

| | | | | |
|---|--|-------------------------------|---------------------|---|
| For the year Jan. 1-Dec. 31, 2017, or other tax year beginning | | 2017, ending | 20 | See separate instructions. |
| Your first name and initial AKSHAI K | | Last name RUNCHAL | | Your social security number 553-39-5912 |
| If a joint return, spouse's first name and initial CHANCHAL | | Last name RUNCHAL | | Spouse's social security number 573-41-5200 |
| Home address (number and street). If you have a P.O. box, see instructions. 1931 STRADELLA RD | | | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LOS ANGELES CA 90077-2320 | | | | |
| Foreign country name | | Foreign province/state/county | Foreign postal code | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |

Filing Status

| | |
|---|--|
| 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions) |
|---|--|

Check only one box.

Exemptions

| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ 02 |
|--|----------------|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--------------------------|--|
| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| d Total number of exemptions claimed | | | | | | | | | | | | | | | | | | | | | | | | | | |

If more than four dependents, see instructions and check here ▶ ☐

| | | |
|---------------|---|--|
| Income | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 531 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 16a Pensions and annuities 16a b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a 33,384 b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 7 8a 392 9a 1,221 10 21,590 11 12 13 4,724 14 15b 6,500 16b 24,707 17 294,820 18 19 20b 28,376 21 22 382,330 |
|---------------|---|--|

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

If you did not get a W-2, see instructions.

| | | |
|------------------------------|--|-------------------------|
| Adjusted Gross Income | 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ | 36 37 382,330 |
|------------------------------|--|-------------------------|

Tax and Credits

| | | | |
|------------|--|-----------|----------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 382,330 |
| 39a | Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. if: <input checked="" type="checkbox"/> Spouse was born before Jan. 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 2 | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 68,110 |
| 41 | Subtract line 40 from line 38 | 41 | 314,220 |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. | 42 | 3,564 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 310,656 |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 76,788 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 5,714 |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 82,502 |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 82,502 |

Other Taxes

| | | | |
|------------|--|------------|---------------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | 5,029 |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 87,531 |

Payments

| | | | |
|------------|---|------------|---------------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | 40,000 |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election 66b | | |
| 67 | Additional child tax credit. Attach Form 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 40,000 |

Refund

| | | | |
|------------|--|------------|--|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | |
| ▶ b | Routing number XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ▶ d | Account number XXXXXXXXXXXXXXXXXX | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 | | |

Amount You Owe

| | | | |
|-----------|---|-----------|---------------|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 49,624 |
| 79 | Estimated tax penalty (see instructions) | 79 | 2,093 |

Third Party Designee

| | |
|---|----------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No | |
| Designee's name ▶ | Phone number ▶ |
| 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Joint return? See inst. Keep a copy for your records. | Your signature XXXXXXXXXXXXXXXXXX | Date | Your occupation ENGINEER |
| | Spouse's signature. If a joint return, both must sign. XXXXXXXXXXXXXXXXXX | Date | Spouse's occupation ANALYST |
| | Print/type preparer's name JAGJIT S ARORA (EA) | Date 03/12/18 | Daytime phone number 310-471-5013 |

Paid preparer use only

| | | |
|---|--------------------------------|--------------------------|
| Preparer's signature XXXXXXXXXXXXXXXXXX | Date 03/12/18 | PTIN P00186900 |
| Firm's name ▶ J ARORA INC | Firm's EIN ▶ 32-0225393 | |
| Firm's address ▶ 17037 CHATSWORTH STREET SUITE 202 GRANADA HI CA 91344 | Phone no. 818-923-5038 | |

US RET 1040
Social Security Benefits Wks

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

| | | | |
|--|---------------|--------------|----------------|
| 1a. Social Security Benefits | <u>27,628</u> | <u>5,756</u> | |
| Total Social Security Benefits 1a. | <u>27,628</u> | <u>5,756</u> | |
| b. Railroad retirement benefits 1b. | | | |
| c. Benefit repayment 1c. | | | |
| d. Net retirement benefits 1d. | <u>27,628</u> | <u>5,756</u> | |
| e. Total benefits received 1e. | | | <u>33,384</u> |
| 2. Divide line 1e by 2 2. | | | <u>16,692</u> |
| 3. Add Form 1040, lines 7, 8a, 9a, 10 - 14, 15b, 16b, 17, 18, 19, and 21 3. | | | <u>353,954</u> |
| 4. Amount from Form 1040, line 8b 4. | | | |
| 5. Total exclusions and adjustments 5. | | | |
| 6. Add lines 2, 3, 4 and 5 6. | | | <u>370,646</u> |
| 7. Enter the total of the amounts from Form 1040, lines 23-32, plus any write-in adjustments you entered above line 36 7. | | | |
| 8. Subtract line 7 from line 6 8. | | | <u>370,646</u> |
| 9. Enter \$25,000 (\$32,000 if MFJ) MFS and lived with spouse enter Y 9. | | | <u>32,000</u> |
| 10. Subtract line 9 from line 8 10. | | | <u>338,646</u> |
| 11. Enter \$9,000 (\$12,000 if MFJ) 11. | | | <u>12,000</u> |
| 12. Subtract line 11 from line 10 12. | | | <u>326,646</u> |
| 13. Enter the smaller of line 10 or line 11 13. | | | <u>12,000</u> |
| 14. Divide line 13 by 2 14. | | | <u>6,000</u> |
| 15. Enter the smaller of line 2 or line 14 15. | | | <u>6,000</u> |
| 16. Multiply line 12 by 85% (.85) 16. | | | <u>277,649</u> |
| 17. Add lines 15 and 16 17. | | | <u>283,649</u> |
| 18. Multiply line 1e by 85% (.85) 18. | | | <u>28,376</u> |
| 19. Taxable benefits 19. | | | <u>28,376</u> |

Lump-Sum Payment for Each Year After 1993, Received in 2017 - Worksheet 2

| | Earlier year | 2013 | 2014 | 2015 | 2016 |
|--|--------------|-------|-------|-------|-------|
| 1. Amount received in each year | | | | | |
| 2. Portion of lump-sum for each year | | | | | |
| 3. Taxable benefits for each year | | | | | |
| 4. Filing status for each year (_) | | (_) | (_) | (_) | (_) |
| 5. AGI for each year | | | | | |
| 6. Exclusions/adj's for each year | | | | | |
| 7. Tax-exempt interest received | | | | | |
| 1. Total amount received for the earlier year plus the lump-sum payment for that year | | | | | |
| 2. Enter one-half of line 1 | | | | | |
| 3. AGI reported in the earlier year | | | | | |
| 4. Total of any exclusions/adjustments claimed in the earlier year | | | | | |
| 5. Tax-exempt interest received | | | | | |
| 6. Add lines 2 through 5 | | | | | |
| 7. Taxable benefits for the prior year | | | | | |
| 8. Subtract line 7 from line 6 | | | | | |
| 9. Amount based on filing status | | | | | |
| 10. Subtract line 9 from line 8 | | | | | |
| 11. Amount based on filing status | | | | | |
| 12. Subtract line 11 from line 10 | | | | | |

US RET 1040
Social Security Benefits Wks

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

| | | | | | |
|-----|------------------------------------|-------|-------|-------|-------|
| 13. | Enter the smaller of line 10 or 11 | _____ | _____ | _____ | _____ |
| 14. | Enter one-half of line 13 | _____ | _____ | _____ | _____ |
| 15. | Enter the smaller of line 2 or 14 | _____ | _____ | _____ | _____ |
| 16. | Multiply line 12 by 85% | _____ | _____ | _____ | _____ |
| 17. | Add lines 15 and 16 | _____ | _____ | _____ | _____ |
| 18. | Multiply line 1 by 85% | _____ | _____ | _____ | _____ |
| 19. | Refigured taxable benefits | _____ | _____ | _____ | _____ |
| 20. | Taxable benefits already reported | _____ | _____ | _____ | _____ |
| 21. | Additional taxable benefits | _____ | _____ | _____ | _____ |

| | Next Four Earlier Years | 2009 | 2010 | 2011 | 2012 |
|-----|---|-------|-------|-------|-------|
| 1. | Amount received in each year | _____ | _____ | _____ | _____ |
| 2. | Portion of lump-sum for each year | _____ | _____ | _____ | _____ |
| 3. | Taxable benefits for each year | _____ | _____ | _____ | _____ |
| 4. | Filing status for each year | (_) | (_) | (_) | (_) |
| 5. | AGI for each year | _____ | _____ | _____ | _____ |
| 6. | Exclusions/adj's for each year | _____ | _____ | _____ | _____ |
| 7. | Tax-exempt interest received | _____ | _____ | _____ | _____ |
| 1. | Total amount received for the earlier year plus the lump-sum payment for that year | _____ | _____ | _____ | _____ |
| 2. | Enter one-half of line 1 | _____ | _____ | _____ | _____ |
| 3. | AGI reported in the earlier year | _____ | _____ | _____ | _____ |
| 4. | Total of any exclusions/adjustments claimed in the earlier year | _____ | _____ | _____ | _____ |
| 5. | Tax-exempt interest received | _____ | _____ | _____ | _____ |
| 6. | Add lines 2 through 5 | _____ | _____ | _____ | _____ |
| 7. | Taxable benefits for the prior year | _____ | _____ | _____ | _____ |
| 8. | Subtract line 7 from line 6 | _____ | _____ | _____ | _____ |
| 9. | Amount based on filing status | _____ | _____ | _____ | _____ |
| 10. | Subtract line 9 from line 8 | _____ | _____ | _____ | _____ |
| 11. | Amount based on filing status | _____ | _____ | _____ | _____ |
| 12. | Subtract line 11 from line 10 | _____ | _____ | _____ | _____ |
| 13. | Enter the smaller of line 10 or 11 | _____ | _____ | _____ | _____ |
| 14. | Enter one-half of line 13 | _____ | _____ | _____ | _____ |
| 15. | Enter the smaller of line 2 or 14 | _____ | _____ | _____ | _____ |
| 16. | Multiply line 12 by 85% | _____ | _____ | _____ | _____ |
| 17. | Add lines 15 and 16 | _____ | _____ | _____ | _____ |
| 18. | Multiply line 1 by 85% | _____ | _____ | _____ | _____ |
| 19. | Refigured taxable benefits | _____ | _____ | _____ | _____ |
| 20. | Taxable benefits already reported | _____ | _____ | _____ | _____ |
| 21. | Additional taxable benefits | _____ | _____ | _____ | _____ |

US RET 1040
Social Security Benefits Wks

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

Lump-Sum Election Method Comparison - Worksheet 4

| | | | |
|-----|---|-----|----------------|
| 1. | Total amount from all Forms SSA-1099 and RRB-1099, box 5 less the lump-sum payments for years before 2017 | 1. | <u>33,384</u> |
| 2. | Enter one-half of line 1 | 2. | <u>16,692</u> |
| 3. | Amount from Worksheet 1, line 3 | 3. | <u>353,954</u> |
| 4. | Amount from Worksheet 1, line 4 | 4. | |
| 5. | Amount from Worksheet 1, line 5 | 5. | |
| 6. | Add lines 2, 3, 4 and 5 | 6. | <u>370,646</u> |
| 7. | Amount from Worksheet 1, line 7 | 7. | |
| 8. | Subtract line 7 from line 6 | 8. | <u>370,646</u> |
| 9. | Amount from Worksheet 1, line 9 | 9. | <u>32,000</u> |
| 10. | Subtract line 9 from line 8. If zero or less, enter -0- | 10. | <u>338,646</u> |
| 11. | Amount from Worksheet 1, line 11 | 11. | <u>12,000</u> |
| 12. | Subtract line 11 from line 10. If zero or less, enter -0- | 12. | <u>326,646</u> |
| 13. | Enter the smaller of line 10 or line 11 | 13. | <u>12,000</u> |
| 14. | Enter one-half of line 13 | 14. | <u>6,000</u> |
| 15. | Enter the smaller of line 2 or line 14 | 15. | <u>6,000</u> |
| 16. | Multiply line 12 by 85% | 16. | <u>277,649</u> |
| 17. | Add lines 15 and 16 | 17. | <u>283,649</u> |
| 18. | Multiply line 1 by 85% | 18. | <u>28,376</u> |
| 19. | Enter the smaller of line 17 or line 18 | 19. | <u>28,376</u> |
| 20. | Total amounts from Worksheet 2, line 21 for all earlier years that received a lump-sum distribution | 20. | |
| 21. | Taxable benefits under lump-sum method | 21. | <u>28,376</u> |

US RET 1040

Estimated Tax Payments Wks

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

FEDERAL

| | Pmt Date | Paymt Amt |
|--|--------------------|---------------|
| 1st quarter payment | 04/15/2017 | _____ |
| 2nd quarter payment | _____/2017 | _____ |
| 3rd quarter payment | _____/2017 | _____ |
| 4th quarter payment in 2017 | _____/2017 | _____ |
| 4th quarter payment in 2018 | 01/04 /2018 | 40,000 |
| Late payments in 2018 | _____/2018 | _____ |
| Amount from Schedule K-1 | 01/15/2018 | _____ |
| Total | | 40,000 |
| Federal return filing date | _____/2018 | |
| Prior Year Overpayment Carried Forward | | _____ |

STATE ID:

CA

CITY ID:

____ _

| | Pmt Date | Paymt Amt | | Pmt Date | Paymt Amt |
|--|------------|---------------|--|------------|-----------|
| 1st quarter payment | 04/15/2017 | _____ | | 04/15/2017 | _____ |
| 2nd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 3rd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2017 | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Late payments in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Total | | _____ | | | _____ |
| Prior Year Overpayment Carried Forward | | _____ | | | _____ |
| Tax paid in 2017 for 2016's liability | | 35,000 | | | _____ |

STATE ID:

CITY ID:

____ _

| | Pmt Date | Paymt Amt | | Pmt Date | Paymt Amt |
|--|------------|-----------|--|------------|-----------|
| 1st quarter payment | 04/15/2017 | _____ | | 04/15/2017 | _____ |
| 2nd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 3rd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2017 | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Late payments in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Total | | _____ | | | _____ |
| Prior Year Overpayment Carried Forward | | _____ | | | _____ |
| Tax paid in 2017 for 2016's liability | | _____ | | | _____ |

STATE ID:

CITY ID:

____ _

| | Pmt Date | Paymt Amt | | Pmt Date | Paymt Amt |
|--|------------|-----------|--|------------|-----------|
| 1st quarter payment | 04/15/2017 | _____ | | 04/15/2017 | _____ |
| 2nd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 3rd quarter payment | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2017 | _____/2017 | _____ | | _____/2017 | _____ |
| 4th quarter payment in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Late payments in 2018 | _____/2018 | _____ | | _____/2018 | _____ |
| Total | | _____ | | | _____ |
| Prior Year Overpayment Carried Forward | | _____ | | | _____ |
| Tax paid in 2017 for 2016's liability | | _____ | | | _____ |

US RET 1040

Qualified Dividends & Capital Gains Tax Worksheet

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

| | | | |
|--|-----|--|---------|
| 1. Amount from Form 1040, line 43 (1040NR line 41) | | | 310,656 |
| Amount from Form 2555, lines 45 and 50, or 2555-EZ Ln 18 | | | |
| Enter the total amount of any itemized deductions that could not be claimed because the deduct. are related to excluded income | | | |
| Net Taxable Income | 1. | | 310,656 |
| 2. Amount from Form 1040, line 9b (1040NR line 10b) | 2. | | 531 |
| 3. Are you filing a Schedule D? | | | |
| <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Sch D | | | |
| <input type="checkbox"/> No. Enter the amount from Form 1040, line 13 (1040NR line 14) | 3. | | 4,721 |
| 4. Add lines 2 and 3 | 4. | | 5,252 |
| 5. Amount from Form 4952, line 4g | 5. | | |
| 6. Subtract line 5 from line 4 | 6. | | 5,252 |
| 7. Subtract line 6 from line 1 | 7. | | 305,404 |
| 8. Enter: | | | |
| - \$37,950 if single or married filing separately | | | |
| - \$75,900 if married filing jointly or qualifying widow(er) | | | |
| - \$50,800 if head of household | 8. | | 75,900 |
| 9. Enter the smaller of line 1 or line 8 | 9. | | 75,900 |
| 10. Enter the smaller of line 7 or line 9 | 10. | | 75,900 |
| 11. Subtract line 10 from line 9. This amount is taxed at 0% | 11. | | |
| 12. Enter the smaller of line 1 or line 6 | 12. | | 5,252 |
| 13. Enter the amount from line 11 | 13. | | |
| 14. Subtract line 13 from line 12 | 14. | | 5,252 |
| 15. Enter: | | | |
| - \$418,400 if single | | | |
| - \$235,350 if married filing separately | | | |
| - \$470,700 if married filing jointly or qualifying widow(er) | | | |
| - \$444,550 if head of household | 15. | | 470,700 |
| 16. Enter the smaller of line 1 or line 15 | 16. | | 310,656 |
| 17. Add lines 7 and 11 | 17. | | 305,404 |
| 18. Subtract line 17 from line 16 | 18. | | 5,252 |
| 19. Enter the smaller of line 14 or line 18 | 19. | | 5,252 |
| 20. Multiply line 19 by 15% (.15) | 20. | | 788 |
| 21. Add lines 11 and 19 | 21. | | 5,252 |
| 22. Subtract line 21 from line 12 | 22. | | |
| 23. Multiply line 22 by 20% (.20) | 23. | | |
| 24. Tax on amount from line 7 (table or computation worksheet) | 24. | | 76,000 |
| 25. Add lines 20, 23 and 24 | 25. | | 76,788 |
| 26. Tax on amount from line 1 (table or computation worksheet) | 26. | | 77,733 |
| 27. Tax on all taxable income. Enter the smaller of line 25 or line 26 | 27. | | 76,788 |

Also include this amount on Form 1040 line 44 (1040NR line 42)

US RET 1040

Taxable State/Local Refunds

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

Did you itemize deductions in 2016?

☒ Yes. Did you deduct state or sales taxes?

☒ State Taxes. Continue with the worksheet

☐ General Sales Tax. Stop here

☐ No. Stop here.

Last Year's Tax Return Information

*If taxpayer is filing a joint return and the taxpayer did not file with this spouse on last year's return, complete column "New Spouse Info." and enter in the information related to the spouse's prior year return. If taxpayer filed a joint return last year with the same spouse this year, complete the "Taxpayer Info." column only.

| | Taxpayer Info. | *New Spouse Info. |
|---|-------------------|----------------------|
| A. State/local taxes paid from 2016 Sch. A, line 5 | <u>28,829</u> | |
| B. General sales taxes claimed or allowable in 2016 | | |
| C. Excess of income taxes deducted over sales taxes (If amount is negative, enter "0") | <u>28,829</u> | |
| D. Enter sales tax reimbursements you received related to line B above during 2017 | | |
| E. Smaller of line A, or the sum of lines C + D (If result is "0", then state/local refund reported on 1099-G is not taxable) | <u>28,829</u> | |
| F. Gross state or local refund | <u>21,590</u> | |
| G. State refundable credits | | |
| H. State/local refund reported on Form 1099G | <u>21,590</u> | |

Taxable State Refund Calculations

| | | |
|---|---------------------------|---------------|
| 1. Smaller of lines E and H from above | <u>21,590</u> | |
| 2. Total itemized deductions in 2016 (From Schedule A, line 29) | <u>63,439</u> | |
| 3. Enter amount based on your filing status for 2016 (1 or 3 = \$6,300; 2 or 5 = \$12,600; 4 = \$9,300) | <u>2</u> <u>12,600</u> | <u>—</u> |
| 4. Enter amount from 2016 Form 1040, line 39a. Multiply 2016 Form 1040, line 39a by \$1,250 (\$1,550 if 2016 filing status was Single or H of H), otherwise enter zero | <u>—</u> | <u>—</u> |
| 5. Add lines 3 and 4 | <u>12,600</u> | |
| 6. Subtract line 5 from line 2 | <u>50,839</u> | |
| 7. Taxable part of refund (Smaller of line 1 or 6) | <u>21,590</u> | <u>21,590</u> |
| | | Total |

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

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

Name(s) shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

Identifying number

553-39-5912**Do You Have To File Form 2210?**

| | | |
|---|-----|---|
| Complete lines 1 through 7 below. Is line 7 less than \$1,000? | Yes | Don't file Form 2210. You don't owe a penalty. |
| No | Yes | You don't owe a penalty. Don't file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210). |
| Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? | No | You may owe a penalty. Does any box in Part II below apply? |
| Yes | No | Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210. |
| No | Yes | You must file Form 2210. Does box B, C, or D in Part II apply? |
| | No | You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210. |
| | Yes | You must figure your penalty. |

Part I Required Annual Payment

| | | | |
|---|--|---|---------------|
| 1 | Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) | 1 | 82,502 |
| 2 | Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) | 2 | 5,029 |
| 3 | Refundable credits, including the premium tax credit (see instructions) | 3 | () |
| 4 | Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210 | 4 | 87,531 |
| 5 | Multiply line 4 by 90% (0.90) | 5 | 78,778 |
| 6 | Withholding taxes. Don't include estimated tax payments (see instructions) | 6 | |
| 7 | Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210 | 7 | 87,531 |
| 8 | Maximum required annual payment based on prior year's tax (see instructions) | 8 | |
| 9 | Required annual payment. Enter the smaller of line 5 or line 8 | 9 | 78,778 |

Next: Is line 9 more than line 6?☐ **No.** You **don't** owe a penalty. **Don't file Form 2210** unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't file Form 2210.**

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

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

| Section A—Figure Your Underpayment | | Payment Due Dates | | | |
|--|-----------|-------------------|----------------|----------------|----------------|
| | | (a) 4/15/17 | (b) 6/15/17 | (c) 9/15/17 | (d) 1/15/18 |
| 18 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column | 18 | 19,695 | 19,695 | 19,695 | 19,693 |
| 19 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II | 19 | | | | 40,000 |
| Complete lines 20 through 26 of one column before going to line 20 of the next column. | | | | | |
| 20 Enter the amount, if any, from line 26 in the previous column | 20 | | | | |
| 21 Add lines 19 and 20 | 21 | | | | 40,000 |
| 22 Add the amounts on lines 24 and 25 in the previous column | 22 | | 19,695 | 39,390 | 59,085 |
| 23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19 | 23 | | | | |
| 24 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- | 24 | | 19,695 | 39,390 | |
| 25 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 ▶ | 25 | 19,695 | 19,695 | 19,695 | 19,693 |
| 26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column | 26 | | | | |

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

| | | |
|---|-----------|--------------|
| 27 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B—Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box in Part II ▶ | 27 | 2,093 |
|---|-----------|--------------|

US FRM 2210

Penalty Calculation

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

| | (a) | (b) | (c) | (d) |
|--|-------------------|-------------------|-------------------|-------------------|
| Payment Due Dates | 4/15/2017 | 6/15/2017 | 9/15/2017 | 1/15/2018 |
| 1a. Underpayment from line 25 | <u>19,695</u> | <u>19,695</u> | <u>19,695</u> | <u>19,693</u> |
| 1b. Date and amount of each payment | <u>04/15/2017</u> | <u>06/15/2017</u> | <u>09/15/2017</u> | <u>01/15/2018</u> |
| | | | | <u>40,000</u> |
| Rate Period 1: April 16 - December 31, 2017 | | | | |
| 2. Computation starting dates | 4/15/2017 | 6/15/2017 | 9/15/2017 | |
| 3. Days from date due till paid or 12/31 | <u>260</u> | <u>199</u> | <u>107</u> | |
| 4. Line 1a * (Line 3/366) * .04 | <u>561</u> | <u>429</u> | <u>231</u> | |
| Rate Period 2: January 1 - April 15, 2018 | | | | |
| 5. Computation starting dates | 12/31/2017 | 12/31/2017 | 12/31/2017 | 1/15/2018 |
| 6. Days from date due till paid or 4/15 | <u>105</u> | <u>105</u> | <u>105</u> | <u>90</u> |
| 7. Line 1a * (Line 6/365) * .04 | <u>226</u> | <u>226</u> | <u>226</u> | <u>194</u> |
| 8. Penalty. Add all amounts on lines 4 and 7 | | | | <u>2,093</u> |

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017Attachment
Sequence No. **07**

Name(s) shown on Form 1040

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912**Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions)
- 2 Enter amount from Form 1040, line 38 **2**
- 3 Multiply line 2 by 7.5% (0.075).
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1
2
3
4**Taxes You
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or
- b ☐ General sales taxes

- 6 Real estate taxes (see instructions)
- 7 Personal property taxes
- 8 Other taxes. List type and amount ▶

5
6
7
8**35,000**
18,270

9 Add lines 5 through 8

9 **53,270****Interest
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶

10
11**16,896****Note.**
Your mortgage
interest
deduction may
be limited (see
instructions).

- 12 Points not reported to you on Form 1098. See instructions for special rules
- 13 Mortgage insurance premiums (see instructions)
- 14 Investment interest. Attach Form 4952 if required. See instructions
- 15 Add lines 10 through 14

12
13
14
15**16,896****Gifts to
Charity**If you made a
gift and got a
benefit for it,
see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
- 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500
- 18 Carryover from prior year
- 19 Add lines 16 through 18

16
17
18
19**Casualty and
Theft Losses**

- 20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions

20**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶
- 22 Tax preparation fees
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶
- 24 Add lines 21 through 23
- 25 Enter amount from Form 1040, line 38 **25**
- 26 Multiply line 25 by 2% (0.02)
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

21
22
23
24
25
26
27**Other
Miscellaneous
Deductions**

- 28 Other - from list in instructions. List type and amount ▶

28**Total
Itemized
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

29**68,110**

US SCH A
State and Local Taxes Paid

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

DESCRIPTION

AMOUNT

| | |
|---|--------------------------|
| Enter other state and local taxes paid | _____ |
| State taxes withheld on Form W-2 | _____ |
| Local taxes withheld on Form W-2 | _____ |
| SDI withheld on Form W-2 | _____ |
| Mandatory State Contributions on Form W-2 | _____ |
| State taxes withheld on Form W-2G | _____ |
| Local taxes withheld on Form W-2G | _____ |
| State taxes withheld on Form 1099R | _____ |
| Local taxes withheld on Form 1099R | _____ |
| State taxes withheld on Schedule K-1's | _____ |
| Other state taxes withheld | _____ |
| Other local taxes withheld | _____ |
| State estimated tax payments | _____ |
| City estimated tax payments | _____ |
| Prior year balance due taxes paid | <u>35,000</u> |
| Total state and local taxes | <u>35,000</u> |

US SCH A
Itemized Deductions Limitation Wks

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

Itemized Deductions Worksheet

| | | |
|-----|---|-------------------|
| 1. | Add lines 4, 9, 15, 19, 20, 27, and 28 | <u>70,166</u> |
| 2. | Add lines 4, 14, and 20 plus gambling losses on line 28 | <u> </u> |
| 3. | Subtract line 2 from line 1 | <u>70,166</u> |
| 4. | Multiply line 3 by 80% (.80) | <u>56,133</u> |
| 5. | Adjusted gross income from Form 1040, line 38 | <u>382,330</u> |
| 6. | Enter \$313,800 if MFJ or QW; \$287,650 if HOH; \$261,500 if Single; or \$156,900 if MFS | <u>313,800</u> |
| 7. | Subtract line 6 from line 5 | <u>68,530</u> |
| 8. | Multiply line 7 by 3% (.03) | <u>2,056</u> |
| 9. | Enter the smaller of line 4 or line 8 | <u>2,056</u> |
| 10. | Total itemized deductions | <u>68,110</u> |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► **Attach to Form 1040A or 1040.**

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

OMB No. 1545-0074

2017

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 1040A, or
Form 1040,
line 8a.)

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.

- 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 instructions on back and list this interest first. Also, show that buyer's social security number and address ►

CHASE BANK
RPM INVESTMENTS INC

INTEREST SUBTOTAL

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

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

Amount

196

196

392

392

3

392

Amount

Part II
Ordinary Dividends

(See instructions
and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

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**
CHARLES SCHWAB & CO INC

DIVIDEND SUBTOTAL

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

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

50

1,171

1,221

1,221

Part III

Foreign Accounts and Trusts

(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.

- 7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

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

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

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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 | 159 | 156 | | 3 |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 3 |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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 | 2,312 | 3,800 | | (1,488) |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 7,148 | 939 | | 6,209 |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 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 the back | | | | 15 4,721 |

Part III Summary

| | | |
|---|-----------|--------------|
| 16 Combine lines 7 and 15 and enter the result | 16 | 4,724 |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| 17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ► | 18 | |
| 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ► | 19 | |
| 20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, 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, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

Sales and Other Dispositions of Capital Assets▶ 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.

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 short term. 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 are not 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 (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) 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 | |
| | ALTRIA GROUP | VARIOUS | 12/07/2017 | 159 | 156 | | | 3 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) ▶ | | | | 159 | 156 | | | 3 |

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.

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 long term. 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 total 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 (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) 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 | |
| | GILD | 08/06/2015 | 12/07/2017 | 2312 | 3800 | | | (1488) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) ► | | | | 2312 | 3800 | | | (1488) |

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.

| | |
|--|--|
| 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 long term. 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 total 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 (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) 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 | |
| | ALTRIA GROUP | 04/11/2000 | 12/07/2017 | 68 | 5 | | | 63 |
| | ALTRIA GROUP | VARIOUS | 12/07/2017 | 7080 | 934 | | | 6146 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) ► | | | | 7148 | 939 | | | 6209 |

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.

US SCH D

Taxpayer/Spouse Capital Gain/Loss Allocation

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

Short Term Gains/Losses

| | T-Taxpayer | S-Spouse |
|---|---------------------|---------------------|
| 1. Schedule D, lines 1, 2 and 3 | <u>2</u> | <u>2</u> |
| 2. Per Form 6252 | <u> </u> | <u> </u> |
| 3. Per Form 6781 | <u> </u> | <u> </u> |
| 4. Per Form 8824 | <u> </u> | <u> </u> |
| 5. Per Form K-1 | <u> </u> | <u> </u> |
| 6. Capital Gain Distributions | <u> </u> | <u> </u> |
| 7. ST Capital Loss Carryover (| <u> </u>) | <u> </u>) |
| Subtotal | <u>2</u> | <u>2</u> |

Long Term Gains/Losses

| | | |
|--|---------------------|---------------------|
| 1. Schedule D, lines 8, 9 and 10 | <u>2,361</u> | <u>2,361</u> |
| 2. Per Form 6252 | <u> </u> | <u> </u> |
| 3. Per Form 4797 (_) | <u> </u> | <u> </u> |
| 4. Per Form 4684 (_) | <u> </u> | <u> </u> |
| 5. Per Form 6781 | <u> </u> | <u> </u> |
| 6. Per Form 8824 | <u> </u> | <u> </u> |
| 7. Per Form K-1 | <u> </u> | <u> </u> |
| 8. Capital Gain Distributions | <u> </u> | <u> </u> |
| 9. LT Capital Loss Carryover (| <u> </u>) | <u> </u>) |
| Subtotal | <u>2,361</u> | <u>2,361</u> |
| Net Gain/Loss | <u>2,363</u> | <u>2,363</u> |

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

2017Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912**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 or C-EZ** (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 2017 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☐ No**B** If "Yes," did you or will you file required Forms 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 | | <input type="checkbox"/> |
| B | 1 | | B 365 | | <input type="checkbox"/> |
| C | 4 | | C 365 | | <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 | 66,000 | 65,159 | 219,264 |
| 4 | Royalties received | 4 | | | |
| Expenses: | | | | | |
| 5 | Advertising | 5 | | | 369 |
| 6 | Auto and travel (see instructions) | 6 | | | 2,232 |
| 7 | Cleaning and maintenance | 7 | 3,159 | 4,269 | 6,389 |
| 8 | Commissions | 8 | | | 1,660 |
| 9 | Insurance | 9 | 750 | 617 | 3,241 |
| 10 | Legal and other professional fees | 10 | 2,360 | 4,989 | 421 |
| 11 | Management fees | 11 | | | 13,780 |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | 1,056 | | 74,722 |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | 6,244 | 5,332 | 8,952 |
| 15 | Supplies | 15 | | 1,509 | 187 |
| 16 | Taxes | 16 | 5,198 | 6,439 | 23,379 |
| 17 | Utilities | 17 | | | 5,845 |
| 18 | Depreciation expense or depletion | 18 | 6,899 | 8,488 | 41,916 |
| 19 | Other (list) ▶ MISC | 19 | 65 | 108 | 40 |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 25,731 | 31,751 | 183,133 |
| 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 | 40,269 | 33,408 | 36,131 |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 884,153 | | |
| 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 | 243,903 | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | 128,087 | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | 709,885 | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | 201,858 | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (27,590) | | |
| 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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | 174,268 | |

SPA For Paperwork Reduction Act Notice, see the separate instructions. 1037 PEI 7US131

Schedule E (Form 1040) 2017

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

2017Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912**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 or C-EZ** (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 2017 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☐ No**B** If "Yes," did you or will you file required Forms 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 | 14523 TUPPER STREET PANORAMA CITY CA 91402 | | | | |
| 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 | | <input type="checkbox"/> |
| B | 2 | | B 365 | | <input type="checkbox"/> |
| C | 2 | | C 24 | | <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 | 31,911 | 166,345 | 9,726 |
| 4 | Royalties received | 4 | | | |
| Expenses: | | | | | |
| 5 | Advertising | 5 | | 379 | |
| 6 | Auto and travel (see instructions) | 6 | | 1,430 | 288 |
| 7 | Cleaning and maintenance | 7 | 6,520 | 17,325 | 2,671 |
| 8 | Commissions | 8 | | | |
| 9 | Insurance | 9 | 816 | 7,403 | 745 |
| 10 | Legal and other professional fees | 10 | 125 | 4,278 | |
| 11 | Management fees | 11 | | 8,439 | 425 |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | 12,253 | 43,699 | 2,690 |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | 6,693 | 22,177 | 79 |
| 15 | Supplies | 15 | | 141 | 28 |
| 16 | Taxes | 16 | 8,204 | 11,403 | 800 |
| 17 | Utilities | 17 | 940 | 14,943 | 1,697 |
| 18 | Depreciation expense or depletion | 18 | 11,480 | | 1,787 |
| 19 | Other (list) ▶ See STM 02 | 19 | | 956 | 10,986 |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 47,031 | 132,573 | 22,196 |
| 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 | (15,120) | 33,772 | (12,470) |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (15,120) | | (12,470) |
| 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 | | | |
| 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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

SPA For Paperwork Reduction Act Notice, see the separate instructions. 1037 PEI 7US131

Schedule E (Form 1040) 2017

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

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 or C-EZ** (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 2017 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 8055 SENOIA ROAD FAIRBURN GEORGIA FAIRBURN GA 30213 | | | | |
| B | 20411 S SUSANA RD CARSON CA 90810 | | | | |
| C | | | | | |
| 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 | 4 | | 365 | | <input type="checkbox"/> |
| B | 4 | | 164 | | <input type="checkbox"/> |
| C | | | | | <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 | 183,240 | 142,508 | |
| 4 | Royalties received | 4 | | | |
| Expenses: | | | | | |
| 5 | Advertising | 5 | 309 | 239 | |
| 6 | Auto and travel (see instructions) | 6 | 1,447 | 1,122 | |
| 7 | Cleaning and maintenance | 7 | 5,414 | 2,446 | |
| 8 | Commissions | 8 | | 118 | |
| 9 | Insurance | 9 | 2,850 | 5,843 | |
| 10 | Legal and other professional fees | 10 | 82 | 9,370 | |
| 11 | Management fees | 11 | 6,665 | 150 | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | 68,285 | 41,198 | |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | 5,081 | 5,290 | |
| 15 | Supplies | 15 | 156 | 250 | |
| 16 | Taxes | 16 | 22,106 | 15,917 | |
| 17 | Utilities | 17 | 9,071 | 6,197 | |
| 18 | Depreciation expense or depletion | 18 | 38,568 | 18,949 | |
| 19 | Other (list) ▶ MISC | 19 | 35 | 312 | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 160,069 | 107,401 | |
| 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 | 23,171 | 35,107 | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () |
| 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 | () | | |
| 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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

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

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 from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **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 any amount is not at risk |
|-----------|-----------------------------------|--|----------------------------------|------------------------------------|--|
| A | MD LIVE OAK PROPERTIES LLC | P | <input type="checkbox"/> | 26-0429153 | <input type="checkbox"/> |
| B | MD LIVE OAK PROPERTIES LLC | P | <input type="checkbox"/> | 26-0429153 | <input type="checkbox"/> |
| C | | | <input type="checkbox"/> | - | <input type="checkbox"/> |
| D | | | <input type="checkbox"/> | - | <input type="checkbox"/> |

| Passive Income and Loss | | | Nonpassive Income and Loss | | |
|---|---|--|---|--|--|
| (f) Passive loss allowed (attach Form 8582 if required) | (g) Passive income from Schedule K-1 | (h) Nonpassive loss from Schedule K-1 | (i) Section 179 expense deduction from Form 4562 | (j) Nonpassive income from Schedule K-1 | |
| A | | | | 60,276 | |
| B | | | | 60,276 | |
| C | | | | | |
| D | | | | | |
| 29a Totals | | | | 120,552 | |
| b Totals | | | | | |
| 30 Add columns (g) and (j) of line 29a | | | 30 | 120,552 | |
| 31 Add columns (f), (h), and (i) of line 29b | | | 31 | () | |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below | | | 32 | 120,552 | |

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 |
| 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. Enter the result here and include in the total on line 41 below | | 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 Form 1040, line 17, or Form 1040NR, line 18 ▶ | 41 | 294,820 |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) | 42 | |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

Alternative Minimum Tax — Individuals▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040 or Form 1040NR.

2017Attachment
Sequence No. **32**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

| | | | |
|----|---|----|-------------------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 314,220 |
| 2 | Reserved for future use | 2 | |
| 3 | Taxes from Schedule A (Form 1040), line 9 | 3 | 53,270 |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line | 4 | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| 6 | If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions | 6 | (2,056) |
| 7 | Tax refund from Form 1040, line 10 or line 21 | 7 | (21,590) |
| 8 | Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 | Depletion (difference between regular tax and AMT) | 9 | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| 11 | Alternative tax net operating loss deduction | 11 | () |
| 12 | Interest from specified private activity bonds exempt from the regular tax | 12 | |
| 13 | Qualified small business stock, see instructions | 13 | |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss) | 17 | (564) |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | 4,902 |
| 19 | Passive activities (difference between AMT and regular tax income or loss) | 19 | |
| 20 | Loss limitations (difference between AMT and regular tax income or loss) | 20 | |
| 21 | Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 | Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 | Mining costs (difference between regular tax and AMT) | 23 | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 | Income from certain installment sales before January 1, 1987 | 25 | () |
| 26 | Intangible drilling costs preference | 26 | |
| 27 | Other adjustments, including income-based related adjustments | 27 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.) | 28 | 348,182 |

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|---|----|----------------|
| 29 | Exemption. (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household . . . \$120,700 . . . \$54,300 Married filing jointly or qualifying widow(er) . . . 160,900 . . . 84,500 Married filing separately. . . 80,450 . . . 42,250 If line 28 is over the amount shown above for your filing status, see instructions. | 29 | 37,679 |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 | 30 | 310,503 |
| 31 | • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. | 31 | 82,502 |
| 32 | Alternative minimum tax foreign tax credit (see instructions) | 32 | |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 33 | 82,502 |
| 34 | Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) | 34 | 76,788 |
| 35 | AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | 5,714 |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|---|--|-----------|----------------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 | 36 | 310,503 |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 37 | 5,252 |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 39 | 5,252 |
| 40 | Enter the smaller of line 36 or line 39 | 40 | 5,252 |
| 41 | Subtract line 40 from line 36 | 41 | 305,251 |
| 42 | If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result | 42 | 81,714 |
| 43 | Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. | 43 | 75,900 |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 44 | 305,404 |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | |
| 46 | Enter the smaller of line 36 or line 37 | 46 | 5,252 |
| 47 | Enter the smaller of line 45 or line 46. This amount is taxed at 0% | 47 | |
| 48 | Subtract line 47 from line 46 | 48 | 5,252 |
| 49 | Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household | 49 | 470,700 |
| 50 | Enter the amount from line 45 | 50 | |
| 51 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter | 51 | 305,404 |
| 52 | Add line 50 and line 51 | 52 | 305,404 |
| 53 | Subtract line 52 from line 49. If zero or less, enter -0- | 53 | 165,296 |
| 54 | Enter the smaller of line 48 or line 53 | 54 | 5,252 |
| 55 | Multiply line 54 by 15% (0.15) | 55 | 788 |
| 56 | Add lines 47 and 54 | 56 | 5,252 |
| If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. | | | |
| 57 | Subtract line 56 from line 46 | 57 | |
| 58 | Multiply line 57 by 20% (0.20) | 58 | |
| If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. | | | |
| 59 | Add lines 41, 56, and 57 | 59 | |
| 60 | Subtract line 59 from line 36 | 60 | |
| 61 | Multiply line 60 by 25% (0.25) | 61 | |
| 62 | Add lines 42, 55, 58, and 61 | 62 | 82,502 |
| 63 | If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result | 63 | 83,185 |
| 64 | Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 | 64 | 82,502 |

US FRM 6251

Exemption Worksheet

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

- | | | | |
|-----|---|-----|-----------------------|
| 1. | Enter amount based on filing status: (1,4 - \$54,300; 2,5 - \$84,500; 3 - \$42,250) | 1. | <u>84,500</u> |
| 2. | AMTI from line 28 | 2. | <u>348,182</u> |
| 3. | Enter amount based on filing status (1,4 - \$120,700; 2,5 - \$160,900; 3 - \$80,450) | 3. | <u>160,900</u> |
| 4. | Subtract line 3 from line 2 | 4. | <u>187,282</u> |
| 5. | Multiply line 4 by 25% | 5. | <u>46,821</u> |
| 6. | Subtract line 5 from line 1 | 6. | <u>37,679</u> |
| 7. | Minimum exemption amount for certain children under 24 Check if full-time student over 18 and under 24 and did not have earned income of more than half of their support — | 7. | \$ 7,500 |
| 8. | Child's earned income | 8. | <u> </u> |
| 9. | Add lines 7 and 8 | 9. | <u>7,500</u> |
| 10. | Enter the smaller of line 6 or line 9 | 10. | <u>7,500</u> |

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

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.**2017**Attachment
Sequence No. **72**

Name(s) shown on your tax return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number or EIN

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 | 392 |
| 2 | Ordinary dividends (see instructions) | 2 | 1,221 |
| 3 | Annuities (see instructions) | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 294,820 |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | |
| c | Combine lines 4a and 4b | 4c | 294,820 |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | 4,724 |
| 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 | 4,724 |
| 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 | 301,157 |

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 | |
| 10 | Additional modifications (see instructions) | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | |

Part III Tax Computation

| | | | |
|----------------------------|--|------------|----------------|
| 12 | Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- | 12 | 301,157 |
| Individuals: | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 382,330 |
| 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 | 132,330 |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 132,330 |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions) | 17 | 5,029 |
| Estates and Trusts: | | | |
| 18a | Net investment income (line 12 above) | 18a | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | |
| c | Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | |
| 19a | Adjusted gross income (see instructions) | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions) | 21 | |

US FRM 8960

Form 8960 Net Gains and Losses Worksheet

| | |
|---|---|
| Name(s) AKSHAI K & CHANCHAL RUNCHAL | Tax Identification Number 553-39-5912 |
|---|---|

| | (A) Form 1040 Line 13 | (B) Form 1040 Line 14 | Total of columns (A) + (B) |
|--|-----------------------------|-----------------------------|-------------------------------|
| 1. Beginning Net Gains and Losses | <u>4,724</u> | | <u>4,724</u> |
| 2. Gains and Losses excluded from Net Investment Income | | | |
| (a) Enter net gains from the disposition of property used in a non-section 1411 trade or business (enter as negative) | | | |
| _____ | | | |
| _____ | | | |
| (b) Enter net losses from the disposition of property used in a non-section 1411 trade or business (enter as positive) | | | |
| _____ | | | |
| _____ | | | |
| (c) Enter net losses from a former passive activity (FPA) allowed by reason of section 469(f)(1)(A) | | | |
| (d) Gains recognized in the current year attributable to payments received on an installment sale obligation or private annuity that was attributable to the disposition of property used in a non-section 1411 trade or business (_____) | | | |
| (e) Enter the new gain attributable to the net unrealized appreciation (NUA) in employer securities (_____) | | | |
| (f) In the case of a QEF (other than a QEF held in a section 1411 trade or business) with respect to which a section 1.1411-10(g) election is not in effect, enter the amount treated as long-term capital gain for regular tax purposes under section 1293(a)(1)(B) (_____) | | | |
| (g) Any other gains and losses included in net investment income (enter excluded gains as a negative number and excluded losses as a positive number) | | | |
| (h) Enter the amount reported on line 2(i) of this worksheet from your prior year return calculations. Enter as a positive number | | | |
| (i) If you do not have a capital loss carryover to next year, then skip this line and go to line 2(j). Otherwise, enter the lesser of (i)(1) or (i)(2) as a negative amount. (_____) | | | |
| (i)(1) If the sum of lines 2(a)-2(h) and line 3(d), column A is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to line 2(j) _____ | | | |
| OR | | | |
| (i)(2) The amount of capital loss carried over to next year (Sch D line 16, less the amount allowed as a current deduction on Sch D, line 21) entered as a positive number _____ | | | |
| (j) Sum of lines 2(a) - 2(i) | | | |

US FRM 8960

Form 8960 Net Gains and Losses Worksheet

| | |
|---|---|
| Name(s) AKSHAI K & CHANCHAL RUNCHAL | Tax Identification Number 553-39-5912 |
|---|---|

3. Adjustment for Gains & Losses attributable to the disposition of interests in partnerships & S corps

(a) Net Gains

(i) Enter the amount of net gain from the disposition of a partnership or S corp included in line 5a to which section 1411(c)(4)(A) applies _____

(ii) Enter the amount of net gain included in net investment income after the application of Regulations section 1.1411-7. (The sum of columns A & B of line 3(a)(ii) must be less than, or equal to, the sum of Columns A and B of line 3(a)(i)) _____

(iii) Enter the difference between line 3(a)(i) and line 3(a)(ii) _____

(b) Net Losses

(i) Enter the amount of net loss from the disposition of a partnership or S corp included in line 5a to which section 1411(c)(4)(B) applies _____

(ii) Enter the amount of net loss included in net investment income after the application of Regulations section 1.1411-7. (The sum of columns A & B of line 3(b)(ii) must be less than, or equal to, the sum of Columns A and B of line 3(b)(i)) _____

(iii) Enter the difference between line 3(b)(i) and line 3(b)(ii) _____

(c) Deferred Sales

(i) Enter the amount of gain recognized in the current year attributable payments received on an installment sale obligation or private annuity that was attributable to the disposition of a partnership or an S corp in a year preceding the current year. Also report any gain or loss associated with section 736(b) payments on this line _____

(ii) Enter the amount of adjustment attributable to such gain _____

(iii) Subtract 3(c)(ii) from 3(c)(i) _____

(d) Combine the amounts on lines 3(a)(iii), 3(b)(iii), and 3(c)(iii) _____

4. Sum of items reported on lines 5a - 5c

Add lines 1, 2(i) and 3(d) **4,724** **4,724**

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.

Name(s) shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

Identifying number

553-39-5912**Part I Information on the Like-Kind Exchange****Note:** If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.**1** Description of like-kind property given up:**14523 TUPPER STREET****2** Description of like-kind property received:**20411 S SUSANA ROAD**

| | | | |
|----------|---|----------|-------------------|
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | 03/14/2012 |
| 4 | Date you actually transferred your property to other party (month, day, year) | 4 | 01/24/2017 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | 5 | 03/10/2017 |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | 07/21/2017 |

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III . . . ☐ Yes ☐ No**Note:** Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.**Part II Related Party Exchange Information**

| | | | |
|----------|-----------------------|---------------------|------------------------------------|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
|----------|-----------------------|---------------------|------------------------------------|

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange ☐ Yes ☐ No**10** During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ NoIf both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.**11** If one of the exceptions below applies to the disposition, check the applicable box:

- a** ☐ The disposition was after the death of either of the related parties.
- b** ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c** ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

▶ Attach to your tax return.

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

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

20411 S SUSANA RD

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 | 510,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,030,000 |
| 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 | 510,000 |
| 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 2016 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 120,552 |
| 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 2018. 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 2017 | 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 2017 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 | 07/2017 | 1,612,398 | 39 yrs. | MM | S/L | 18,949 |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 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 | 18,949 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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 2017 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2017 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

Table of Additional Statements

AKSHAI K RUNCHAL

***-**-5912

STM 01 - US SCH B

Other Dividend Income

| Payer's Name | (Ord Div) | (Qual Div) | (Cap Gain) | (28% Gain) | (Tax-Exmpt) | (Priv Bonds) | (US Govt) |
|--------------|-----------|------------|------------|------------|-------------|--------------|-----------|
|--------------|-----------|------------|------------|------------|-------------|--------------|-----------|

| | | | | | | | |
|---------------------|-------|-----|--|--|--|--|--|
| AMERITRADE | 50 | 50 | | | | | |
| CHARLES SCHWAB & CO | 1,171 | 481 | | | | | |

| | | | | | | | |
|-------|-------|-----|--|--|--|--|--|
| Total | 1,221 | 531 | | | | | |
|-------|-------|-----|--|--|--|--|--|

STM 02 - US SCH E PG 1 Other Rental / Royalty Expenses

Prop A: 4416 KATHERINE AVE SHERMAN OAKS CA 91

Prop B: 2408 OCEAN PARK SANTA MONICA CA 90405

Prop C: 14523 TUPPER STREET PANORAMA CITY CA

| Description | Amount A | Amount B | Amount C |
|----------------|----------|----------|----------|
| MISC | | 956 | 446 |
| TENANT REFUNDS | | | 10,540 |
| Total | | 956 | 10,986 |

Payment Form 1 -- File and Pay by April 17, 2018. **If amount of payment is zero, do not mail this form.**

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.

*Due to the federal Emancipation Day holiday observed on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

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

File and Pay by April 17, 2018

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

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

18 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of Payment 5950.

Payment Form 2 -- File and Pay by June 15, 2018. **If amount of payment is zero, do not mail this form.**

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.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

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

File and Pay by June 15, 2018

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

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

18 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of Payment 7933.

Payment Form 3 -- File and Pay by Sept. 17, 2018. **If amount of payment is zero, do not mail this form.**

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.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

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

File and Pay by Sept. 17, 2018

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

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

18 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of Payment

Payment Form 4 -- File and Pay by Jan. 15, 2019. **If amount of payment is zero, do not mail this form.**

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.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

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

File and Pay by Jan. 15, 2019

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

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

18 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of Payment 5950.

2018 California Estimated Tax Worksheet Keep this worksheet for your records.

1 Residents: Enter your estimated 2018 California AGI. Nonresidents and part-year residents: Enter your estimated 2018 total AGI from all sources. Military servicemember/spouses, get FTB Pub. 1032, Tax Information for Military Personnel **1** 332,364.

2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions **2a** 34,691.
b If you do not plan to itemize deductions, enter the standard deduction for your filing status:
\$4,129 single or married/RDP filing separately
\$8,258 married/RDP filing jointly, head of household, or qualifying widow(er) **2b** _____
c Enter the amount from line 2a or line 2b, whichever applies **2c** 34,691.

3 Subtract line 2c from line 1 **3** 297,673.

4 Tax. Figure your tax on the amount on line 3 using the 2017 tax table for Form 540, or Long Form 540NR. Also include any tax from form FTB 3800, Tax Computation for Certain Children with Investment Income, and form FTB 3803, Parents' Election to Report Child's Interest and Dividends **4** 22,397.

5 Residents: Skip to line 6a. **Nonresidents and part-year residents:**
a Enter your estimated 2018 California taxable income from Schedule CA (540NR), Part IV, line 49 **5a** _____
b Compute the CA Tax Rate: Tax on total taxable income from line 4 **5b** _____
Total taxable income from line 3
c Multiply the amount on line 5a by the CA Tax Rate on line 5b **5c** _____

6 a Residents: Enter the exemption credit amount from the 2017 instructions for Form 540 **6a** 360.
b Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000 **6b** _____

7 Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b **7** _____

8 Residents: Subtract line 6a from line 4. **Nonresidents or part-year residents:** Subtract line 7 from line 5c **8** 22,037.

9 Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts **9** _____

10 Add line 8 and line 9 **10** 22,037.

11 Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses. **Nonresidents and part-year residents:** For the child and dependent care expenses credit, use the amount from your 2017 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2017 credit amount by the ratio on line 6b. **11** _____

12 Subtract line 11 from line 10 **12** 22,037.

13 Other credits (such as other state tax credit). See the 2017 instructions for Form 540, or Long Form 540NR **13** _____

14 Subtract line 13 from line 12 **14** 22,037.

15 Interest on deferred tax from installment obligations under IRC Sections 453 or 453A **15** _____

16 Alternative Minimum Tax. See Schedule P (540 or 540NR) **16** _____

17 Mental Health Services Tax Worksheet, line E (on page 2 of these instructions) **17** _____

18 2018 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero **18** 22,037.

19 a Multiply line 18 by 90% (.90). Farmers and fishermen multiply line 18 by 66 2/3% (.6667) . . **19a** 19,833.
b Enter the sum of line 48, line 61, and line 62 from your 2017 Form 540
or the sum of line 63, line 71, and line 72 from your Long Form 540NR **19b** 22,037.
c Enter the amount from your 2017 Form 540 line 17; or Long Form 540NR, line 32 **19c** 332,364.
d Is the amount on line 19c more than \$150,000 (\$75,000 if married/RDP filing separately)?
Yes. Go to line 19e. **No.** Enter the lesser of line 19a or line 19b. Skip line 19e and 19f and go to line 20 **19d** _____
e Multiply 110% (1.10) by line 19b **19e** 24,241.
f Enter the lesser of line 19a or line 19e and go to line 20 (If your California AGI is equal to or greater than
\$1,000,000/\$500,000 for married filing separately, use line 19a.) **19f** 19,833.
Caution: Generally, if you do not prepay at least the amount on line 19d (or 19f if no amount on line 19d), you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimated tax on line 18 is as accurate as possible. If you prefer, you may pay 100% of your 2018 estimated tax (line 18).

20 California income tax withheld and estimated to be withheld during 2018 (include withholding on pensions, annuities, etc.) **20** _____

21 Balance. Subtract line 20 from line 19d (or line 19f if no amount on line 19d). If less than \$500 (or less than \$250, if married/RDP filing separately), you do not have to make a payment at this time **21** 19,833.

22 Installment amount. Multiply the amount on line 21 by 30%. Enter the results on the 1st and 4th installments of your Forms 540-ES. Multiply the amount on line 21 by 40%. Enter the result on the 2nd installment of your Forms 540-ES. There is not a required 3rd installment payment. If you will earn your income at an uneven rate during the year, see Annualization Option in the instructions under paragraph D. **5,950.**

Record of Estimated Tax Payments

| Payment form number | (a) Date | (b) Web Pay/Credit card and confirmation number | (c) Amount paid | (d) 2017 overpayment applied | (e) Total amount paid and credited add (c) and (d) |
|---------------------|----------|---|------------------|------------------------------|--|
| 1 | | | \$ 5,950. | \$ | \$ |
| 2 | | | 7,933. | | |
| 3 | | | | | |
| 4 | | | 5,950. | | |
| Total | | | \$ | \$ | \$ |

California Resident Income Tax Return

2017

540

APE

ATTACH FEDERAL RETURN

A
R
RP

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

17

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

| | | | | | | | | |
|----|--------|-----|-------|-------|-------|----------------|-------|---|
| 01 | 2 | 45 | 0 | 405 | 0 | 113 | 0 | |
| 06 | | 46 | 0 | 406 | 0 | 115 | 0 | |
| 07 | 2 | 228 | 47 | 0 | 407 | 0 | 116 | 0 |
| 08 | 0 | 0 | 48 | 22037 | 408 | 0 | 117 | 0 |
| 09 | 2 | 228 | 61 | 0 | 410 | 0 | APE | 0 |
| 10 | 0 | 0 | 62 | 0 | 413 | 0 | 3800 | 0 |
| 11 | | 456 | 63 | 0 | 422 | 0 | 3803 | 0 |
| 12 | | 0 | 64 | 22037 | 423 | 0 | SCHG1 | 0 |
| 13 | 382330 | 71 | 0 | 424 | 0 | 5870A | 0 | |
| 14 | 49966 | 72 | 0 | 425 | 0 | 5805 5805F | 0 | |
| 16 | 0 | 73 | 0 | 430 | 0 | DESIGNEE | 0 | |
| 17 | 332364 | 74 | 0 | 431 | 0 | TPIDP 00186900 | | |
| 18 | 34691 | 75 | 0 | 432 | 0 | FN 320225393 | | |
| 19 | 297673 | 76 | 0 | 433 | 0 | CCF | 0 | |
| 31 | 22397 | 91 | 0 | 434 | 0 | 3805P | 1 | |
| 32 | 360 | 92 | 0 | 435 | 0 | NQDC | 0 | |
| 33 | 22037 | 93 | 0 | 436 | 0 | 3540 | 1 | |
| 34 | 0 | 94 | 0 | 437 | 0 | 3554 | 0 | |
| 35 | 22037 | 95 | 0 | 438 | 0 | 3805Z | 0 | |
| 40 | 0 | 96 | 0 | 439 | 0 | 3807 | 0 | |
| 43 | 0 | 97 | 22037 | 440 | 0 | 3808 | 0 | |
| 44 | 0 | 400 | 0 | 110 | 0 | 3809 | 0 | |
| | | 401 | 0 | 111 | 22037 | IRC453A | 0 | |
| | | 403 | 0 | 112 | 0 | IRC1341 | 0 | |

(310) 471-5013

| | | | | | | |
|---------------|---|-------------------------------------|---|---|--------------------------|--|
| Filing Status | 1 | <input type="checkbox"/> | Single | 4 | <input type="checkbox"/> | Head of household (with qualifying person). See instructions. |
| | 2 | <input checked="" type="checkbox"/> | Married/RDP filing jointly. See inst. | 5 | <input type="checkbox"/> | Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/> |
| | 3 | <input type="checkbox"/> | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/> | | | |

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

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

Your name:

AKSHAI K RUNCHAL

Your SSN or ITIN:

553-39-5912

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

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ 7 X \$114 = ☒ \$ 228.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 X \$114 = ☒ \$ _____

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$114 = ☒ \$ 228.

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

Exemptions

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|---|---|---|
| First Name | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| Last Name | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| SSN | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |
| Dependent's relationship to you | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |

Total dependent exemptions ☐ 10 X \$353 = ☒ \$ _____

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ☒ 11 \$ 456.

Taxable Income

12 State wages from your Form(s) W-2, box 16 ☐ 12 _____

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 ☒ 13 382,330.

14 California adjustments -- subtractions. Enter the amount from Schedule CA (540), line 37, column B ... ☐ 14 49,966.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☐ 15 332,364.

16 California adjustments -- additions. Enter the amount from Schedule CA (540), line 37, column C ☐ 16 _____

17 California adjusted gross income. Combine line 15 and line 16 ☐ 17 332,364.

18 Enter the **larger of:**
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ..
 ☐ 18 34,691.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ☒ 19 297,673.

Tax

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ☐ 31 22,397.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203 see instructions ☒ 32 360.

33 Subtract line 32 from line 31. If less than zero, enter -0- ☒ 33 22,037.

34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A ☐ 34 _____

35 Add line 33 and line 34 ☒ 35 22,037.

Your name:

AKSHAI K RUNCHAL

Your SSN or ITIN:

553-39-5912

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40
- 43 Enter credit name code ● and amount ● 43
- 44 Enter credit name code ● and amount ● 44
- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ● 45
- 46 Nonrefundable renter's credit. See instructions ● 46
- 47 Add line 40 and line 43 through line 46. These are your total credits Ⓐ 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- Ⓐ 48 **22,037.**

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61
- 62 Mental Health Services Tax. See instructions ● 62
- 63 Other taxes and credit recapture. See instructions ● 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 **22,037.**

Payments

- 71 California income tax withheld. See instructions ● 71
- 72 2017 CA estimated tax and other payments. See instructions ● 72
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73
- 74 Excess SDI (or VPD) withheld. See instructions ● 74
- 75 Earned Income Tax Credit (EITC) ● 75
- 76 Add lines 71 through 75. These are your total payments. See instructions Ⓐ 76

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions ● 91

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/
Tax Due

- 92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 Ⓐ 92
- 93 **Use Tax balance.** If line 91 is more than line 76, subtract line 76 from line 91 Ⓐ 93
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 Ⓐ 94
- 95 Amount of line 94 you want applied to your **2018** estimated tax ● 95
- 96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 Ⓐ 97 **22,037.**

Your name:

AKSHAI K RUNCHAL

Your SSN or ITIN:

553-39-5912

Contributions

| | <u>Code</u> | <u>Amount</u> |
|---|-------------|---------------|
| California Seniors Special Fund. See instructions | ● 400 | _____ |
| Alzheimer's Disease/Related Disorders Fund | ● 401 | _____ |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | _____ |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | _____ |
| California Firefighters' Memorial Fund | ● 406 | _____ |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | _____ |
| California Peace Officer Memorial Foundation Fund | ● 408 | _____ |
| California Sea Otter Fund | ● 410 | _____ |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | _____ |
| School Supplies for Homeless Children Fund | ● 422 | _____ |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | _____ |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | _____ |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | _____ |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | _____ |
| Prevention of Animal Homelessness and Cruelty Fund | ● 431 | _____ |
| Revive the Salton Sea Fund | ● 432 | _____ |
| California Domestic Violence Victims Fund | ● 433 | _____ |
| Special Olympics Fund | ● 434 | _____ |
| Type 1 Diabetes Research Fund | ● 435 | _____ |
| California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | _____ |
| Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | _____ |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | _____ |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | _____ |
| Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | _____ |
| 110 Add code 400 through code 440. This is your total contribution | ● 110 | _____ |

Your name:

AKSHAI K RUNCHAL

Your SSN or ITIN:

553-39-5912

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

22,037.Pay online -- Go to ftb.ca.gov/pay for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114****22,037.****115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

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:

● Type

● Routing number

☐ Checking

● Account number

● **116** Direct deposit amount

XXXXXXXXXX

☐ Savings

XXXXXXXXXXXXXXXXXXXX

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

● Type

● Routing number

☐ Checking

● Account number

● **117** Direct deposit amount☐ Savings**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

X XXXXXXXXXXXXXXXXXXXX

X XXXXXXXXXXXXXXXXXXXX

● Your email address. Enter only one email address.

● Preferred phone number

**Sign
Here**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions)**310-471-5013**

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

XXXXXXXXXXXXXXXXXXXX

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

J ARORA INC - JAGJIT S ARORA

● PTIN

P00186900

Firm's address

17037 CHATSWORTH STREET SUITE GRANADA HILLS CA 91344

● FEIN

32-0225393Do 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

CA RET 540

Exemption Credit Worksheet

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number

553-39-5912

REDUCTION OF EXEMPTION CREDITS AGI LIMITATION WORKSHEET

| | |
|---|-------------------|
| A. Amount from Form 540, line 13 | A. <u>382,330</u> |
| B. Enter \$182,459 - Single or Married Filing Separate | |
| \$364,923 - Married Filing Joint or Widow(er) | |
| \$273,692 - Head of Household | |
| C. Subtract line B from line A | B. <u>374,411</u> |
| D. Divide line C by \$2,500 (\$1,250 if MFS) | C. <u>7,919</u> |
| E. Multiply line D by \$6 | D. <u>4</u> |
| F. Add boxes on Form 540, line 7, 8 and 9 | E. <u>24</u> |
| G. Multiply line e by line f | F. <u>4</u> |
| H. Enter amount from Form 540, line 7, 8 and 9 | G. <u>96</u> |
| I. Subtract line g from line h | H. <u>456</u> |
| J. Number from box on form 540, line 10 | I. <u>360</u> |
| K. Multiply line e by line j | J. _____ |
| L. Dollar amount from Form 540, line 10 | K. _____ |
| M. Subtract line k from line l | L. _____ |
| N. Add line i and line m | M. _____ |
| | N. <u>360</u> |

2017 California Adjustments -- Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Income Adjustment Schedule

Section A - Income

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|------------------------------------|---------------------------------|
| 7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 7 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 Taxable interest (b) 8(a) | <input type="radio"/> 392. | <input type="radio"/> | <input type="radio"/> |
| 9 Ordinary dividends. See instructions. (b) 531. 9(a) | <input type="radio"/> 1,221. | <input type="radio"/> | <input type="radio"/> |
| 10 Taxable refunds, credits, offsets of state and local income taxes . . . 10 | <input type="radio"/> 21,590. | <input type="radio"/> 21,590. | |
| 11 Alimony received 11 | <input type="radio"/> | | <input type="radio"/> |
| 12 Business income or (loss) 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Capital gain or (loss). See instructions 13 | <input type="radio"/> 4,724. | <input type="radio"/> | <input type="radio"/> |
| 14 Other gains or (losses) 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 IRA distributions. See instructions. (a) 15(b) | <input type="radio"/> 6,500. | <input type="radio"/> | <input type="radio"/> |
| 16 Pensions and annuities. See instructions. (a) 16(b) | <input type="radio"/> 24,707. | <input type="radio"/> | <input type="radio"/> |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17 | <input type="radio"/> 294,820. | <input type="radio"/> | <input type="radio"/> |
| 18 Farm income or (loss) 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 Unemployment compensation 19 | <input type="radio"/> | | |
| 20 Social security benefits (a) <input type="radio"/> 33,384. 20(b) | <input type="radio"/> 28,376. | <input type="radio"/> 28,376. | |
| 21 Other income. | | a <input type="radio"/> | a <input type="radio"/> |
| a California lottery winnings e NOL from FTB 3805Z, | | b <input type="radio"/> | b <input type="radio"/> |
| b Disaster loss deduction from FTB 3805V 3806, 3807, or 3809 | | c <input type="radio"/> | c <input type="radio"/> |
| c Federal NOL (Form 1040, line 21) f Other (describe): | | d <input type="radio"/> | d <input type="radio"/> |
| d NOL deduction from FTB 3805V <input type="radio"/> | | e <input type="radio"/> | e <input type="radio"/> |
| | | f <input type="radio"/> | f <input type="radio"/> |
| 22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B 22 | <input type="radio"/> 382,330. | <input type="radio"/> 49,966. | <input type="radio"/> |

Section B - Adjustments to Income

| | | | |
|--|--------------------------------|-------------------------------|-----------------------|
| 23 Educator expenses 23 | <input type="radio"/> | <input type="radio"/> | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 Health savings account deduction 25 | <input type="radio"/> | <input type="radio"/> | |
| 26 Moving expenses 26 | <input type="radio"/> | | |
| 27 Deductible part of self-employment tax 27 | <input type="radio"/> | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans 28 | <input type="radio"/> | | |
| 29 Self-employed health insurance deduction 29 | <input type="radio"/> | | |
| 30 Penalty on early withdrawal of savings 30 | <input type="radio"/> | | |
| 31a Alimony paid. (b) Recipient's: SSN <input type="radio"/> | | | |
| Last name <input type="radio"/> | 31a <input type="radio"/> | | <input type="radio"/> |
| 32 IRA deduction 32 | <input type="radio"/> | | |
| 33 Student loan interest deduction 33 | <input type="radio"/> | | <input type="radio"/> |
| 34 Tuition and fees 34 | <input type="radio"/> | <input type="radio"/> | |
| 35 Domestic production activities deduction 35 | <input type="radio"/> | <input type="radio"/> | |
| 36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37 | <input type="radio"/> 382,330. | <input type="radio"/> 49,966. | <input type="radio"/> |

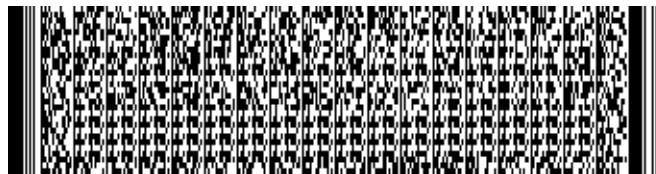
Part II Adjustments To Federal Itemized Deductions

2017 1037 PEI 7CA082

| | | | |
|-----------|---|-------------------------------------|------------------|
| 38 | Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 . . . | <input checked="" type="radio"/> 38 | 70,166. |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions | <input checked="" type="radio"/> 39 | 35,000. |
| 40 | Subtract line 39 from line 38 | <input checked="" type="radio"/> 40 | 35,166. |
| 41 | Other adjustments including California lottery losses. See instructions. Specify <input type="text"/> | <input checked="" type="radio"/> 41 | |
| 42 | Combine line 40 and line 41 | <input checked="" type="radio"/> 42 | 35,166. |
| 43 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | |
| | Single or married/RDP filing separately | | \$187,203 |
| | Head of household | | \$280,808 |
| | Married/RDP filing jointly or qualifying widow(er) | | \$374,411 |
| | No. Transfer the amount on line 42 to line 43. | | |
| | Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 | <input checked="" type="radio"/> 43 | 34,691. |
| 44 | Enter the larger of the amount on line 43 or your standard deduction listed below | | |
| | Single or married/RDP filing separately. See instructions | | \$4,236 |
| | Married/RDP filing jointly, head of household, or qualifying widow(er) | | \$8,472 |
| | Transfer the amount on line 44 to Form 540, line 18 | <input checked="" type="radio"/> 44 | 34,691. |



1800400818

**Georgia Form 500** (Rev. 06/22/17)
Individual Income Tax Return**Page 1**

Georgia Department of Revenue

2017 (Approved software version)Fiscal Year
Beginning **01-01-2017**Fiscal Year
Ending **12-31-2017**YOUR DRIVER'S LICENSE/STATE ID **N5830584**STATE ISSUED **CA**1. YOUR FIRST NAME
AKSHAIMI
KYOUR SOCIAL SECURITY NUMBER
553-39-5912LAST NAME
RUNCHAL

SUFFIX

SPOUSE'S FIRST NAME
CHANCHAL

MI

SPOUSE'S SOCIAL SECURITY NUMBER
573-41-5200LAST NAME
RUNCHAL

SUFFIX

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
1931 STRADELLA RD3. CITY (Please insert a space if the city has multiple names)
LOS ANGELESSTATE
CAZIP CODE
900772320

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ► 4. **1**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

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 ☒ 6b. Spouse ☒ 6c. **2**



YOUR SOCIAL SECURITY NUMBER
553-39-5912

7a. Number of Dependents (Enter details on Line 7c. and DO NOT include yourself or your spouse) ► 7a.

7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) ► 7b. **2**

7c. Dependents (If you have more than 5 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

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 -3,456.

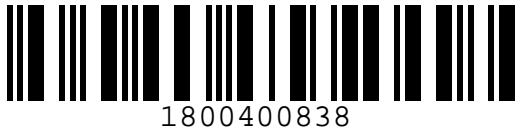
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) ► 8. **382330**

(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 enclose a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ► 9. **-93376**

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) ► 10. **288954**

Pages (1-5) are Required for Processing



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 enclose Federal Schedule A.**
- a. Federal Itemized Deductions (Schedule A-Form 1040) ▶ 12a. 68110
b. Less adjustments: (See IT-511 Tax Booklet) ▶ 12b. 68110
c. Georgia Total Itemized Deductions ▶ 12c.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance ▶ 13. 220844
- 14a. Enter the number from Line 6c. **2** Multiply by \$2,700 for filing status A ▶ 14a. 7400
or D **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. 7400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 213444
16. Tax (Use Tax Table in the IT-511 Tax Booklet) ▶ 16. 12547
17. Low Income Credit 17a. 17b. ▶ 17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) ▶ 18. 12547
19. Credits used from IND-CR Summary Worksheet ▶ 19.
20. Total Credits from Schedule 2 Georgia Tax Credits ▶ 20.
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ▶ 21. 12547
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero ▶ 22. 0
23. **Georgia Income Tax Withheld on Wages and 1099s** ▶ 23.
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)
24. **Other Georgia Income Tax Withheld** ▶ 24.
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

2017 1037/008 PEI 7GA013

Pages (1-5) are Required for Processing

CROSSLINK TAX PREPARATION

06 1037-008 2017 GA 004 T1 17



YOUR SOCIAL SECURITY NUMBER
553-39-5912

INCOME STATEMENT DETAILS Enter income reported 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)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

(INCOME STATEMENT B)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

(INCOME STATEMENT C)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ 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**

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated tax for 2017 and Form IT-560 ► 25.
26. Total prepayment credits (Add Lines 23, 24 and 25) ► 26.
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due ► 27.
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment ► 28.
29. **Amount to be credited to 2018 ESTIMATED TAX** ► 29.



YOUR SOCIAL SECURITY NUMBER
553-39-5912

30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)▶ 30.
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)▶ 31.
32. Georgia Cancer Research Fund (No gift of less than \$1.00)▶ 32.
33. Georgia Land Conservation Program (No gift of less than \$1.00)▶ 33.
34. Georgia National Guard Foundation (No gift of less than \$1.00)▶ 34.
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00)▶ 35.
36. Saving the Cure Fund (No gift of less than \$1.00)▶ 36.
37. Realizing Educational Achievement Can Happen (REACH) Program▶ 37.
(No gift of less than \$1.00)
38. Public Safety Memorial Grant (No gift of less than \$1.00)▶ 38.
39. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached▶ 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE. ▶ 40.
41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND▶ 41.

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☐ Savings ☐ Routing Number

If you do not enter Direct Deposit information or if you are a first time filer, a paper check will be issued.

(PAYMENT)

Account Number
PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740399
ATLANTA GA 30374-0399

(REFUND and NO
BALANCE DUE)

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
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 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.
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PHONE NUMBER

XXXXXXXXXXXXXXXXXX

Taxpayer's Signature ☐ (Check box if deceased)

Date

Taxpayer's Phone Number

310-471-5013

XXXXXXXXXXXXXXXXXX

Spouse's Signature ☐ (Check box if deceased)

Date

☒ I authorize the DOR to discuss this return with the named preparer.

XXXXXXXXXXXXXXXXXX

Signature of Preparer

Name of Preparer Other Than Taxpayer

JAGJIT S ARORA

Preparer's Firm Name

J ARORA INC

Preparer's Phone Number

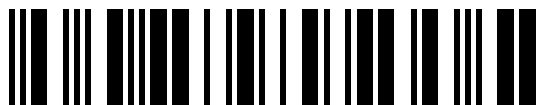
818-923-5038

Preparer's FEIN

32-0225393

Preparer's SSN/PTIN/SIDN

P00186900



1807200818

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. Federal deduction for income attributable to domestic production activities..... (IRC Section 199) | ▶ | 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)

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:

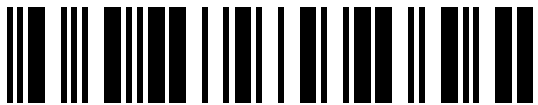
07-16-1951 7b.

- | | | |
|---|-----|-------|
| 8. Social Security Benefits (Taxable portion from Federal return).....▶ | 8. | 28376 |
| 9. Path2College 529 Plan▶ | 9. | |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet)▶ | 10. | |
| 11. Georgia Net Operating loss carryover from previous years (List only the amount used in 2017. see IT-511 Tax Booklet)▶ | 11. | |

| | | |
|---------------------------------|------------|--------|
| 12. Other Adjustments (Specify) | Adjustment | Amount |
| | Adjustment | Amount |
| | Adjustment | Amount |
| | Adjustment | Amount |

Total.....▶ 12.

- | | | |
|--|-----|---------------|
| 13. Total Subtractions (Enter sum of Lines 7-12 here).....▶ | 13. | 93376 |
| 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 | -93376 |



1807200828

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

Social security and railroad retirement paid by the Railroad Retirement Board, exempt interest, or other income that is not taxable to Georgia should not be included in the retirement income exclusion calculation. Income or losses should be allocated to the person who owns the item. If any item is held jointly, the income or loss should be allocated to each taxpayer at 50%.

Part-year residents and nonresidents must prorate the retirement income exclusion. The earned income portion and the unearned income portion must be separately prorated. The earned income portion shall be prorated using the ratio of Georgia source earned income to total earned income computed as if the taxpayer were a resident of Georgia for the entire year. The unearned portion shall be prorated using the ratio of Georgia source unearned retirement income to total unearned retirement income computed as if the taxpayer were a resident of Georgia for the entire year.

*Retirement income does not include income received directly or indirectly from lotteries, gambling, illegal sources or similar income.

** Rental, Royalty or Partnership income that is subject to FICA tax or Self employment tax should be included on line 2 not line 13. Trade or business income from an S Corp in which the taxpayer or their spouse materially participated should be included on line 2 not line 13.

(TAXPAYER)

(SPOUSE)

| | | |
|---|--------|-------|
| 1. Salary and wages..... | | |
| 2. Other Earned Income (Losses)..... | | |
| 3. Total Earned Income..... | | |
| 4. Maximum Earned Income..... | | |
| 5. Smaller of Line 3 or 4; if zero or less, enter zero | | |
| 6. Interest Income..... | 392 | |
| 7. Dividend Income | 1221 | |
| 8. Alimony..... | | |
| 9. Capital Gains (Losses)..... | 4724 | |
| 10. Other Income (Losses)*..... | | |
| 11. Taxable IRA Distributions..... | 6500 | |
| 12. Taxable Pensions | 24707 | |
| 13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses)**..... | 294820 | |
| 14. Total of Lines 6 through 13; if zero or less, enter zero | 332364 | |
| 15. Add Lines 5 and 14 | 332364 | |
| 16. Maximum Allowable Exclusion, if age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000. | 65000 | 65000 |
| 17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B..... | 65000 | |

GA FRM GA-500

SCH 1 - Retirement Income Exclusion Worksheet

Name(s)
AKSHAI K & CHANCHAL RUNCHAL

Tax Identification Number
553-39-5912

| | Taxpayer | Spouse | Total |
|--|----------------|---------------|----------------|
| 1. Wages, salaries, tips, etc. | | | |
| 2. Other earned income/(losses) | | | |
| 3. Total earned income | | | |
| 4. Maximum earned income | | | |
| 5. Smaller of line 3 or 4. If less than zero, enter zero | | | |
| 6. Interest income | 392 | | 392 |
| 7. Dividend income | 1,221 | | 1,221 |
| 8. Alimony received. | | | |
| 9. Capital gain (loss) | 4,724 | | 4,724 |
| 10. Other income/(losses) | | | |
| 11. Taxable IRA distributions | 6,500 | | 6,500 |
| 12. Taxable pensions | 24,707 | | 24,707 |
| 13. Rents, royalties, partnerships etc. | 294,820 | | 294,820 |
| 14. Total (add lines 6 through 13). | 332,364 | | |
| 15. Add lines 5 and 14 | 332,364 | | |
| 16. Maximum allowable exclusion for 2017 | 65,000 | 65,000 | |
| 17. Smaller of lines 15 and 16 | 65,000 | | |
| Enter on Form 500, Schedule 1 | | | |

Income and Information Details Checklist

Client Name(s):

Taxpayer :

SSN: 553-39-5912

DOB: 10/16/1943

Spouse :

SSN: 573-41-5200

DOB: 07/16/1951

Preparer: JAGJIT S ARORA

Date Return Started: 03/04/2018

Refund/Balance Due Amt

Fed:

St. Abbr :

St. Abbr :

Non-Financial Related Fees:

Filing Status: 2

E-File?

Financial Related Fees:

Refund Type:

Total Fees:

Taxpayer Signature:

XXXXXXXXXXXXXXXXXX

Spouse Signature:

XXXXXXXXXXXXXXXXXX

Preparer Signature:

XXXXXXXXXXXXXXXXXX

By signing this form I acknowledge that the information shown above is true, complete and correct. The income forms listed above disclose all income received during the applicable tax year by the taxpayers listed. I understand and accept any and all responsibility for the accuracy and completeness of information above.

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositn |
|-------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 001 3106 INGLEWOOD AVE | 10/01/1992 | 260,000 | 91,000 | 100.000 | 169,000 | | 27.5 | S/L MM | 148,771 | 6,146 | 148,771 | 6,146 | |
| 002 3106 INGLEWOOD BLVD | 02/15/2011 | 20,710 | | 100.000 | 20,710 | | 27.5 | S/L MM | 4,424 | 753 | 4,424 | 753 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 280,710 | 91,000 | | 189,710 | | | | 153,195 | 6,899 | 153,195 | 6,899 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositn |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 004 12029 CLOVER AVEIMPR | 09/01/2013 | 160,214 | | 100.000 | 160,214 | | 27.5 | S/L MM | 19,177 | 5,826 | 19,177 | 5,826 | |
| 008 IMPROVEMENTS | 03/15/2014 | 73,201 | | 100.000 | 73,201 | | 27.5 | S/L MM | 7,431 | 2,662 | 5,109 | 1,830 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 233,415 | | | 233,415 | | | | 26,608 | 8,488 | 24,286 | 7,656 | |

SCH E PG 1 CARRIAGE OAKS LLC Asset Listing

AKSHAI K RUNCHAL

***-**-5912

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositr |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 009 CARRIAGE OAKS PARTNE | 05/05/2016 | 2,104,110 | 469,400 | 100.000 | 1,634,710 | | 39.0 | S/L MM | 26,198 | 41,916 | 26,198 | 41,916 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 2,104,110 | 469,400 | | 1,634,710 | | | | 26,198 | 41,916 | 26,198 | 41,916 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositrn |
|------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|--------------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 003 4416 KATHERINE AVE | 01/02/2009 | 315,700 | | 100.000 | 315,700 | | 27.5 | S/L MM | 91,362 | 11,480 | 62,811 | 7,893 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 315,700 | | | 315,700 | | | | 91,362 | 11,480 | 62,811 | 7,893 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositn |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 007 2408 OCEN PARK | 02/01/1985 | 425,000 | 127,500 | 100.000 | 297,500 | | 27.5 | S/L MM | 297,500 | | 237,070 | 7,438 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 425,000 | 127,500 | | 297,500 | | | | 297,500 | | 237,070 | 7,438 | |

SCH E PG 1 14523 TUPPER STREET Asset Listing

AKSHAI K RUNCHAL

***-**-5912

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositn |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 006 TUPPER STREETIMPROVE | 03/01/2014 | 17,515 | | 100.000 | 17,515 | | 27.5 | S/L MM | 1,778 | 27 | 1,223 | 18 | 01/24/2017 |
| 011 LH IMPROVEMENTS | 07/01/2016 | 23,734 | | 100.000 | 23,734 | | 27.5 | S/L MM | 396 | 863 | 396 | 863 | |
| 012 IMPROVEMENTS | 03/14/2012 | 1,020,413 | 428,573 | 100.000 | 591,840 | | 27.5 | S/L MM | 103,123 | 897 | 103,123 | 897 | 01/24/2017 |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 1,061,662 | 428,573 | | 633,089 | | | | 105,297 | 1,787 | 104,742 | 1,778 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Disposittn |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|--------------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 010 MEADOW GLEN | 05/05/2016 | 1,942,256 | 438,100 | 100.000 | 1,504,156 | | 39.0 | S/L MM | 24,105 | 38,568 | 24,105 | 38,568 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 1,942,256 | 438,100 | | 1,504,156 | | | | 24,105 | 38,568 | 24,105 | 38,568 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | < Federal Depreciation > | | <--AMT Depreciation--> | | Date of Dispositr |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|--------------------------|---------|------------------------|---------|-------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 001 TUPPER LLC | 07/21/2017 | 2,530,398 | 918,000 | 100.000 | 1,612,398 | | 39.0 | S/L MM | | 18,949 | | 18,475 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 2,530,398 | 918,000 | | 1,612,398 | | | | | 18,949 | | 18,475 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | <State Depreciation> | | <--AMT Depreciation--> | | Date of Dispositrn |
|-------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|----------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 001 3106 INGLEWOOD AVE | 10/01/1992 | 260,000 | 91,000 | 100.000 | 169,000 | | 27.5 | S/L MM | 148,771 | 6,146 | 148,771 | 6,146 | |
| 002 3106 INGLEWOOD BLVD | 02/15/2011 | 20,710 | | 100.000 | 20,710 | | 27.5 | S/L MM | 4,424 | 753 | 4,424 | 753 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 280,710 | 91,000 | | 189,710 | | | | 153,195 | 6,899 | 153,195 | 6,899 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | <State Depreciation> Accumulated | <State Depreciation> Current | <--AMT Depreciation--> Accumulated | <--AMT Depreciation--> Current | Date of Dispositrn |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|----------------------------------|------------------------------|------------------------------------|--------------------------------|--------------------|
| 004 12029 CLOVER AVEIMPR | 09/01/2013 | 160,214 | | 100.000 | 160,214 | | 27.5 | S/L MM | 19,177 | 5,826 | 19,177 | 5,826 | |
| 008 IMPROVEMENTS | 03/15/2014 | 73,201 | | 100.000 | 73,201 | | 27.5 | S/L MM | 7,431 | 2,662 | 5,109 | 1,830 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 233,415 | | | 233,415 | | | | 26,608 | 8,488 | 24,286 | 7,656 | |

SCH E PG 1 CARRIAGE OAKS LLC Asset Listing

AKSHAI K RUNCHAL

***-**-5912

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | <State Depreciation> | | <--AMT Depreciation--> | | Date of Dispositrn |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|----------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 009 CARRIAGE OAKS PARTNE | 05/05/2016 | 2,104,110 | 469,400 | 100.000 | 1,634,710 | | 39.0 | S/L MM | 26,198 | 41,916 | 26,198 | 41,916 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 2,104,110 | 469,400 | | 1,634,710 | | | | 26,198 | 41,916 | 26,198 | 41,916 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | <State Depreciation> | | <--AMT Depreciation--> | | Date of Dispositrn |
|------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|----------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 003 4416 KATHERINE AVE | 01/02/2009 | 315,700 | | 100.000 | 315,700 | | 27.5 | S/L MM | 91,362 | 11,480 | 62,811 | 7,893 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 315,700 | | | 315,700 | | | | 91,362 | 11,480 | 62,811 | 7,893 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | <State Depreciation> | | <--AMT Depreciation--> | | Date of Disposittn |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|----------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 007 2408 OCEN PARK | 02/01/1985 | 425,000 | 127,500 | 100.000 | 297,500 | | 27.5 | S/L MM | 297,500 | | 237,070 | 7,438 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 425,000 | 127,500 | | 297,500 | | | | 297,500 | | 237,070 | 7,438 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convntn | <State Depreciation> | | <--AMT Depreciation--> | | Date of Dispositrn |
|--------------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|-----------------|----------------------|---------|------------------------|---------|--------------------|
| | | | | | | | | | Accumulated | Current | Accumulated | Current | |
| 006 TUPPER STREETIMPROVE | 03/01/2014 | 17,515 | | 100.000 | 17,515 | | 27.5 | S/L MM | 1,778 | 27 | 1,223 | 18 | 01/24/2017 |
| 011 LH IMPROVEMENTS | 07/01/2016 | 23,734 | | 100.000 | 23,734 | | 27.5 | S/L MM | 396 | 863 | 396 | 863 | |
| 012 IMPROVEMENTS | 03/14/2012 | 1,020,413 | 428,573 | 100.000 | 591,840 | | 27.5 | S/L MM | 103,123 | 897 | 103,123 | 897 | 01/24/2017 |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 1,061,662 | 428,573 | | 633,089 | | | | 105,297 | 1,787 | 104,742 | 1,778 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | <State Depreciation> Accumulated | <State Depreciation> Current | <--AMT Depreciation--> Accumulated | <--AMT Depreciation--> Current | Date of Disposittn |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|----------------------------------|------------------------------|------------------------------------|--------------------------------|--------------------|
| 010 MEADOW GLEN | 05/05/2016 | 1,942,256 | 438,100 | 100.000 | 1,504,156 | | 39.0 | S/L MM | 24,105 | 38,568 | 24,105 | 38,568 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 1,942,256 | 438,100 | | 1,504,156 | | | | 24,105 | 38,568 | 24,105 | 38,568 | |

| Asset Description | Date In Service | Cost or Basis | Salvage or Land Value | % of Busnss | Business % of Basis | S179 Exp & Bonus Depr | Recov Period | Method/ Convtn | <State Depreciation> Accumulated | <State Depreciation> Current | <--AMT Depreciation--> Accumulated | <--AMT Depreciation--> Current | Date of Disposittn |
|--------------------|-----------------|---------------|-----------------------|-------------|---------------------|-----------------------|--------------|----------------|----------------------------------|------------------------------|------------------------------------|--------------------------------|--------------------|
| 001 TUPPER LLC | 07/21/2017 | 2,530,398 | 918,000 | 100.000 | 1,612,398 | | 39.0 | S/L MM | | 18,949 | | 18,475 | |
| | | ----- | ----- | | ----- | ----- | | | ----- | ----- | ----- | ----- | |
| Total for Activity | | 2,530,398 | 918,000 | | 1,612,398 | | | | | 18,949 | | 18,475 | |