b) plans.	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from federal Form 2555.	24j		
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount. <input type="text"/>	24z		
25	Total other adjustments. Add lines 24a through 24z	25		
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26		
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	1222429	38009

CAWK_ID	Itemized Deductions Worksheet Line 29	2021
Name(s) AKSHAI K & CHANCHAL RUNCHAL	California ID Number 553-39-5912	

Is the amount on Form 540, line 13 more than the amount shown below for your filing status?

Single or married/RDP filing separately \$ 212,288
Head of household \$ 318,437
Married/RDP filing jointly or qualifying widow(er) \$ 424,581

NO Transfer the amount from line 28 to line 29. Do not complete the Itemized Deductions Worksheet.

YES Complete the Itemized Deductions Worksheet below.

Note:

- If married or an RDP and filing a separate tax return, you and your spouse/RDP must either both itemize your deductions (even if the itemized deductions of one spouse/RDP are less than the standard deduction) or both take the standard deduction.
- Also, if someone else can claim you as a dependent, claim the greater of the standard deduction or your itemized deductions. See the instructions for "California Standard Deduction Worksheet for Dependents" within the Form 540 Personal Income Tax Booklet to figure your standard deduction.

1. Amount from Schedule CA (540), Part II, line 28	1	53,542.
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16, if applicable	2	
3. Subtract line 2 from line 1	3	53,542.
If zero, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
4. Multiply line 3 by 80% (.80)	4	42,834.
5. Amount from Form 540, line 13	5	222,429.
6. Enter the amount shown above for your filing status	6	424,581.
7. Subtract line 6 from line 5	7	797,848.
Note: If zero or less, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
8. Multiply line 7 by 6% (.06)	8	47,871.
9. Compare line 4 and line 8. Enter the smaller amount here	9	42,834.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), Part II, line 29	10	10,708.

Line 2 - Computation

Federal Form 1040, Schedule A, line 4	_____
Federal Form 1040, Schedule A, line 9	_____
Federal Form 1040, Schedule A, line 15	_____
Federal Form 1040, Schedule A, plus any gambling losses included on line 16	_____
Total	_____

Do not file with California. Keep for your records.

TAXABLE YEAR

SCHEDULE

2021**California Capital Gain or Loss Adjustment****D (540)**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	SEE ATTACHED 1099B PDF	195,567	186,391		9,176
b	SEE ATTACHED 1099B PDF	20,306	20,300		6
c	SEE ATTACHED 1099B PDF	50,486	36,810		13,676
d	FTB SCH D1	627,668			627,668
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

- 2** Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568) **2** ☐ ☐
- 3** Capital gain distributions (federal Form 1099-DIV, box 2a) ☐ **3** 79
- 4** Total 2021 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☐ **4** 650,605
- 5** 2021 loss. Add column (d) amounts of line 1 and line 2 ☐ **5** ()
- 6** California capital loss carryover from 2020, if any. See instructions ☐ **6** ()
- 7** Total 2021 loss. Add line 5 and line 6 ☐ **7** ()



- 8 Net gain or loss. Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 8 650,605
- 9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8.
(b) \$3,000 (\$1,500 if married/RDP filing separate). See instructions . . . 9 ()
- 10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7 10 650,605
- 11 Enter the California gain from line 8 or (loss) from line 9. 11 650,605
- 12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I,
Section A, line 7, column B 12a
- b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I,
Section A, line 7, column C 12b



CAWK_D	For your records only. Capital Gains and Losses Worksheet	2021	
		STATE	D Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		9,176	9,176
Line 2	Transactions reported on 8949 with Box B checked		6	6
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			9,182	9,182

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked		13,676	13,676
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term	313,834	313,834	627,668
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	40	39	79
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		313,874	327,549	641,423

State's Computation				
Total Capital Gain or Loss		313,874	336,731	650,605
Limited Capital Gain or Loss (Amount carrying to the State)		313,874	336,731	650,605

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

CAWK_D	For your records only. Capital Gains and Losses Worksheet	2021 FEDERAL D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		9,176	9,176
Line 2	Transactions reported on 8949 with Box B checked		6	6
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			9,182	9,182

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked		13,676	13,676
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term	313,834	313,834	627,668
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	40	39	79
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		313,874	327,549	641,423

State's Computation				
Total Capital Gain or Loss		313,874	336,731	650,605
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Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

2021

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

553-39-5912

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year. Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1a	Enter the gross proceeds from sales or exchanges reported to you for 2021 on federal Form 1099-B or federal Form 1099-S (or a substitute statement), that you are including on line 2 or line 10, (column (d), or on line 23 . . . <input type="radio"/>	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instr. <input type="radio"/>	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instr. <input type="radio"/>	1c	

2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3	Gain, if any, from federal Form 4684, line 39 <input type="radio"/>	3	
4	IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 <input type="radio"/>	4	
5	IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) <input type="radio"/>	5	
6	Gain, if any, from line 35, from other than casualty and theft <input type="radio"/>	6	627,668
7	Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: <input type="radio"/>	7	627,668

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

8	Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions <input type="radio"/>	8	
9	Subtract line 8 from line 7. If zero or less, enter -0- <input type="radio"/>	9	627,668

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and Form 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instr.

Part II Section A - Ordinary Gains and Losses

10	Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):	
<input type="radio"/>		<input type="radio"/>
<input type="radio"/>		<input type="radio"/>
<input type="radio"/>		<input type="radio"/>

11	Loss, if any, from line 7 <input type="radio"/>	11	()
12	Gain, if any, from line 7, or amount from line 8, if applicable. See instructions <input type="radio"/>	12	
13	Gain, if any, from line 34 <input type="radio"/>	13	
14	Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts) <input type="radio"/>	14	
15	Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions <input type="radio"/>	15	
16	Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) <input type="radio"/>	16	
17	Combine line 10 through line 16 <input type="radio"/>	17	

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.

a	If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions <input type="radio"/>	18a	
b	Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 <input type="radio"/>	18b	

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 4	<input checked="" type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input checked="" type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B	<input checked="" type="radio"/>	21a	0
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C	<input checked="" type="radio"/>	21b	

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255			Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	
Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.					
22 A	<input checked="" type="radio"/> 4416 KATHERINE AVE	<input checked="" type="radio"/>	01/02/2009	<input checked="" type="radio"/> 08/13/2021	
B	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
C	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
D	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
Relate the properties on lines 22A through 22D to these columns ▶		Property A	Property B	Property C	Property D
23	Gross sales price	23 <input checked="" type="radio"/> 1,100,000	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24	Cost or other basis plus expense of sale	24 <input checked="" type="radio"/> 616,781	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Depreciation (or depletion) allowed or allowable	25 <input checked="" type="radio"/> 144,449	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26	Adjusted basis. Subtract line 25 from line 24	26 <input checked="" type="radio"/> 472,332	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Total gain. Subtract line 26 from line 23	27 <input checked="" type="radio"/> 627,668	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	If IRC Section 1245 property:				
a	Depreciation allowed or allowable from line 25	28a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Enter the smaller of line 27 or line 28a	28b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a	Additional depreciation after 12/31/76. See instructions	29a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Applicable percentage multiplied by the smaller of line 27 or line 29a. See instructions	29b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Additional depreciation after 12/31/70 and before 1/1/77	29d <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Enter the smaller of line 29c or line 29d	29e <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	IRC Section 291 amount (for corporations only). See instructions	29f <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Add line 29b, line 29e, and line 29f	29g <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a	Soil, water, and land clearing expenses	30a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Applicable percentage multiplied by line 30a. See instructions	30b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Enter the smaller of line 27 or line 30b	30c <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
31	If IRC Section 1254 property:				
a	Intangible drilling and development costs deducted after 12/31/76	31a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Enter the smaller of line 27 or line 31a	31b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	If IRC Section 1255 property:				
a	Applicable percentage of payments excluded from income under IRC Section 126	32a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Enter the smaller of line 27 or line 32a	32b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.				
33	Total gains for all properties. Add column A through column D of line 27	<input checked="" type="radio"/>	33	627,668
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	<input checked="" type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input checked="" type="radio"/>	35	627,668

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less			
	(a) Expense deductions	(b) Recovery deductions	
36	Expense deductions or recovery deductions. See instructions-	36 <input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Depreciation or recovery deductions. See instructions	37 <input checked="" type="radio"/>	<input checked="" type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions-	38 <input checked="" type="radio"/>	<input checked="" type="radio"/>

CAWK_47	For your records only. Other Gains and Losses Worksheet	2021 STATE 4797 Summary
Name(s) as shown on page 1 of the state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912

Part I Sales or Exchanges of Property -- Most held more than 1 year

Line 2	Federal 4797 Long Term			
	Gain/Loss from K-1			
	Sale of a Home Exclusion			
	Prior Year Unallowed Loss			
Line 3	Gain, if any, from Form 4684			
Line 4	Section 1231 gain from installment sales 6252 Long Term			
Line 5	Section 1231 gain or loss from like-kind exchanges from Form 8824			
Line 6	4797 line 32. Part III Gains other than casualty or theft	313,834	313,834	627,668
	Sale of a Home Gain			
Line 7	Part I, subtotal 1	313,834	313,834	627,668
Line 8	Nonrecaptured section 1231 losses			
Line 9	Part I, subtotal 2			

Taxpayer	Spouse	Total

Part II Ordinary Gains and Losses

Line 10	Federal 4797 Short Term			
	Passive Activity Adjustment			
	751(b) Gain or Loss from K-1			
Line 11	Loss from line 7			
Line 12	Gain from line 7 or amount from line 8			
Line 13	4797 Ordinary			
Line 14	Net gain or loss from Form 4684			
Line 15	Ordinary gain from installment sales from Form 6252			
Line 16	Ordinary gain or loss from like-kind exchanges from Form 8824 . .			
Line 17	Part II subtotal			
Line 18a	Loss from Form 4684			
Line 18b	Part II, subtotal 2			

Taxpayer	Spouse	Total

State's Computation

Total Other Gain or Loss (Amount carrying to the state)

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Special Note 1

Entries on the Federal 4797 screen that are **forced** to a different part number will need to be Overridden at the state level.

If adjustments are necessary you may enter individual Overrides on state 4797 screen.

Special Note 2

If an asset is sold on Fed 4562 for the spouse, then the TSJ field must be entered for the result to flow correctly. If the TSJ code is left blank the amount will default to the taxpayers column, it will not default the asset to the owner of the Federal Schedule.

CAWK_47

For your records only.
Other Gains and Losses Worksheet

2021
FEDERAL 4797 Summary

Name(s) as shown on page 1 of the state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

553-39-5912

Part I Sales or Exchanges of Property -- Most held more than 1 year

	Taxpayer	Spouse	Total
Line 2 Federal 4797 Long Term			
Gain/Loss from K-1			
Sale of a Home Exclusion			
Prior Year Unallowed Loss			
Line 3 Gain, if any, from Form 4684			
Line 4 Section 1231 gain from installment sales 6252 Long Term			
Line 5 Section 1231 gain or loss from like-kind exchanges from Form 8824			
Line 6 4797 line 32. Part III Gains other than casualty or theft	313,834	313,834	627,668
Sale of a Home Gain			
Line 7 Part I, subtotal 1	313,834	313,834	627,668
Line 8 Nonrecaptured section 1231 losses			
Line 9 Part I, subtotal 2			

Part II Ordinary Gains and Losses

	Taxpayer	Spouse	Total
Line 10 Federal 4797 Short Term			
Passive Activity Adjustment			
751(b) Gain or Loss from K-1			
Line 11 Loss from line 7			
Line 12 Gain from line 7 or amount from line 8			
Line 13 4797 Ordinary			
Line 14 Net gain or loss from Form 4684			
Line 15 Ordinary gain from installment sales from Form 6252			
Line 16 Ordinary gain or loss from like-kind exchanges from Form 8824			
Line 17 Part II subtotal			
Line 18a Loss from Form 4684			
Line 18b Part II, subtotal 2			

State's Computation

Total Other Gain or Loss (Amount carrying to the state)

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Special Note 1

Entries on the Federal 4797 screen that are **forced** to a different part number will need to be Overridden at the state level.

If adjustments are necessary you may enter individual Overrides on state 4797 screen.

Special Note 2

If an asset is sold on Fed 4562 for the spouse, then the TSJ field must be entered for the result to flow correctly. If the TSJ code is left blank the amount will default to the taxpayers column, it will not default the asset to the owner of the Federal Schedule.

2021 Other State Tax Credit**S**

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> RENTAL INCOME	<input checked="" type="radio"/> 289,140	<input checked="" type="radio"/> 289,140
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 289,140	<input checked="" type="radio"/> 289,140

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

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	112,876	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	289,140	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	1,184,420	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.2441	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	27,553	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> GA See instructions	<input checked="" type="radio"/> 7	16,395	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	289,140	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	293,680	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	0.9845	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	16,141	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	16,141	00

2021 Other State Tax Credit**S**

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> RENTAL INCOME	<input checked="" type="radio"/> 109,758	<input checked="" type="radio"/> 109,758
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 109,758	<input checked="" type="radio"/> 109,758

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

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	112,876	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	109,758	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	1,184,420	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.0927	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	10,464	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> NY See instructions	<input checked="" type="radio"/> 7	7,157	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	109,758	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	105,911	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	7,157	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	7,157	00

2021**Passive Activity Loss Limitations****3801****Attach to Form 540, Form 540NR, Form 541, or Form 100S.**

Name(s) as shown on tax return

SSN, ITIN, FEIN, or CA corporation no.

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I 2021 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.

Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a)	1a	244,216	00	
1b Activities with net loss from Part IV, column (b)	1b	(107,819)	00	
1c Prior year unallowed losses from Part IV, column (c)	1c	()	00	
1d Combine line 1a, line 1b, and line 1c	1d	136,397	00	

All Other Passive Activities

2a Activities with net income from Part V, column (a)	2a		00	
2b Activities with net loss from Part V, column (b)	2b	()	00	
2c Prior year unallowed losses from Part V, column (c)	2c	()	00	
2d Combine line 2a, line 2b, and line 2c	2d		00	
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions	3	136,397	00	

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

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

4 Enter the smaller of losses from line 1d or line 3	4		00	
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions	5		00	
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6		00	
7 Subtract line 6 from line 5	7		00	
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	8		00	
9 Enter the smaller of line 4 or line 8	9		00	

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10		00	
11 Total losses allowed from all passive activities for 2021. Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return.	11		00	

California Passive Activity Worksheet (See General Instructions for Step 1.)Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
Statement #710					

California Adjustment Worksheets (See General Instructions for Step 4.)Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	--	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
Statement #714				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, ln. 5, column C.
Total		2(c) 470,841	2(d)** 470,841	2(e) 0

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

Part IV through Part IX are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete Part IV through Part IX.

Part IV Complete this part before Part I, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE CAWK3801					
Total. Enter on Part I, line 1a, line 1b, and line 1c ▶	244,216	107,819			

Part V Complete this part before Part I, line 2a, line 2b, and line 2c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on form Part I, line 2a, line 2b, and line 2c ▶					

Part VI Use this part if an amount is shown on Part II, line 9.

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Part VII Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE CAWK3801.PG5				
Total ▶		107,819		107,819

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

	Current year		Prior year	Overall gain or loss	
	(a)	(b)	(c)	(d)	(e)
Name of activity	Net income (line 1a)	Net loss (line 1b)	Unallowed loss (line 1c)	Gain	Loss
3106 INGLEWOOD BLVD	47,474			47,474	
12029 CLOVER AVE	28,300			28,300	
CARRIAGE OAKS LLC		38,585			38,585
4416 KATHERINE AVE		11,669			11,669
2408 OCEAN PARK	27,826			27,826	
MEADOW GLEN LLC	34,705			34,705	
FLEETPRIDE	51,540			51,540	
GRAMERCY		57,565			57,565
ROCHESTER-226 Jay St	54,371			54,371	
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ▶	244,216	107,819			

2021

Statement #710

PG01

Identifying Number

553-39-5912

136,397	0	136,397
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CA 3801 Passive Activity Loss Limitations

2021

California Adjustment Worksheet - Schedule E Activities

Statement #714

Use this worksheet to figure your California adjustments **after** application of the PAL rules.

PG01

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identifying Number

553-39-5912

(a) Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
3106 INGLEWO	P	47,474	47,474	If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
12029 CLOVER	P	28,300	28,300	
CARRIAGE OAK	P	(38,585)	(38,585)	
4416 KATHERI	P	(11,669)	(11,669)	If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) ln. 5, col. B.
2408 OCEAN P	P	27,826	27,826	
MEADOW GLEN	P	34,705	34,705	
FLEETPRIDE	P	51,540	51,540	
GRAMERCY	P	(57,565)	(57,565)	
ROCHESTER-22	P	54,371	54,371	
MD LIVE OAK	N	167,222	167,222	
MD LIVE OAK	N	167,222	167,222	

470,841

470,841

2021

Depreciation and Amortization Adjustments

3885A

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

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

553-39-5912

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

- 1 ☒ This form is being completed for a passive activity.
☐ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates

SCH E - 6

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 2

Part III Depreciation

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3						
4	Add the amounts on line 3, column (f)					4
5	California depreciation for assets placed in service prior to 2021					5 38,568
6	Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5					6 38,568
7	Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22					7 38,568
8 a	If line 6 is more than line 7, enter the difference here and see instructions.					8a
8 b	If line 6 is less than line 7, enter the difference here and see instructions					8b

Part IV Amortization

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9	MEADOW GLEN -RE	05/17/2021	32,105	AMT	2.66	856
10	Total California amortization from this activity. Add the amounts on line 9, column (f)					10 856
11	California amortization of costs that began before 2021					11
12	Total California amortization from this activity. Add the amounts on line 10 and line 11					12 856
13	Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44					13 856
14 a	If line 12 is more than line 13, enter the difference here and see instructions					14a
14 b	If line 12 is less than line 13, enter the difference here and see instructions					14b

2021

Depreciation and Amortization Adjustments

3885A

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

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

553-39-5912

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

- 1 ☒ This form is being completed for a passive activity.
☐ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates

SCH E - 9

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 2

Part III Depreciation

(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3 ROCHESTER-226 J	07/02/2021	3,120,194	SL	39	36,662

- 4 Add the amounts on line 3, column (f) 4 36,662
5 California depreciation for assets placed in service prior to 2021 5
6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 36,662
7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 36,662
8 a If line 6 is **more** than line 7, enter the difference here and see instructions. 8a
b If line 6 is **less** than line 7, enter the difference here and see instructions 8b

Part IV Amortization

(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9					

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10
11 California amortization of costs that began before 2021 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
14 a 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

TAXABLE YEAR

FORM

2021**California e-file Signature Authorization for Individuals****8879**

Your name AKSHAI K RUNCHAL	Your SSN or ITIN 553-39-5912
Spouse's/RDP's name CHANCHAL RUNCHAL	Spouse's/RDP's SSN or ITIN 573-41-5200

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	1184420
2 Amount You Owe. See instructions	2	
3 Refund or No Amount Due. See instructions	3	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize J ARORA INC to enter my PIN

6	3	4	5	6
---	---	---	---	---

Do not enter all zeros

ERO firm name

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► **09-24-2022**

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

☒ I authorize J ARORA INC to enter my PIN

4	3	4	0	9
---	---	---	---	---

Do not enter all zeros

ERO firm name

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► **09-24-2022**

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9	6	2	6	0	7	5	0	3	4	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature ► JAGJIT SINGH ARORA, E.A Date ► **09-24-2022**

CAWK_USE**California Use Tax Worksheet****2021**Name(s) as shown on return
AKSHAI K & CHANCHAL RUNCHALCalifornia ID Number
553-39-5912

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$ _____ .00
2. Enter the applicable sales and use tax rate. See worksheet instructions _____
3. Multiply line 1 by the tax rate on line 2. Enter result here- \$ _____ .00
4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$ _____ .00
5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$ _____ .00

CAWK_TEI	For your records only. Tax Exempt Interest Worksheet	2021 Tax Exempt Int FD/ST Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912

Federal	Taxpayer	Spouse	Total
1099-Int (Line 8)	2,297		2,297
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
1099-Div (Line 11)			
1099-OID (Line 11)			
Subtotal:	2,297		2,297

Federal's Computation			
Tax Exempt Interest Income (Federal Amount)	2,297		2,297

State	Taxpayer	Spouse	Total
1099-Int (Line 3) U.S. Gov't Interest			
1099-Int Ln 8 & 1099-Div Ln 11 Federal Tax Exempt Interest	2,297		2,297
1099-OID (Line 11)			
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
Schedule K-1 U.S. Gov't Interest (1041, 1065, 1120S)			
State tax-exempt interest & dividends taxable to Federal			
Less U.S. Savings Bond Interest previously reported			
Less Federal 8815 - Line 14			
1099-Div (Box 1a) U.S. Gov't dividends			
Less Other state municipal interest & dividends			
Subtotal:	2,297		2,297

State's Computation			
Tax Exempt Interest Income (State Amount)	2,297		2,297

Federal			
U.S. Gov't interest	Total:		

State			
U.S. Gov't interest	Total:		

Documentation Only			
Int Screen amount of box 8 less box 13 and Div Screen Amount of box 10			
Resident state municipal interest & dividends	2,297		2,297

CAWK_REF	2021 Taxable State / Local Refund Carries to Federal worksheet WK_REF21 to determine total Taxable Refunds	2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

<p>A. State / Local Refund</p> <p>A1. Bottom line on return, after state adjustments _____</p> <p>A2. Adjustments to Line A1 _____</p> <p>A3. Total Adjusted State/Local Refund (Line A1 Less A2)</p> <p>B. Applied amounts</p> <p>B1. Total Contributions, Donation, Checkoffs (Will carry to 2022 Sch A) _____</p> <p>B2. Penalty and/or interest _____</p> <p>B3. Overpayment applied to 2022 (Will carry to 2022 ES screen) <u>48,685</u></p> <p>B4. Other Tax (Use tax, Property tax,Tangible tax, etc) _____</p> <p>B5. Total applied amounts. (Total of B1 thru B4)</p> <p>C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)</p> <p>D. Payments</p> <p>D1. Tax withheld/2021 payments deducted on Schedule A <u>129,600</u></p> <p>D2. 4th quarter estimate and extension paid in 2022 <u>30,000</u></p> <p>D3. Total payments applied to 2021 State / Local tax return (Total of D1 thru D2)</p> <p>E. Allocation of Payments</p> <p>E1. Percent of payments made in 2021 (D1 divided by D3) <u>0.8120</u></p> <p>E2. Line C multiplied by line E1 <u>39,532</u></p> <p>E3. Percent of payments made in 2022 (D2 divided by D3) <u>0.1880</u></p> <p>E4. Line C multiplied by line E3 <u>9,153</u></p> <p>F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)</p> <p>G. Taxes paid in 2022 deductible on 2022 Schedule A</p> <p>G1. 4th quarter estimate and extension paid in 2022 (From line D2) <u>30,000</u></p> <p>G2. Balance of refund that did not carry to the 1040, line 10. (From line E4) <u>9,153</u></p> <p>G3. Adjusted taxes paid in 2022 allowed to carry to 2022 Sch A. (Line G1 less line G2)</p>	<p>A. _____</p> <p>B. <u>48,685</u></p> <p>C. <u>48,685</u></p> <p>D. <u>159,600</u></p> <p>E. _____</p> <p>F. <u>39,532</u></p> <p>G. <u>20,847</u></p>
--	---

Subject to tax benefit rules

CAWK_A5	State / Local tax payments made after 12/31/2021 that will be deductible on 2022 Federal Schedule A	2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

A. 2021 Income taxes due that were paid after 12/31/2021

A1. 4th quarter estimate/extension (may be adj. by refund) 20,847 **See CAWK_REF Line G3**

A2. Amount paid with return _____

A3. Total payments made in 2022 **A.** 20,847

B. Adjustments made to payments

B1. Interest & Penalty. _____

B2. Contributions, Donations, Checkoffs _____

B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____

B4. Total adjustments **B.** _____

C. Total tax payments potentially deductible in 2022 (Line A less line B) **C.** 20,847

CAWK_IRA	For your records only.		2021 IRA																									
	Total IRA Distributions Worksheet		FD/ST	Summary																								
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912																									
<table border="1"> <thead> <tr> <th>Federal</th> <th>Taxpayer</th> <th>Spouse</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1099R (Line 1)</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> <tr> <td>Income Screen (Line 4a)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Subtotal:</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> <tr> <td colspan="4">Federal's Computation</td> </tr> <tr> <td>Total IRA Distributions (Amount carrying to the Federal)</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> </tbody> </table>					Federal	Taxpayer	Spouse	Total	1099R (Line 1)	54,516		54,516	Income Screen (Line 4a)				Subtotal:	54,516		54,516	Federal's Computation				Total IRA Distributions (Amount carrying to the Federal)	54,516		54,516
Federal	Taxpayer	Spouse	Total																									
1099R (Line 1)	54,516		54,516																									
Income Screen (Line 4a)																												
Subtotal:	54,516		54,516																									
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Total IRA Distributions (Amount carrying to the Federal)	54,516		54,516																									
<table border="1"> <thead> <tr> <th>State</th> <th>Taxpayer</th> <th>Spouse</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1099R (Line 1 or Line 14 if state distribution)</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> <tr> <td>Income Screen (Line 4a)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Subtotal:</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> <tr> <td colspan="4">State's Computation</td> </tr> <tr> <td>Total IRA Distributions (Amount carrying to the State)</td> <td>54,516</td> <td></td> <td>54,516</td> </tr> </tbody> </table>					State	Taxpayer	Spouse	Total	1099R (Line 1 or Line 14 if state distribution)	54,516		54,516	Income Screen (Line 4a)				Subtotal:	54,516		54,516	State's Computation				Total IRA Distributions (Amount carrying to the State)	54,516		54,516
State	Taxpayer	Spouse	Total																									
1099R (Line 1 or Line 14 if state distribution)	54,516		54,516																									
Income Screen (Line 4a)																												
Subtotal:	54,516		54,516																									
State's Computation																												
Total IRA Distributions (Amount carrying to the State)	54,516		54,516																									

CAWK_EXM	California AGI Limitation Worksheet	2021
Name(s) AKSHAI K & CHANCHAL RUNCHAL		California ID Number 553-39-5912

Line 32 - Exemption Credits

Exemption credits reduce your tax. If your federal adjusted gross income (AGI) on line 13 is more than the amount shown below for your filing status, your credits will be limited.

For purposes of computing limitations based upon AGI, RDPs, recalculate their AGI using a federal pro forma or California RDP Adjustments Worksheet (located in FTB Pub. 737). If your recalculated federal AGI is more than the amount shown below for your filing status, your credits will be limited.

If your filing status is:	Is Form 540 line 13 more than:
Single or married/RDP filing separately	\$212,288
Married/RDP filing jointly or qualifying widow(er)	\$424,581
Head of household	\$318,437

- Yes** Complete the AGI Limitation Worksheet on this page.
No Follow the instructions on Form 540, line 32.

a Enter the amount from Form 540, line 13	a <u>1,222,429.</u>
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately. \$212,288	<div> <div></div> <div>►</div> </div>
• Married/RDP filing jointly or qualifying widow(er) . . . \$424,581	
• Head of household. \$318,437	
c Subtract line b from line a	c <u>797,848.</u>
d Divide line c by \$2,500 (\$1,250 if married/RDP filing separately). If the result is not a whole number, round it to the next higher whole number	d <u>320.</u>
e Multiply line d by \$6	e <u>1,920.</u>
f Add the numbers from the boxes on Form 540, lines 7, 8, and 9 (not the dollar amounts)	f <u>4.</u>
g Multiply line e by line f	g <u>7,680.</u>
h Add the total dollar amount from Form 540, lines 7, 8, and 9	h <u>516.</u>
i Subtract line g from line h. If zero or less, enter -0-	i <u>0.</u>
j Enter the number from the box on Form 540, line 10 (not the dollar amount)	j _____
k Multiply line e by line j	k _____
l Enter the dollar amount from Form 540, line 10	l _____
m Subtract line k from line l. If zero or less, enter -0-	m <u>0.</u>
n Add line i and line m. Enter the result here and on Form 540, line 32	n <u>0.</u>

Do not file with California. Keep for your records.

CAWK_E	For your records only. Rents, royalties, partnerships, estates, etc... Worksheet	2021 Schedule E FD/ST Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912

Federal	Taxpayer	Spouse	Total
Rental/Royalty Income	57,299	79,098	136,397
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	167,222	167,222	334,444
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			
Subtotal:	224,521	246,320	470,841

Federal's Computation	Taxpayer	Spouse	Total
Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal)	224,521	246,320	470,841

State	Taxpayer	Spouse	Total
Rental/Royalty Income	57,299	79,098	136,397
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	167,222	167,222	334,444
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			
Subtotal:	224,521	246,320	470,841

State's Computation	Taxpayer	Spouse	Total
Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State) .	224,521	246,320	470,841

CAWK_SSB	Social Security Benefits Worksheet Figuring Your Taxable Benefits <small>(Keep for your records)</small>	2021				
<small>Name(s) as shown on return</small> AKSHAI K & CHANCHAL RUNCHAL		<small>Your Social Security Number</small> 553-39-5912				
<p>1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also, enter this amount on Form 1040 or 1040-SR, line 6a 1. <u>44,716</u></p> <p>2. Multiply line 1 by 50% (0.50) 2. <u>22,358</u></p> <p>3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8 3. <u>1,184,420</u></p> <p>4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. <u>2,297</u></p> <p>5. Enter the total of any exclusions/adjustments for:</p> <ul style="list-style-type: none"> • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5. _____ <p>6. Combine lines 2, 3, 4, and 5 6. <u>1,209,075</u></p> <p>7. Enter the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, and 23 and 25 7. _____</p> <p>8. Is the amount on line 7 less than the amount on line 6?</p> <p style="padding-left: 20px;">No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Yes. Subtract line 7 from line 6 8. <u>1,209,075</u></p> <p>9. If you are:</p> <ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2021, enter \$25,000 9. <u>32,000</u> <p>Note. If you are married filing separately and you lived with your spouse at any time in 2021, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.</p> <p>10. Is the amount on line 9 less than the amount on line 8?</p> <p style="padding-left: 20px;">No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2021, be sure you entered "D" to the right of the word "benefits" on line 6a.</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Yes. Subtract line 9 from line 8 10. <u>1,177,075</u></p> <p>11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2021. 11. <u>12,000</u></p> <p>12. Subtract line 11 from line 10. If zero or less, enter -0- 12. <u>1,165,075</u></p> <p>13. Enter the smaller of line 10 or line 11 13. <u>12,000</u></p> <p>14. Multiply line 13 by 50% (0.50) 14. <u>6,000</u></p> <p>15. Enter the smaller of line 2 or line 14 15. <u>6,000</u></p> <p>16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. <u>990,314</u></p> <p>17. Add lines 15 and 16 17. <u>996,314</u></p> <p>18. Multiply line 1 by 85% (0.85). 18. <u>38,009</u></p> <p>19. Taxable benefits. Enter the smaller of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b 19. <u>38,009</u></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> <p>Note: a. If both spouses received SS benefits, the taxable amount is allocated between the spouses in the ratio of the benefits received by one spouse to the total benefits received.</p> <p style="padding-left: 20px;">b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable.</p> </div> <div style="width: 35%; text-align: right;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Taxpayer's portion</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 3px double black;">25,341</td> </tr> <tr> <td>Spouse's portion</td> <td style="border-top: 1px solid black; border-bottom: 3px double black;">12,668</td> </tr> </table> </div> </div>			Taxpayer's portion	25,341	Spouse's portion	12,668
Taxpayer's portion	25,341					
Spouse's portion	12,668					
<p>Notes about SS benefits:</p>						

CAWK_MH

Other Taxes Worksheet
Line 62 - Mental Health Services Tax**2021**

Name

AKSHAI K & CHANCHAL RUNCHAL

California ID Number

553-39-5912

If your taxable income is more than \$1,000,000, compute the Mental Health Services Tax **using whole dollars only**:

- | | | |
|---|----|----------------------|
| 1. Taxable income from Form 540, line 19 | 1. | <u>1,173,712</u> |
| 2. Less | 2. | <u>\$(1,000,000)</u> |
| 3. Subtotal | 3. | <u>173,712</u> |
| 4. Tax rate - 1%. | 4. | <u>x .01</u> |
| 5. Mental Health Services Tax - Multiply line 3 by line 4. Enter this amount here and on Form 540, line 62- | 5. | <u>1,737</u> |

CA-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status	MFJ	MFJ	MFJ	
Gross Income	669,577	551,167	1,222,429	671,262
Additions				
Subtractions	36,933	37,519	38,009	490
Exemptions	488	496	516	20
Standard Deduction				
Itemized Deduction	18,275	25,049	10,708	(14,341)
Deductions				
Taxable Income	614,369	488,599	1,173,712	685,113
Actual State Income				
State Income Tax	39,667	25,577	91,315	65,738
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments	37,000	39,323	125,577	86,254
Underpayment Penalty				
Overpayment Applied to Next Year	677	14,423	48,685	34,262
Refund				
Balance Due				
Marginal tax rate	10.300000	9.300000	11.300000	2.000000
Effective tax rate	6.460000	5.230000	7.780000	2.550000

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐ X

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> 13102 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 1222429 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 91682 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/> 1871	<input checked="" type="radio"/> 1871	<input checked="" type="radio"/> 1871	
b State and local real estate taxes 5b <input checked="" type="radio"/> 29693	<input checked="" type="radio"/> 29693		
c State and local personal property taxes 5c <input checked="" type="radio"/>	<input checked="" type="radio"/>		
d Add line 5a through line 5c 5d <input checked="" type="radio"/> 31564	<input checked="" type="radio"/> 31564		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e <input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 1871	<input checked="" type="radio"/> 21564
6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/> 153	<input checked="" type="radio"/> 153	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10153	<input checked="" type="radio"/> 10153	<input checked="" type="radio"/> 1871	<input checked="" type="radio"/> 21564
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> 9287	<input checked="" type="radio"/> 9287		<input checked="" type="radio"/> 13309
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098.. 8c <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>	<input checked="" type="radio"/>		
e Add line 8a through line 8d 8e <input checked="" type="radio"/> 9287	<input checked="" type="radio"/> 9287	<input checked="" type="radio"/>	<input checked="" type="radio"/> 13309
9 Investment interest 9 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/> 9287	<input checked="" type="radio"/> 9287	<input checked="" type="radio"/>	<input checked="" type="radio"/> 13309

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	600		
12 Other than by cash or check 12	500		
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	1100		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. 15			
Other Itemized Deductions			
16 Other-from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	20540	1871	34873
18 Total. Combine line 17 column A less column B plus column C			53542
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19			
20 Tax preparation fees 20 890			
21 Other expenses - investment, safe deposit box, etc. List type 21			
22 Add line 19 through line 21 22 890			
23 Enter amount from federal Form 1040 or 1040-SR, line 14 1222429			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 24449			
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25			
26 Total Itemized Deductions. Add line 18 and line 25			53542
27 Other adjustments. See instructions. Specify. 27			
28 Combine line 26 and line 27			53542
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		\$212,288	
Head of household		\$318,437	
Married/RDP filing jointly or qualifying widow(er)		\$424,581	
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			10708
30 Enter the larger of the amount on line 29 or your standard deduction listed below			
Single or married/RDP filing separately. See instructions		\$4,803	
Married/RDP filing jointly, head of household, or qualifying widow(er).		\$9,606	
Transfer the amount on line 30 to Form 540, line 18			10708

2021 GA500 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

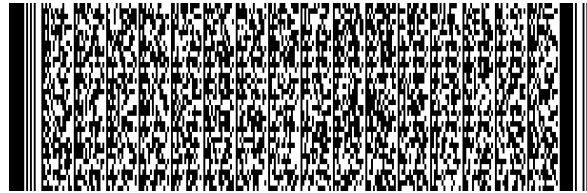
10-17-2022

Overpayment Applied:

The full overpayment of \$1,005.00 will be applied to the
2022 liability



2200402613

**Georgia Form 500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE CA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID N5830584

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
 1. AKSHAI K 553-39-5912

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
 RUNCHAL

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
 CHANCHAL 573-41-5200

LAST NAME SUFFIX
 RUNCHAL

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
 2. 1931 STRADELLA RD

DEPARTMENT USE ONLY

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
 3. LOS ANGELES CA 90077-2320

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 2

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040) 8. 1222429

(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.
(See IT-511 Tax Booklet)

b. Self: 65 or over? Blind? Total x 1,300= 11b

Spouse: 65 or over? Blind?

c. Total Standard Deduction (Line 11a + Line 11b) 11c.

Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.

b. Less adjustments: (See IT-511 Tax Booklet) 12b.

c. Georgia Total Itemized Deductions 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D 14a.
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. Multiply by \$3,000 14b.

14c. Add Lines 14a. and 14b. Enter total 14c.

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15a. 289221

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information) . . . 15b.

15c. Georgia Taxable Income (Line 15a less Line 15b). 15c. 289221

16. Tax (Use the Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) . . . 16. 16395

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return). 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21.

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 16395

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL			2. EMPLOYER/PAYER FEDERAL			2. EMPLOYER/PAYER FEDERAL		
ID NUMBER (FEIN)	SSN		ID NUMBER (FEIN)	SSN		ID NUMBER (FEIN)	SSN	
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s 23.
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2021 and Form IT-560 25. 17400
26. Schedule 2B Refundable Tax Credits 26.
27. Total prepayment credits (Add Lines 23, 24, 25 and 26). 27. 17400
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29. 1005
30. Amount to be credited to 2022 ESTIMATED TAX 30. 1005
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)



YOUR SOCIAL SECURITY NUMBER
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Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42.
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Routing
Savings Number
Account
Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date
09/24/2022

Taxpayer's Phone Number
310-471-5013

Spouse's Signature Date
09/24/2022

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address
RUNCHAL@GMAIL.COM

I authorize DOR to discuss this return
with the named preparer

Signature of Preparer
Name of Preparer Other Than Taxpayer
JAGJIT SINGH ARORA, E.A

Preparer's Phone Number
818-923-5038

Preparer's FEIN
32-0225393

Preparer's Firm Name
J ARORA INC

Preparer's SSN/PTIN/SIDN
P00186900



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds 1.
2. Lump Sum Distributions 2.
3. Reserved 3.
4. Net operating loss carryover deducted on Federal return 4.
5. Other (Specify) 5.
6. Total Additions (Enter sum of Lines 1-5 here) 6.

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth Date of Disability: Type of Disability:

10/16/1943 7a. 65000

b. Spouse: Date of Birth Date of Disability: Type of Disability:

07/16/1951 7b. 65000

8. Social Security Benefits (Taxable portion from Federal return) 8. 38009

9. Path2College 529 Plan 9.

10. Interest on United States Obligations (See IT-511 Tax Booklet) 10.

11. Reserved 11.

12. Other Adjustments (Specify) 600

Adjustment CHARITABLE DED Amount

Adjustment Amount

Adjustment Amount

Adjustment Amount

Total 12. 600

13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 168609

14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on
Line 9 of Page 2 (+ or -) of Form 500 or Form 500X 14. -168609



YOUR SOCIAL SECURITY NUMBER
553-39-5912

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet
(SPOUSE)

1. Salary and wages		
2. Other Earned Income (Losses)		
3. Total Earned Income	0	0
4. Maximum Earned Income	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero	0	0
6. Interest Income		
7. Dividend Income		
8. Alimony		
9. Capital Gains (Losses)		
10. Other Income (Losses) (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions		
12. Taxable Pensions		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses) (See IT-511 Tax Booklet)	165282	165282
14. Total of Lines 6 through 13; if zero or less, enter zero	165282	165282
15. Add Lines 5 and 14	165282	165282
16. Maximum Allowable Exclusion*	65000	65000
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a & b . . .	65000	65000

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Georgia Form **500**
(Rev. 08/02/21)
Schedule 3
Part-Year Nonresident
2021 (Approved software version)



Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
553-39-5912

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTEREST AND DIVIDENDS 8458	2. INTEREST AND DIVIDENDS 8458	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 1213971	4. OTHER INCOME OR (LOSS) 883407	4. OTHER INCOME OR (LOSS) 330564
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 1222429	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 891865	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 330564
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -168609	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -131725	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -36884
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 1053820	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 760140	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 293680
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio.	Enter percentage	9. 27.87 % Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)		10a. 6000
10b. Additional Standard Deduction Self: 65 or over? <input checked="" type="checkbox"/> Blind? Spouse: 65 or over? <input checked="" type="checkbox"/> Blind? Total 2 x 1,300=		10b. 2600
11. Personal Exemption from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or Form 500X multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C		11a. 7400
11b. Enter the number on Line 7a. from Form 500 or Form 500X multiply by \$3,000		11b.
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b		12. 16000
13. Multiply Line 12 by Ratio on Line 9 and enter result		13. 4459
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X		14. 289221



MAIL TO:

Georgia Department of Revenue
Processing Center
PO Box 740320
Atlanta, GA 30374-0320

Georgia Department of Revenue
**APPLICATION FOR EXTENSION OF TIME
FOR FILING STATE INCOME TAX RETURNS**

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

COMPLETE THIS FORM IN TRIPLICATE. MAIL THE ORIGINAL PRIOR TO THE RETURN DUE DATE AND KEEP 2 COPIES. ATTACH ONE COPY TO RETURN WHEN FILED AND RETAIN ONE COPY FOR YOUR RECORDS. WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

SECTION 1

NAME AKSHAI K & CHANCHAL RUNCHAL		SOCIAL SECURITY NUMBER OR FEIN 553-39-5912	
ADDRESS 1931 STRADELLA RD	CITY LOS ANGELES	STATE CA	ZIP CODE 90077-2320
NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE			
ADDRESS	CITY	STATE	ZIP CODE

SECTION 2

APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:

1. Type of return (check proper type):

- ☐ Individual--Form 500
☐ Partnership--Form 700
☐ Fiduciary--Form 501 (5 1/2 months only)
☐ Corporate Income Tax
☐ Net Worth Tax (For Period Beginning) _____
☐ Other _____

2. For Period Ending:

12-31-2021

3. Extension Requested To:

10-17-2022

NOTE: Except as noted above, extensions are limited by law to six (6) months, please see line 6 of instructions.

SECTION 3

REASON FOR EXTENSION:

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

DATE

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME



ERO MUST RETAIN THIS FORM.
**DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**

IRS DCN OR SUBMISSION ID

						9	6	2	6	0	7			0	0	0	2	9		
--	--	--	--	--	--	---	---	---	---	---	---	--	--	---	---	---	---	---	--	--

**GA-8453
2021**

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

☐ Amended Return

First Name and Initial AKSHAI K	Last Name RUNCHAL	Social Security Number 553-39-5912
If Joint Return, Spouse's First Name and Initial CHANCHAL	Spouse's Last Name RUNCHAL	Spouse's Social Security Number 573-41-5200
Home Address (number and street) 1931 STRADELLA RD	Apt Number	Daytime Telephone Number 310-471-5013
City, Town or Post Office LOS ANGELES	State CA	Zip Code 90077-2320

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	1222429
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	289221
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	16395
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2021 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN _____ **09-24-22** _____ **09-24-22**
HERE **TAXPAYER'S SIGNATURE** Date **SPOUSE'S SIGNATURE** (if joint return, both must sign) Date

AKSHAI K & CHANCHAL RUNCHAL

RUNCHAL@GMAIL.COM

PRINT NAME

EMAIL ADDRESS

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature _____	Date 09-24-22
	Firm's Name J ARORA INC	Check also if paid preparer <input checked="" type="checkbox"/>
	Address 17037 CHATSWORTH ST STE 202	FEIN/PTIN 32-0225393
	City, State, & Zip Code GRANADA HILLS CA 91344	SSN/TIN P00186900

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & Zip Code _____	

KEEP A COPY WITH YOUR RECORDS

GARIE_WK	Georgia Retirement Income Exclusion Worksheet (Keep worksheet for your records)	2021
	Name AKSHAI K & CHANCHAL RUNCHAL	Taxpayer SSN 553-39-5912
		Spouse SSN 573-41-5200

	TAXPAYER	SPOUSE
(1) Salary and Wages		
(2) Other Earned Income(Losses)		
(3) Total Earned Income	0	0
(4) Maximum Earned Income	4000	4000
(5) Smaller of Line 3 or 4; if zero or less, enter zero	0	0
(6) Interest Income		
(7) Dividend Income		
(8) Alimony		
(9) Capital Gains(Losses)		
(10) Other Income(Losses)		
(11) Taxable IRA Distributions		
(12) Taxable Pensions		
(13) Rental, Royalty, Partnership, S Corp, etc., Income/Losses	165282	165282
(14) Total of Lines 6 through 13; if zero or less, enter zero	165282	165282
(15) Add Lines 5 and 14	165282	165282
(16) Maximum Allowable Exclusion for Tax Year 2021* If age 62-64 or less than 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000	65000	65000
(17) Smaller of Line 15 or 16; enter here and on Form 500, Schedule 1, Line 7 A&B	65000	65000
(18) Part-Year and Nonresident Income Exclusion	17947	18337

Part-Year and Nonresident Proration(From GA instructions):

	Taxpayer		Spouse	
Earned income ratio				
Georgia				
Everywhere				
Max Earned income	4000		4000	
Georgia Earned income portion				
Total Max Exclusion	65000		65000	
Portion used on earned				
Remaining allowed on unearned	65000		65000	
Unearned ratio				
Georgia	165282		165282	
Everywhere	598539	0.2761	585881	0.2821
Georgia unearned income portion	17947		18337	
Total Retirement exclusion allowed from GA inc	17947		18337	

GAWK_REF	2021 Taxable State / Local Refund Carries to Federal worksheet WK_REF21 to determine total Taxable Refunds	2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

<p>A. State / Local Refund</p> <p>A1. Bottom line on return, after state adjustments _____</p> <p>A2. Adjustments to Line A1 _____</p> <p>A3. Total Adjusted State/Local Refund (Line A1 Less A2)</p> <p>B. Applied amounts</p> <p>B1. Total Contributions, Donation, Checkoffs (Will carry to 2022 Sch A) _____</p> <p>B2. Penalty and/or interest _____</p> <p>B3. Overpayment applied to 2022 (Will carry to 2022 ES screen) <u>1,005</u></p> <p>B4. Other Tax (Use tax, Property tax, Tangible tax, etc) _____</p> <p>B5. Total applied amounts (Total of B1 thru B4)</p> <p>C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)</p> <p>D. Payments</p> <p>D1. Tax withheld/2021 payments deducted on Schedule A <u>9,300</u></p> <p>D2. 4th quarter estimate and extension paid in 2022 <u>8,100</u></p> <p>D3. Total payments applied to 2021 State / Local tax return (Total of D1 thru D2)</p> <p>E. Allocation of Payments</p> <p>E1. Percent of payments made in 2021 (D1 divided by D3) <u>0.5345</u></p> <p>E2. Line C multiplied by line E1. <u>537</u></p> <p>E3. Percent of payments made in 2022 (D2 divided by D3) <u>0.4655</u></p> <p>E4. Line C multiplied by line E3 <u>468</u></p> <p>F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)</p> <p>G. Taxes paid in 2022 deductible on 2022 Schedule A</p> <p>G1. 4th quarter estimate and extension paid in 2022 (From line D2) <u>8,100</u></p> <p>G2. Balance of refund that did not carry to the 1040, line 10 (From line E4) <u>468</u></p> <p>G3. Adjusted taxes paid in 2022 allowed to carry to 2022 Sch A (Line G1 less line G2)</p>	<p>A. _____</p> <p>B. <u>1,005</u></p> <p>C. <u>1,005</u></p> <p>D. <u>17,400</u></p> <p>E.</p> <p>F. <u>537</u></p> <p>G. <u>7,632</u></p>
---	--

Subject to tax benefit rules

GAWK_A5State / Local tax payments made after 12/31/2021 that
will be deductible on 2022 Federal Schedule A**2021**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

A. 2021 Income taxes due that were paid after 12/31/2021A1. 4th quarter estimate/extension (may be adj. by refund) 7,632 See **GAWK_REF** Line G3

A2. Amount paid with return _____

A3. Total payments made in 2022 **A.** 7,632**B. Adjustments made to payments**

B1. Interest & Penalty _____

B2. Contributions, Donations, Checkoffs _____

B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____

B4. Total adjustments **B.** _____**C.** Total tax payments potentially deductible in 2022 (Line A less line B) **C.** 7,632

GA-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status	MFJ	MFJ	MFJ	
Gross Income	278,318	306,999	330,564	23,565
Additions				
Subtractions	166,933	167,519	168,609	1,090
Exemptions	7,400	7,400	7,400	
Standard Deduction	6,000	6,000	6,000	
Itemized Deduction				
Deductions	2,632	3,557	1,672	(1,885)
Taxable Income	213,463	217,978	289,221	71,243
Actual State Income	213,463	217,978	289,221	71,243
State Income Tax	12,039	12,299	16,395	4,096
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments		12,299	17,400	5,101
Underpayment Penalty				
Overpayment Applied to Next Year			1,005	1,005
Refund				
Balance Due	12,039			
Marginal tax rate	5.750000	5.750000	5.750000	
Effective tax rate	5.639900	5.642300	5.668700	0.026400

2021 IT-203 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

IT-203 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-18-2022

Overpayment Applied:

The full overpayment of \$4,843.00 will be applied to the
2022 liability

New York Return Summary

(Keep for your records)

2021

Your Name AKSHAI K RUNCHAL		Your social security number 553 39 5912
Spouse's Name CHANCHAL RUNCHAL		Spouse's social security number 573 41 5200
Mailing address 1931 STRADELLA RD	Apartment number	Daytime Phone # 310-471-5013
City State Zip LOS ANGELES CA 900772320	Email RUNCHAL@GMAIL.COM	

New York State Income Tax Return

Form Filed IT-203
 Filing Status MARRIED FILING JOINT
 NYS Residency FULL-YEAR NONRESIDENT
 NYC Residency NONRESIDENT/SP-NONRES
 Yonkers Residency NONRESIDENT/SP-NONRES

Advanced Payments Received

Property tax freeze credit 0.

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI) 1222429.
 FAGI (NYS Column - IT-203 filers) 105911.
 Total additions
 Total Subtractions
 New York AGI 1175676.
 NY AGI (NYS Col - IT-203 filers) 105911.
 Itemized ☐ or standard ☒ deduction 16050.
 Dependent Exemptions
Taxable income 1159626.

MCTMT net earnings base

Tax, Payments, and Credits

New York State tax 7157.
 Nonrefundable state credits
 Net other state taxes
 Total NYS tax 7157.
 New York City taxes
 New York City nonrefundable credits
MCTMT

Yonkers taxes
 Use tax and contributions 0.
 Total tax and contributions 7157.
Total refundable credits

Income tax withheld
 Estimate and extension payments 12000.
 Total payments and credits 12000.
 Penalties and Interest
Refund 4843.
Overpayment applied to next year 4843.
Amt as a NYS 529 account deposit
Amount refunded 0.
Amount due 0.

Other New York and New York City Returns

Unincorporated Business Tax (NYC-202)

	Taxpayer	Spouse
Taxable income	<u> </u>	<u> </u>
Tax	<u> </u>	<u> </u>
Credits	<u> </u>	<u> </u>
Estimate and extension payments	<u> </u>	<u> </u>
Amount due or -refund	<u> </u>	<u> </u>
Amount refunded	<u> </u>	<u> </u>
Overpayment applied	<u> </u>	<u> </u>
Underpayment of estimates	<u> </u>	<u> </u>
Failure to pay penalty	<u> </u>	<u> </u>
Failure to file penalty	<u> </u>	<u> </u>
Late filing interest	<u> </u>	<u> </u>
Total balance due	<u> </u>	<u> </u>

LLC and LLP Filing Fee

Form IT-204-LL, amount due

Nonresident Employee of the City of New York (NYC 1127)

	Taxpayer	Spouse
Taxable income	<u> </u>	<u> </u>
Tax	<u> </u>	<u> </u>
Credits and withholdings	<u> </u>	<u> </u>
Balance due	<u> </u>	<u> </u>
Refund	<u> </u>	<u> </u>

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	<u> </u>
NYS/NYC Child Dep (IT-216)	<u> </u>
NYS EIC (IT-215 or IT-209)	<u> </u>
NYS noncustodial EIC (IT-209)	<u> </u>
NYC EIC IT-215 or IT-209)	<u> </u>
Real property tax credit (IT-214)	<u> </u>
College tuition credit (IT-272)	<u> </u>
NYC school tax credit (fixed amount)	<u> </u>
NYC school tax credit (rate reduction amount)	<u> </u>



Department of Taxation and Finance

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning . . .

IT-203

and ending . . .

21

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial AKSHAI K		Your last name (for a joint return , enter spouse's name on line below) RUNCHAL		Your date of birth (mmddyyyy) 10161943		Your Social Security number 553 39 5912	
Spouse's first name and middle initial CHANCHAL		Spouse's last name RUNCHAL		Spouse's date of birth (mmddyyyy) 07161951		Spouse's Social Security number 573 41 5200	
Mailing address (see instructions, page 12) (number and street or PO Box) 1931 STRADELLA RD				Apartment number		New York State county of residence NR	
City, village, or post office LOS ANGELES		State CA	ZIP code 90077 2320	Country		School district name NR	
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

A Filing status
(mark an **X** in one box):

- (1) ☐ Single
- (2) ☒ Married filing joint return
(enter both spouses' Social Security numbers above)
- (3) ☐ Married filing separate return
(enter both spouses' Social Security numbers above)
- (4) ☐ Head of household (with qualifying person)
- (5) ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1 Did you have a financial account located in a foreign country?** (see page 13) Yes ☐ No ☒**D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return?** (see page 13) Yes ☐ No ☒**E New York City part-year residents only** (see page 13)

- (1) Number of months **you** lived in NY City in 2021
- (2) Number of months **your spouse** lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13) . . . **G New York State part-year residents** (see page 14)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an **X** in one box):

- 1) Lived in NYS ☐
- 2) Lived outside NYS; received income from NYS sources during nonresident period ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ☐

H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes ☐ No ☒

(If Yes, complete Form IT-203-B)

**I Dependent information** (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box. ☐

203001211024



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number

553 39 5912

Federal income and adjustments (see page 16)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1	Wages, salaries, tips, etc.	1	.00	1	.00
2	Taxable interest income	2	318.00	2	.00
3	Ordinary dividends	3	8140.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040).	7	650605.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	54516.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	470841.00	11	105911.00
12	Rental real estate included in line 11 (federal amount) 12 136397.00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040).	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	38009.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	1222429.00	17	105911.00
18	Total federal adjustments to income (see page 22) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	1222429.00	19	105911.00
19a	Recomputed federal adjusted gross income (see pg. 23, Ln 19a worksheets)	19a	1222429.00	19a	105911.00

New York additions (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	11256.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	1233685.00	23	105911.00

New York subtractions (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 25)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	38009.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	20000.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	58009.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	1175676.00	31	105911.00
32	Enter the amount from line 31, Federal amount column	32	1175676.00		

203002211024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1 AKSHAI K AND CHANCHAL RUNCHAL	Enter your Social Security number 553 39 5912
--	---

Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

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

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank).

35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27).

36 **New York taxable income** (subtract line 35 from line 34)

33	16050.00
34	1159626.00
35	000.00
36	1159626.00

Tax computation, credits, and other taxes

37 **New York taxable income** (from line 36)

38 New York State tax on line 37 amount (see page 28)

39 New York State household credit (page 28, table 1, 2, or 3)

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)

41 New York State child and dependent care credit (see page 29)

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)

43 New York State earned income credit (see page 29)

37	1159626.00
38	79434.00
39	.00
40	79434.00
41	.00
42	79434.00
43	.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

44	79434.00
----	----------

45 Income percentage (see page 29) New York State amount from line 31 105911.00 ÷ Federal amount from line 31 1175676.00 = 0.0901 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)

47 New York State nonrefundable credits (Form IT-203-ATT, line 8)

48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)

49 Net other New York State taxes (Form IT-203-ATT, line 33)

50 **Total New York State taxes** (add lines 48 and 49)

46	7157.00
47	.00
48	7157.00
49	.00
50	7157.00

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

51 Part-year New York City resident tax (Form IT-360.1)

52 Part-year resident nonrefundable New York City child and dependent care credit

52a Subtract line 52 from 51

52b MCTMT net earnings base

52c MCTMT

53 Yonkers nonresident earnings tax (Form Y-203)

54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)

55 **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52c through 54)

56 **Sales or use tax** (See the instructions on page 31. Do not leave line 56 blank.)

57 **Voluntary contributions** (Form IT-227, Part 2, line 1)

58 **Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** (add lines 50, 55, 56, and 57)

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

55	.00
----	-----

56	0.00
----	------

57	.00
----	-----

58	7157.00
----	---------



Enter your Social Security number

553 39 5912

59 Enter amount from line 58 59 7157.00

Payments and refundable credits (see page 32)

60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	.00
63	Total New York City tax withheld	63	.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	12000.00
66	Total payments and refundable credits (add lines 60 through 65)	66	12000.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see pages 10 and 11).**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information** (see pages 34 through 36)

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	67	4843.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.			
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 73) - or - ☐ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 35 for payment options.

69	Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	69	4843.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	71	.00
72	Other penalties and interest (see page 35)	72	.00
73	Account information for direct deposit or electronic funds withdrawal (see page 36).		

See page 38 for the proper assembly of your return.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 36) . . . ☐73a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings73b Routing number 73c Account number 74 Electronic funds withdrawal (see page 36) Date Amount .00

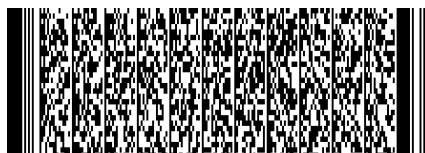
Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	07
Preparer's signature		Preparer's printed name JAGJIT SINGH ARORA E		
Firm's name (or yours, if self-employed) J ARORA INC		Preparer's PTIN or SSN P00186900		
Address 17037 CHATSWORTH ST STE 202 GRANADA HILLS CA 91344		Employer identification number 32 0225393		
Email: JARORAEAGMAIL.COM		Date 09202022		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation ENGINEER	
Spouse's signature and occupation (if joint return) ANALYST	
Date	Daytime phone number 310 471 5013
Email: RUNCHAL@GMAIL.COM	

See instructions for where to mail your return.

203004211024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

Submit with your Form IT-203 or IT-205.

Name as shown on return AKSHAI K & CHANCHAL RUNCHAL	Identifying number as shown on return 553 39 5912
---	---

See the instructions before completing this form.

Part I - Passive activity loss**Rental real estate activities with active participation**

1a Activities with net income from Part IV, column (a)	1a	51540 .00	
1b Activities with net loss from Part IV, column (b)	1b	.00	
1c Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00	
1d Add lines 1a, 1b, and 1c	1d		51540 .00

All other passive activities

2a Activities with net income from Part V, column (a)	2a	.00	
2b Activities with net loss from Part V, column (b)	2b	.00	
2c Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00	
2d Add lines 2a, 2b, and 2c	2d		.00

- 3** Add lines 1d and 2d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used **3** 51540 .00

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status (3), and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II - Special allowance for rental real estate activities with active participation**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	.00	
5 Enter 150,000 (if married filing separately, see instructions)	5	.00	
6 Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	.00	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.			
7 Subtract line 6 from line 5	7	.00	
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status (3), see instr.)	8	.00	
9 Enter the smaller of line 4 or line 8	9	.00	

Part III - Total losses allowed

10 Add the income, if any, from lines 1a and 2a and enter the total	10	.00
11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.)	11	.00



Part IV - For Part I, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
FLEETPRIDE			51540 .00	.00	.00	51540 .00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 1a, 1b, and 1c			51540 .00	.00	.00		

Part V - For Part I, lines 2a, 2b, and 2c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 2a, 2b, and 2c . . . . .			.00	.00	.00		

Part VI - Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals00	1.00	.00	.00

Part VII - Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals00	1.00	.00



Part VIII - Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals . . . . .		.00	.00	.00

Part IX - Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Totals . . . . .		.00	1.00	.00	.00



**New York
Worksheet**
Form IT-201 or IT-203 - Subtraction Modification for Qualified Pension Benefits or Distributions
2021

(Keep for your records. DO NOT send to the New York State DTF)

Name(s) as shown on return

Identification number

AKSHAI K AND CHANCHAL RUNCHAL

553 39 5912

Taxpayer / Primary on the NYS return	Taxable Amount	Amount Qualifying for NYS/Local Pension	Amount Qualifying for Pension Exclusion
1. Federal screen 3, IRA distributions (no 1099 received) - New York source			
2. Federal screen 3, IRA distributions (no 1099 received) - Other source			
3. Federal screen 3, Pension distributions (no 1099 received) - New York source			
4. Federal screen 3, Pension distributions (no 1099 received) - Other source			
5. Federal W2 Box 14 Code NY NQ, Pensions of New York State and local/federal government			
6. Federal 1099R, IRA and Pension distributions	54516 .		54516 .
7. Federal 1099R, Pension as wages			
8. Disability Income Exclusion (Form IT-221)			
9. Federal Schedule FEC (Foreign pension distributions)			
10. Federal W2 Box 11 Nonqualified Plan			
11. Federal screen 915X, Taxable IRA from prior year distributions (COVID-19)			
12. Federal screen 915X, Taxable Pension from prior year distributions (COVID-19)			
13. Add lines 1 through 12 Total benefits or distributions	54516 .		54516 .
14. Statutory limit			20,000
15. Lesser of line 13 or 14 Total qualifying pension benefits or distributions	54516 .	0 .	20000 .

Spouse / Secondary on the NYS return	Taxable Amount	Amount Qualifying for NYS/Local Pension	Amount Qualifying for Pension Exclusion
1. Federal screen 3, IRA distributions (no 1099 received) - New York source			
2. Federal screen 3, IRA distributions (no 1099 received) - Other source			
3. Federal screen 3, Pension distributions (no 1099 received) - New York source			
4. Federal screen 3, Pension distributions (no 1099 received) - Other source			
5. Federal W2 Box 14 Code NY NQ, Pensions of New York State and local/federal government			
6. Federal 1099R, IRA and Pension distributions			
7. Federal 1099R, Pension as wages			
8. Disability Income Exclusion (Form IT-221)			
9. Federal Schedule FEC (Foreign pension distributions)			
10. Federal W2 Box 11 Nonqualified Plan			
11. Federal screen 915X, Taxable IRA from prior year distributions (COVID-19)			
12. Federal screen 915X, Taxable Pension from prior year distributions (COVID-19)			
13. Add lines 1 through 12 Total benefits or distributions			
14. Statutory limit			20,000
15. Lesser of line 13 or 14 Total qualifying pension benefits or distributions	0 .	0 .	0 .

NOTE: Foreign pension distributions - The taxpayer must retain their distribution documentaion to provide to the NYS Department of Taxation and Finance if necessary

NY_PNSN-LD

New York State Tax Computation Worksheet	New York AGI of more than \$107,650 - Married filing jointly and qualifying widow(er) (Keep for your records)	2021
Name(s) as shown on return AKSHAI K AND CHANCHAL RUNCHAL		Your social security number 553 39 5912

- ☒ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$323,200, but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **more than \$323,200, but not more than \$2,155,350**, then you must compute your tax using **Worksheet 3**.
- ☐ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$2,155,350 but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **more than \$2,155,350 but not more than \$5,000,000**, then you must compute your tax using **Worksheet 4**.

Tax computation worksheet 3

1	Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32	1	1175676.00
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	1159626.00
3	Multiply line 2 by 6.85% (.0685). (Stop: If the line 1 amount is \$373,200 or more , skip lines 4 through 10 and enter the line 3 amount on line 11)	3	79434.00
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5	Subtract line 4 from line 3	5	
6	Enter \$1,056 on line 6	6	1,056
7	Subtract line 6 from line 5	7	
8	Enter the excess of line 1 over \$323,200	8	
9	Divide line 8 by \$50,000 and round the result to the fourth decimal place	9	
10	Multiply line 7 by line 9	10	
11	Add lines 4, 6, and 10. Enter here and on Form IT-201, line 39 or Form IT-203, line 38	11	79434.00

Tax computation worksheet 4

1	Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3	Multiply line 2 by 9.65% (.0965). (Stop: If the line 1 amount is \$2,205,350 or more , skip lines 4 through 10 and enter the line 3 amount on line 11)	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5	Subtract line 4 from line 3	5	
6	Enter \$2,736 on line 6	6	2,736
7	Subtract line 6 from line 5	7	
8	Enter the excess of line 1 over \$2,155,350	8	
9	Divide line 8 by \$50,000 and round the result to the fourth decimal place	9	
10	Multiply line 7 by line 9	10	
11	Add lines 4, 6, and 10. Enter here and on Form IT-201, line 39 or Form IT-203, line 38	11	



New York State E-File Signature Authorization for Tax Year 2021

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name AKSHAI K RUNCHAL	Spouse's name (jointly filed return only) CHANCHAL RUNCHAL
--	--

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

Part A - Tax return information

FORM IT-203

1 Federal adjusted gross income (from applicable line)	1.	1222429.
2 Refund	2.	
3 Amount you owe	3.	
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date 09202022
Spouse's signature (jointly filed return only)	Date 09202022

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature	Print name JAGJIT SINGH ARORA E A	Date 09202022

NYWK_47

For your records only.
Other Gains and Losses Worksheet

2021
FEDERAL 4797 Summary

Name(s) as shown on page 1 of the state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

553-39-5912

Part I Sales or Exchanges of Property -- Most held more than 1 year

	Taxpayer	Spouse	Total
Line 2 Federal 4797 Long Term			
Gain/Loss from K-1			
Sale of a Home Exclusion			
Prior Year Unallowed Loss			
Line 3 Gain, if any, from Form 4684			
Line 4 Section 1231 gain from installment sales 6252 Long Term			
Line 5 Section 1231 gain or loss from like-kind exchanges from Form 8824			
Line 6 4797 line 32. Part III Gains other than casualty or theft	313,834	313,834	627,668
Sale of a Home Gain			
Line 7 Part I, subtotal 1	313,834	313,834	627,668
Line 8 Nonrecaptured section 1231 losses			
Line 9 Part I, subtotal 2			

Part II Ordinary Gains and Losses

	Taxpayer	Spouse	Total
Line 10 Federal 4797 Short Term			
Passive Activity Adjustment			
751(b) Gain or Loss from K-1			
Line 11 Loss from line 7			
Line 12 Gain from line 7 or amount from line 8			
Line 13 4797 Ordinary			
Line 14 Net gain or loss from Form 4684			
Line 15 Ordinary gain from installment sales from Form 6252			
Line 16 Ordinary gain or loss from like-kind exchanges from Form 8824			
Line 17 Part II subtotal			
Line 18a Loss from Form 4684			
Line 18b Part II, subtotal 2			

State's Computation

Total Other Gain or Loss (Amount carrying to the state)

--	--	--

Special Note 1

Entries on the Federal 4797 screen that are **forced** to a different part number will need to be Overridden at the state level.

If adjustments are necessary you may enter individual Overrides on state 4797 screen.

Special Note 2

If an asset is sold on Fed 4562 for the spouse, then the TSJ field must be entered for the result to flow correctly. If the TSJ code is left blank the amount will default to the taxpayers column, it will not default the asset to the owner of the Federal Schedule.

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2021 AGI FD / ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest	2b	158	160	
3b Ordinary dividends	3b	5,470	2,670	
4b Taxable amount of IRA distributions	4b	54,516		
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	25,339	12,670	
7 Capital gain or (loss)	7	313,874	336,731	
8 Other income from Schedule 1	8	224,521	246,320	27,186
9 Total income (Sum of Lines 1-8)	9	623,878	598,551	27,186
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	623,878	598,551	27,186
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	224,521	246,320	27,186
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10	224,521	246,320	27,186
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction.	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

NYWK_D	For your records only. Capital Gains and Losses Worksheet	2021 FEDERAL D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		9,176	9,176
Line 2	Transactions reported on 8949 with Box B checked		6	6
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			9,182	9,182

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked		13,676	13,676
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term	313,834	313,834	627,668
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	40	39	79
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		313,874	327,549	641,423

State's Computation				
Total Capital Gain or Loss		313,874	336,731	650,605
Limited Capital Gain or Loss (Amount carrying to the State)		313,874	336,731	650,605

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

NYWK_E

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2021 Schedule E
FD / ST Summary

Name(s) as shown on state return
AKSHAI K & CHANCHAL RUNCHAL

Social Security Number
553-39-5912

Federal

	Taxpayer	Spouse	Total
Rental/Royalty Income	57,299	79,098	136,397
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	167,222	167,222	334,444
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal: 224,521 246,320 470,841

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal). 224,521 246,320 470,841

State

	Taxpayer	Spouse	Total
Rental/Royalty Income	27,186	78,725	105,911
Federal 4835 Farm Rental			
Partnership income (Total active & passive)			
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal: 27,186 78,725 105,911

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State). 27,186 78,725 105,911

NY-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status		MFJ	MFJ	
Gross Income		35,172	105,911	70,739
Additions				
Subtractions				
Exemptions				
Standard Deduction			16,050	16,050
Itemized Deduction		16,388		(16,388)
Deductions				
Taxable Income		503,196	1,159,626	656,430
Actual State Income		34,066	104,482	70,416
State Income Tax		2,334	7,157	4,823
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments			12,000	12,000
Underpayment Penalty				
Overpayment Applied to Next Year			4,843	4,843
Refund				
Balance Due		2,334		(2,334)
Marginal tax rate				
Effective tax rate		6.850000	6.850000	