

Prepared For
AKSHAI K RUNCHAL
and CHANCHAL RUNCHAL
TAX YEAR 2014

J ARORA INC
17037 CHATSWORTH ST SUITE 202
GRANADA HILLS CA 91344
Telephone: 818-923-5038
Fax: 818-923-5053
jsarora.ea@gmail.com
narora65@hotmail.com

**J ARORA INC
17037 CHATSWORTH ST SUITE 202
GRANADA HILLS CA 91344
818-923-5038**

July 02, 2015

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

Dear AKSHAI & CHANCHAL,

Enclosed are your 2014 Federal and state income tax returns.

Your Federal income tax balance due is \$18,282.00.

Your Federal tax return has been filed electronically. To pay your balance due, please make your check or money order payable to UNITED STATES TREASURY and write your Social Security Number, daytime phone number, and "2014 Form 1040" on the check. Mail the enclosed Form 1040-V and your payment on or before 10/15/2015 to the Internal Revenue Service at the address on Form 1040-V. Do not staple or otherwise attach your payment to Form 1040-V.

Please retain the enclosed copy of the return for your records.

Your 2014 CA state tax return is enclosed. There is a state tax balance due of \$3,644.00. Your CA state return was filed electronically. Please keep the enclosed copy for your records. Please make your payment by 10/15/2015, following the instructions on the payment voucher.

Your 2014 GA state tax return is enclosed. There is a state tax balance due of \$81.00. Your GA state return was filed electronically. Please keep the enclosed copy for your records. Please make your payment by 10/15/2015, following the instructions on the payment voucher.

Your 2015 federal and state estimated payment schedule is listed below. If you have elected to have your first estimated payment electronically debited, please do not mail your first payment. If you do not elect to have your first payment debited, you will need to mail it and subsequent payments to the address shown on the enclosed estimated payment vouchers..

Due Date:	Federal	CA
4/15/2015	\$6,250	\$1,680
6/15/2015	\$6,250	\$2,240
9/15/2015	\$6,250	\$0
1/15/2016	\$6,250	\$1,680

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

JAGJIT SINGH ARORA

J ARORA INC
17037 CHATSWORTH ST SUITE 202
GRANADA HILLS CA 91344
818-923-5038

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

Dear AKSHAI K RUNCHAL & CHANCHAL RUNCHAL:

Thank you for selecting J ARORA INC to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

Preparation: We will prepare your individual/business/entity tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We presume that the information you provide will complete with regards to declaration of income from all sources and all applicable tax deductions without omitting any information. We will render bookkeeping assistance as we find necessary for the preparation of the income tax return at an additional charge when necessary to properly prepare the return. Our work does not include any procedure designed to discover defalcation or irregularities, such as fraud and embezzlement, should any exist. You are responsible for the returns, so you should review them carefully before you sign them.

Fee and Payment: Our fee for this work will be based on the complexity of your return(s) as computed by our tax preparation software. All fee due must be paid in full at the completion of the work and interim billing may be submitted as work progresses.

Audits: Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Document Retention: We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage, they may be necessary to prove accuracy and completeness of the returns to a taxing authority.

Privacy Notice: As your Tax Preparer, we are committed to the safekeeping of your confidential information and we maintain physical and electronic safeguards to protect your information. We are required to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval as required by law, even if you are no longer a client. If you need to request that we fax or mail a copy of your tax return(s) or any other data about you to another party (i.e. mortgage lender), we will require your permission in writing or via email.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign in the space indicated.

Sincerely,
J. Arora, EA

(Both husband and wife must sign for preparation of joint returns)

Accepted By:

(T) _____ date: _____

(S) _____ date: _____

Privacy Policy Statement of
J ARORA INC
as required by the
Gramm-Leach-Bliley Act
Public Law 106-102
Effective November 12, 1999

J ARORA INC collects nonpublic personal information about you, and your family, if applicable, in order to properly prepare and complete your requested tax returns, from the following sources:

Information received from you on applications, tax preparation worksheets and other documents, such as interview information forms and client organizers whether submitted by you or completed on your behalf, used in the preparation of your tax return and other tax related forms.

Information about your history with us and/or other tax preparation firms offering similar services.

Information we receive from a consumer-reporting agency in accordance with tax related products requested by you.

J ARORA INC will not disclose any of your nonpublic personal information to anyone, except as permitted by law or authorized by you.

If you decide to close your account(s) or become an inactive customer, J ARORA INC will adhere to the privacy policies and practices as noted above.

J ARORA INC restricts access to your public and nonpublic personal information, including your account information, to those employees and partnered companies who need to know that information to provide products and/or services requested by you.

J ARORA INC maintains physical, electronic, and procedural safeguards that comply with the federal standards to guard your nonpublic personal information.

We know that you have confidence in our ability to perform the services requested by you. Equally important to us is your confidence in knowing that all your personal information is safe.

Please contact us at 818-923-5038 if you have any questions or concerns regarding our policy.

J ARORA INC
17037 CHATSWORTH ST SUITE 202
GRANADA HILLS, CA 91344
818-923-5038

AKSHAI K & CHANCHAL RUNCHAL

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

INVOICE DATE: 07/02/2015
SS NUMBER: 553-39-5912
TELEPHONE: 310-471-5013
INVOICE NO.: 276

2014 INVOICE

Description

1 FORM 1040
1 FORM 1040ES, FEDERAL ESTIMATED TAX
1 FORM 1040V, PAYMENT VOUCHER FOR BALANCE DUE RETURNS
1 SCHEDULE A, ITEMIZED DEDUCTIONS
1 SCHEDULE B, INTEREST AND DIVIDEND INCOME
1 SCHEDULE D, CAPITAL GAINS AND LOSSES
8 SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS
1 FORM 2210, UNDERPAYMENT OF ESTIMATED TAX
3 FORM 4562, DEPRECIATION AND AMORTIZATION
1 FORM 4868, AUTOMATIC EXTENSION OF TIME TO FILE
1 FORM 8949, SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS
6 SCHEDULE E, OTHER EXPENSES WORKSHEET
1 AFFORDABLE CARE ACT WORKSHEET
10 DEPRECIATION WORKSHEETS
1 FEDERAL AND STATE TAX PAYMENTS WORKSHEET
2 K-1 WORKSHEET
1 SOCIAL SECURITY, RAILROAD TIER 1 RETIREMENT WORKSHEET
1 ELECTRONIC FILING FEE
1 STATE APPORTIONMENT OF INCOME
1 CA STATE RESIDENT RETURN
1 GA STATE NONRESIDENT RETURN

Remarks:

Total Charges	775.00
Discount	
Sales Tax	
Payments	
Amount Due	775.00

US 1040

Main Information Sheet

2014

PRINTED 07/02/2015

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

	Taxpayer	Spouse
SSN	553-39-5912	573-41-5200
Birth	10/16/1943	07/16/1951
Death		
Day Phone	310-471-5013	
Evening		
Cell or Fax		
PIN	95912	15200

Email
 Taxpayer Occupation ENGINEER Spouse Occupation ANALYST
 Filing Status MARRIED FILING JOINT

Preparer ID: 55563350346 Preparation Fee: 775.00 Date: _____
 Preparer: JAGJIT SINGH ARORA Time in return 463 min.

Recap of 2014 Income Tax Return

Earned Income		Federal Tax	<u>23,024.</u>
Federal AGI	<u>173,452.</u>	Withholding	
Taxable Income	<u>125,381.</u>	Refund/(Due)	<u>(18,282.)</u>
EIC		Tax Bracket	<u>25.0 %</u>

State	CA				
Tax	<u>5,123.</u>				
Withholding					
Refund/Due	<u>(3,644.)</u>				
State	GA				
Tax	<u>81.</u>				
Withholding					
Refund/Due	<u>(81.)</u>				

Bank Product Information	Check	Direct Deposit	Debit Card
Qualifying refund			
Fees			
Net refund			
Federal disbursement			
State disbursement			
Check one			

US

1040, 1040A, 1040EZ, 1040NR Income Worksheet

2014

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

Interest. List all interest on Schedule B, regardless of the amount.**Unemployment and/or state tax refund.** Fill out 1099-G worksheet.

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	27,095.		
Railroad tier 1 received this year			
Total	27,095.		27,095.
Medicare to Schedule A			
Federal tax withheld			

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 150,421.

+ tax-exempt interest: and excluded income from American Samoa (Form 4563) or

Puerto Rico: + 50% of the benefits received: 13,548. 163,969.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable **A** 23,031.

Modified AGI 163,969.

\$34,000 (\$44,000) 44,000.

Subtract 119,969. X 85%= 101,974.

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly) 6,000.

Add **B** 107,974.

Taxable social security and railroad retirement tier 1. Minimum of A or B. 23,031.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2014			
Using the above modified AGI, this is the taxable amount of the 2014 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

Child Tax Credit (CTC)

1	\$1,000 X <input type="text"/> qualifying children		
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico		
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000		
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43		
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy		
<div>CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits</div>			
1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RTTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		
11	Child tax credit		0
Amount paid with Federal extension (Form 4868 or 2350)			5,000.

Carryovers from 2014 to 2015

1	Section 179 expense disallowed, Form 4562, accumulative total													
2	Net operating loss from 2014 only, Form 1045 Amt. carried forward from 2013. Listed on Form 1040, line 21, or Form 1040NR, line 21													
3	2014 charitable contributions. Organization limit:													
	<table> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain												
50%	30%	30%	20%											
4	Investment interest expense, Form 4952, accumulative total													
5	Foreign tax credit from 2014 only, Form 1116. Enter amount carried back, if any													
6	Mortgage interest credit, Form 8396													
	<table> <tr> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2012	2013	2014										
2012	2013	2014												
7	DC first-time homebuyer credit, Form 8859													
8	Prior year minimum tax credit, Form 8801, cumulative total													
9	AMT limited qualified electric vehicle credit from 2014 only													
10	Nonrecaptured net section 1231 losses													
	<table> <tr> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2010	2011	2012	2013	2014								
2010	2011	2012	2013	2014										

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. For each individual, check the box in the column labeled "Full" if the individual had minimum essential coverage for the entire year, check the box labeled "None" if the individual did not have insurance all year, or check the box for each month that the individual did not have minimum essential coverage. If you are applying for an exemption or have been granted a full or partial exemption for an individual, check the box in the column labeled "Exm" and only check those months that are not covered by the exemption, if any. If you received insurance through the Marketplace, check the box labeled "Mkt".

	Full	None	Mkt	Exm	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
AKSHAI K RUNCHAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANCHAL RUNCHAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1 Total number of boxes checked per month, maximum of 5.....												
2 Total number of boxes checked per month for individuals 18 or over												
3 One-half the number of boxes checked per month for individuals under 18												
4 Add lines 3 and 4 for each month												
5 Multiply line 4 by \$95 for each month, maximum of \$285												
6 Sum of the number of boxes checked on line 1 above for the year												
7 Household income	173,452.											
Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero												
8 Filing threshold												
9 Subtract line 8 from line 7	173,452.											
10 Multiply line 9 by 1%	1,735.											
11 Is line 10 more than \$285?												
<input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero.												
<input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet												
12 Divide line 11 by 12												
13 Multiply line 6 by \$204.....												
14 Smaller of line 12 or line 13												

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

,2014, ending

,20

See separate instructions.

Your first name and initial

Last name

AKSHAI K RUNCHAL

Your social security number

553-39-5912

If a joint return, spouse's first name and initial

Last name

CHANCHAL RUNCHAL

Spouse's social security number

573-41-5200

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

1931 STRADELLA RD

▲ 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.

☐ You ☐ Spouse

1 ☐ Single

4 ☐ Head of household (with qualifying person). (See instructions.)

2 ☒ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Filing Status

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

Boxes checked on 6a and 6b

2

c Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instr.)

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

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

d Total number of exemptions claimed

Add numbers on lines above ▶

2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

89.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

340.

b Qualified dividends

9b

340.

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

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

(70.)

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

150,062.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

27,095.

b Taxable amount

20b

23,031.

21 Other income. List type and amount

21

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶

22

173,452.

Attach Forms(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 gov. 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

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

173,452.

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

Form 1040 (2014)

BCA

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	173,452.
39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1950, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before Jan. 2, 1950, <input type="checkbox"/> Blind.	Total boxes checked ▶ 39a	1
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	40,171.
41	Subtract line 40 from line 38	41	133,281.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	125,381.
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	23,024.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	23,024.
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	23,024.

Standard Deduction for-

● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

● All others:
Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

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 type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	23,024.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2014 estimated tax payments and amount applied from 2013 return	65	
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	5,000.
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"/> Re-served c <input type="checkbox"/> Re-served d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,000.

Refund

Direct deposit? ▶
See instructions ▶

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 <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2015 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	18,282.
79	Estimated tax penalty (see instructions)	79	258.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name ▶ JAGJIT SINGH ARORA	Phone no. ▶ 818-923-5038	Personal identification number (PIN) ▶ 50346

Sign Here

Joint return? ▶
See instructions
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	ENGINEER	310-471-5013
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	ANALYST	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JAGJIT SINGH ARORA	JAGJIT SINGH ARORA			P00186900
Firm's name ▶ J ARORA INC	Firm's EIN ▶ 32-0225393			
Firm's address ▶ 17037 CHATSWORTH ST SUITE 202	Phone no.			
GRANADA HILLS CA 91344-5882	818-923-5038			

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

2015 Estimated Tax Worksheet

1	Adjusted gross income expected		
2	Deductions		
3	Subtract line 2 from line 1		
4	Exemptions. Multiply number: ____ times \$4,000)		
5	Subtract line 4 from line 3		
6	Tax		
7	Enter any additional taxes (Forms 4972, 6251, 8814, or 8889)		
8	Add lines 6 and 7		
9	Nonrefundable credits		
10	Subtract line 9 from line 8		
11	Self employment income: _____ x .9235		
12	Other taxes including, if applicable, additional medicare tax and / or NIIT		
13a	Total. Add lines 10 through 12		
b	Refundable credits such as EIC, additional child tax credit and Form 4136 credits		
c	Total. Subtract line 13b from line 13a		
14a	90% of line 13. (66 2/3% for farmers and fishermen: <input type="checkbox"/>)		
b	100% of your 2014 income tax (110% <input checked="" type="checkbox"/> if the 2014 adjusted gross income is greater than \$150,000; \$75,000 if married filing separately)	25,326.	
c	Smaller of lines 14a or 14b		
15	Income tax withheld and estimated to be withheld		
16	Balance. Subtract line 15 from line 14c		
Note: If this is less than \$1,000, you are not required to make estimated payments. Estimate desired, if different from required			25,000.
Amount of vouchers below			25,000.

Current year overpayment: _____

Credit: ☐ All (Check here ☐ for equal division)
☐ 1st installment only

Amount applied to 2015 tax: _____

	04/15/2015	06/15/2015	09/15/2015	01/15/2016
Payment due				
Amount	6,250.	6,250.	6,250.	6,250.
Overpayment				
Balance	6,250.	6,250.	6,250.	6,250.
Date paid				
Amount paid				

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VOUCHER 1 DUE 04/15/2015

BCA

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-ES (2015)

Department of the Treasury
Internal Revenue Service

2015

Form 1040-ES Estimated Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

553-39-5912

573-41-5200

Enter the amount
of your payment ▶

Dollars

6,250.

1045

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES

CA 90077-2320

PO BOX 510000
SAN FRANCISCO 94151-5100

553395912 TR RUNC 30 0 201512 430

VOUCHER 2 DUE 06/15/2015

BCA ▼ Detach Here and Mail With Your Payment and Return ▼ Form 1040-ES(2015)

Department of the Treasury
Internal Revenue Service

2015

Form 1040-ES Estimated Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

553-39-5912

573-41-5200

Enter the amount
of your payment ►

Dollars

6,250.

1045

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES

CA 90077-2320

PO BOX 510000
SAN FRANCISCO 94151-5100

553395912 TR RUNC 30 0 201512 430

VOUCHER 3 DUE 09/15/2015

BCA ▼ Detach Here and Mail With Your Payment and Return ▼ Form 1040-ES(2015)

Department of the Treasury
Internal Revenue Service

2015

Form 1040-ES Estimated Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

553-39-5912

573-41-5200

Enter the amount
of your payment ►

Dollars

6,250.

1045

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES

CA 90077-2320

PO BOX 510000
SAN FRANCISCO 94151-5100

553395912 TR RUNC 30 0 201512 430

VOUCHER 4 DUE 01/15/2016

BCA ▼ Detach Here and Mail With Your Payment and Return ▼ Form 1040-ES(2015)

Department of the Treasury
Internal Revenue Service

2015

Form 1040-ES Estimated Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

553-39-5912

573-41-5200

Enter the amount
of your payment ►

Dollars

6,250.

1045

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES

CA 90077-2320

PO BOX 510000
SAN FRANCISCO 94151-5100

553395912 TR RUNC 30 0 201512 430

2014 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2014 Form 1040, Form 1040A, or Form 1040EZ.

TIP

You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to **"United States Treasury."** Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2014 Form 1040," "2014 Form 1040A," or "2014 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX-" or "\$ XXX xx/100").

How To Send In Your 2014 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2014 tax return, payment, and Form 1040-V to the address shown on page 2 that applies to you.

BCA Form **1040-V** (2014)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2014

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

553-39-5912

573-41-5200

Amount you are paying
by check or money order ▶

Dollars

18,282.

1045

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

PO BOX 7704
SAN FRANCISCO CA 94120-7704

553395912 TR RUNC 30 0 201412 610

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

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2014Attachment
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				
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

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				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	2614.	2684.		-70.
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 -70.

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

Schedule D (Form 1040) 2014

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(70.)
<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 type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank?		
<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). Do not complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not 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 <input type="text"/> • (\$3,000), or if married filing separately, (\$1,500) <input type="text"/> 	21	(70.)
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 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).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

US Schedule D

Schedule D Tax Worksheet

2014

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet		125,381.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	340.	
3	Line 4g of Form 4952		
4	Line 4e of Form 4952		
5	Subtract line 4 from line 3		
6	Subtract line 5 from line 2. If -0- or less, enter -0-	340.	
7	Smaller of line 15 or line 16 of Schedule D		
8	Smaller of line 3 or line 4		
9	Subtract line 8 from line 7. If -0- or less, enter -0-		
10	Add lines 6 and 9	340.	
11	Add lines 18 and 19 of Schedule D		
12	Smaller of line 9 or line 11		
13	Subtract line 12 from line 10. If -0- or less, -0-		340.
14	Subtract line 13 from line 1. If -0- or less, -0-		125,041.
15	Smaller of line 1 or \$73,800 if married filing jointly or qualifying widow(er); \$36,900, if single or married filing separately; \$49,400 if head of household	73,800.	
16	Smaller of line 1 or line 15	73,800.	
17	Smaller of line 14 or line 16	73,800.	
18	Subtract line 10 from line 1. If -0- or less, -0-	125,041.	
19	Larger of line 17 or line 18	125,041.	
20	Subtract line 17 from line 16. This line is taxed at 0%		

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.
Otherwise, go to line 21.

21	Smaller of line 1 or line 13	340.	
22	Amount from line 20		
23	Subtract line 22 from line 21	340.	
24	\$406,750 if single; \$228,800 if married filing separately; \$457,600 if married filing jointly or qualifying widow(er); or \$432,200 if head of household	457,600.	
25	Smaller of line 1 or line 24	125,381.	
26	Add lines 19 and 20	125,041.	
27	Subtract line 26 from line 25	340.	
28	Smaller of line 23 or line 27	340.	
29	Multiply line 28 by 15%		51.
30	Add lines 22 and 28	340.	

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.
Otherwise, go to line 31.

31	Subtract line 30 from line 21		
32	Multiply line 31 by 20%		

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19		
34	Add lines 10 and 19		
35	Amount from line 1		
36	Subtract line 35 from line 34. If -0- or less, -0-		
37	Subtract line 36 from line 33. If -0- or less, -0-		
38	Multiply line 37 by 25%		

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.
Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37		
40	Subtract line 39 from line 1		
41	Multiply line 40 by 28%		
42	Tax on line 19 amount		22,973.
43	Add lines 29, 32, 38, 41, and 42		23,024.
44	Tax on line 1 amount		23,058.
45	Tax on all taxable income. Smaller of lines 43 or 44		23,024.

**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.**

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file all 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	4416 KATHERINE AVE SHERMAN OAKS CA 91423					
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		
B	1	B		365		
C	2	C		365		

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		65,950.		31,949.		139,621.	
4	Royalties received	4							
Expenses:									
5	Advertising	5							
6	Auto and travel (see instructions)	6						665.	
7	Cleaning and maintenance	7		1,200.		1,200.		8,230.	
8	Commissions	8							
9	Insurance	9		717.		796.		3,316.	
10	Legal and other professional fees	10						1,100.	
11	Management fees	11						5,363.	
12	Mortgage interest paid to banks, etc.(see instructions)	12		3,151.		33,349.		33,388.	
13	Other interest	13							
14	Repairs	14		5,120.				8,722.	
15	Supplies	15						3,635.	
16	Taxes	16		5,101.		7,568.		18,364.	
17	Utilities	17						13,026.	
18	Depreciation expense or depletion	18		6,900.		11,479.		22,023.	
19	Other (list) ▶ SEE STMT	19						1,199.	
20	Total expenses. Add lines 5 through 19	20		22,189.		54,392.		119,031.	
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		43,761.		(22,443.)		20,590.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		()		(22,443.)		()	
23a	Total of all amounts reported on line 3 for all rental properties	23a				688,899.			
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				208,522.			
d	Total of all amounts reported on line 18 for all properties	23d				99,238.			
e	Total of all amounts reported on line 20 for all properties	23e				661,521.			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24						100,174.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25						(72,796.)	
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						27,378.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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? ☐ Yes ☒ No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(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		26-0429153	
B	MD LIVE OAK PROPERTIES LLC	P		26-0429153	
C					
D					

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	61,342.			
B	61,342.			
C				
D				
29a Totals	122,684.			
b Totals				
30 Add columns (g) and (j) of line 29a				122,684.
31 Add columns (f), (h), and (i) of line 29b				()
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				122,684.

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		
36 Add columns (c) and (e) of line 34b		()
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		

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

38	(a) Name	(b) Employer identification no.	(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					

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	150,062.
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	27,378.

2014 K-1 DETAIL REPORT

Entity	P/S	Current Gain/ Loss	Loss Carry Forward	Allowed Gain/ Loss	Short		Sect.	Sect. 1231 Gain	Rental Carryover Sch E	Passive Carryover Sch E	PTP Carryover Sch E
					Term Capital	Term Gains					
MD LIVE OAK PRO P		61342		61342							
MD LIVE OAK PRO P		61342		61342							
		122684		122684							

**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.**

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No
B If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, Zip code)					
A	12029 CLOVER AVE LOS ANGELES CA 90066					
B	2408 OCEAN PARK SANTA MONICA CA 90405-					
C	14133 CALVERT STREET VAN NUYS CA 91411-					
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				
B	2	B		365		
C	2	C		365		

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		147,533.	171,567.
4 Royalties received	4			
Expenses:				
5 Advertising	5		503.	183.
6 Auto and travel (see instructions)	6		691.	
7 Cleaning and maintenance	7	6,461.	8,683.	13,401.
8 Commissions	8			
9 Insurance	9	737.	5,143.	3,316.
10 Legal and other professional fees	10		2,306.	641.
11 Management fees	11			7,275.
12 Mortgage interest paid to banks, etc.(see instructions)	12		45,603.	48,553.
13 Other interest	13			
14 Repairs	14	6,669.	25,638.	10,234.
15 Supplies	15	4,474.	569.	
16 Taxes	16	1,985.	9,413.	28,747.
17 Utilities	17	437.	16,942.	25,481.
18 Depreciation expense or depletion	18	7,932.		27,270.
19 Other (list) ▶SEE STMT	19		2,685.	
20 Total expenses. Add lines 5 through 19	20	28,695.	118,176.	165,101.
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	(28,695.)	29,357.	6,466.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(28,695.)	()	()
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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

**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.

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**B** If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, Zip code)**A** 8932/8938 COLUMBUS AVE NORTH HILLS CA 91343-**B****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	2	A	365		
B		B			
C		C			

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	132,279.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	178.		
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	7,110.		
8 Commissions	8			
9 Insurance	9	5,083.		
10 Legal and other professional fees	10	4,346.		
11 Management fees	11	9,725.		
12 Mortgage interest paid to banks, etc.(see instructions)	12	44,478.		
13 Other interest	13			
14 Repairs	14	25,554.		
15 Supplies	15	1,021.		
16 Taxes	16	21,327.		
17 Utilities	17	11,481.		
18 Depreciation expense or depletion	18	23,634.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	153,937.		
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	(21,658.)		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(21,658.)	()	()
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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

US

Estimated Tax Payments Made for the Current Tax Year

2014

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2014 payment	Towards 06/15/2014 payment	Towards 09/15/2014 payment	Towards 01/15/2015 payment
From last year						
D 04/15 1						
U 06/15 2						
E 09/15 3						
01/15 4						
* Pay date	04/15/2015	12,925.	3,231.	3,231.	3,232.	3,231.
Totals		12,925.	3,231.	3,231.	3,232.	3,231.

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2015.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2014 Amount 1	06/15/2014 Amount 2	09/15/2014 Amount 3	01/15/2015 Amount 4	*	Total
CA							
GA							
CA	State and/or local balance due from previous years' returns paid in 2014. Include amounts paid with a 2013 extension paid in 2014						1,888.
	State and/or local balance due from previous years' returns paid in 2014. Include amounts paid with a 2013 extension paid in 2014						
CA	Last state estimate payment for 2013 paid in 2014 (due January 15, 2014).....						
	Last state estimate payment for 2013 paid in 2014 (due January 15, 2014).....						

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment

State	Credit from last year	04/15/2014 Amount 1	06/15/2014 Amount 2	09/15/2014 Amount 3	01/15/2015 Amount 4	*	Total
GA							

Form

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

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

RENTAL REALESTATE

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	500,000.
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	2,000,000.
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	
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 2013 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not 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 (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	39,898.
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		

Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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	03/2014	17,515.	27.5 yrs.	MM	S/L	504.
i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2014 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	40,402.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

Form

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

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

SCH E 2ND SCHEDULE

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	500,000.
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	2,000,000.
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	
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 2013 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not 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 (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	33,095.
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		

Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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	03/2014	73,201.	27.5 yrs.	MM	S/L	2,107.
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2014 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	35,202.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

Form

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

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

REAL ESTATE RENTAL

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	500,000.
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	2,000,000.
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	
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 2013 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not 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 (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	23,634.
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		

Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

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

Section C-Assets Placed in Service During 2014 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	23,634.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

2014 ASSET DETAIL REPORT

Description	Date	Acqd	Cost	Bus. Use	Spec.	179+	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Form: REAL ESTATE RENTAL**Rental Property: (A) 2 8932/8938 COLUMBUS****Depreciation Class: Real property residential rental****In Service Year: 2013**

8932/8938 CO 10/13 1620000 100 650000 MACRS 27.5 MM 4927 23634 23634 23634 4927 23634

Form Totals: 1620000 650000 4927 23634 23634 23634

Form: RENTAL REAL ESTATE**Rental Property: (A) 1 3106 INGLEWOOD BLVD****Depreciation Class: Real property residential rental****In Service Year: 1992**

3106 INGLEWO 10/92 260000 100 169000 SL 27.5 MM 128800 6147 6145 124958 4225

In Service Year: 2011

3106 INGLEWO 02/11 20710 100 20710 SL 27.5 MM 2165 753 753 2165 753

Rental Property: (B) 1 4416 KATHERINE AVE**Depreciation Class: Real property residential rental****In Service Year: 2009**

4416 KATHERI 01/09 315700 100 315700 MACRS 27.5 MM 56918 11479 11479 56918 11479

Rental Property: (C) 2 14523 TUPPER STREET**Depreciation Class: Leasehold improvements residential****In Service Year: 2012**

14523 TUPPER 03/12 1020413 100 591840 MACRS 27.5 MM 38558 21519 21519 38558 21519

Depreciation Class: Real property residential rental**In Service Year: 2014**

TUPPER STREE 03/14 17515 100 17515 MACRS 27.5 MM 504 504 504 504 504

Form Totals: 1634338 1114765 226441 40402 40533 222599 38480

Description	Date	Acqd	Cost	Bus. 179+	Use	Spec.	Basis	Method	Rec.	Per.	Cv	Prior	Current	Next	Prior	Current	Gain/ Price	Sales	Date
												Depr.	Depr.	Year	AMT	AMT	Price	Price	Sold
Form: SCH E 2ND SCHEDULE																			
Rental Property: (A) 1 12029 CLOVER AVE																			
Depreciation Class: Real property residential rental																			
In Service Year: 2013																			
12029 CLOVER	09/13	160214	100				160214	SL	27.5	MM		1871	5825	5825	1871	5825			
In Service Year: 2014																			
IMPROVEMENTS	03/14	73201	100				73201	MACRS	27.5	MM			2107	2662		2107			
Rental Property: (B) 2 2408 OCEAN PARK																			
Depreciation Class: Real property residential rental																			
In Service Year: 1985																			
2408 OCEN PA	02/85	425000	100				297500	MACRS	27.5	MM									
Rental Property: (C) 2 14133 CALVERT STREE																			
Depreciation Class: Real property residential rental																			
In Service Year: 2013																			
14133 CALVER	04/13	1557270	100				750000	MACRS	27.5	MM		19320	27270	27270	19320	27270			
Form Totals:																			
			2215685				1280915					21191	35202	35757	21191	35202			

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

AKSHAI K & CHANCHAL RUNCHAL

Social security number or taxpayer identification number

553-39-5912

Before you checked Box D, E, or F below, see whether you received any Form(s) 1099-B substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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 are not 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 was **not** 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 <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	GOLDMAN SACHS	09/16/2009	08/21/2014	2614.	2684.			-70.
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) ▶			2614.	2684.			-70.

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.

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2014**Submission Identification**

Number (SID)

00962607

4

Taxpayer's name

AKSHAI K RUNCHAL

Social security number

553-39-5912

Spouse's name

CHANCHAL RUNCHAL

Spouse's social security number

573-41-5200

Part I Tax Return Information-Tax Year Ending December 31, 2014 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	173,452.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	23,024.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	18,282.

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only
☒ I authorize J ARORA INC to enter or generate my PIN

ERO firm name

95912

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your signature ▶ _____ Date ▶ 06/24/2015**Spouse's PIN: check one box only**
☒ I authorize J ARORA INC to enter or generate my PIN

ERO firm name

15200

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2014 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Spouse's signature ▶ _____ Date ▶ 06/24/2015**Practitioner PIN Method Returns Only-continue below****Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

96260750346

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 06/24/2015**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2014)

US

Allocation of Income: Taxpayer/Spouse and/or Resident-Nonresident States

2014

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

	Federal and resident state: <u>CA</u>		Nonresident state: <u>GA</u>		Nonresident state: <u> </u>	
	Taxpayer/default	Spouse	Taxpayer or joint	Spouse	Taxpayer or joint	Spouse
Wages						
Other comp						
Disability						
4137/8919						
Household/Sship ..						
Interest	89.					
Dividends	340.					
State tax refund ..						
Alimony						
Schedule C, CEZ ..						
Schedule D	(70.)					
Capital gain dist....						
Form 4797						
IRA						
Pensions						
Schedule E	88,720.	61,342.	61,342.	61,342.		
Schedule F						
Unemployment						
SS received	27,095.					
SS taxable	23,031.					
Other						
Total income	112,110.	61,342.	61,342.	61,342.		
	Federal and resident state: <u>CA</u>		Nonresident state: <u>GA</u>		Nonresident state: <u> </u>	
	Taxpayer/default	Spouse	Taxpayer or joint	Spouse	Taxpayer or joint	Spouse
Educator exp						
Certain exp						
Health savings						
Moving						
SE tax deduction ..						
Keogh/SEP						
SE health						
Interest penalty ..						
Alimony paid						
IRA						
Student loan						
Tuition/fees						
Form 8903						
Medical savings ..						
Write-ins						
Total adjustments						
173,452. =	112,110.	+	61,342.	61,342.	61,342.	
Schedule C depr. adjustment						
Schedule E depr. adjustment						
Schedule F depr. adjustment						
4797 sales adjustment						

2014 California Resident Income Tax Return

540

APE

ATTACH FED RETURN

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

14

A
R
RP

1931 STRADELLA RD
 LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

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 <input type="checkbox"/>																		
6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. <input type="checkbox"/>																			
Exemptions	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 . . .	<input type="checkbox"/> 7	<input type="text" value="2"/> X \$108 = <input type="checkbox"/> \$ <input type="text" value="216"/>															
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	<input type="checkbox"/> 8	<input type="text"/> X \$108 = <input type="checkbox"/> \$ <input type="text"/>															
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	<input type="checkbox"/> 9	<input type="text" value="1"/> X \$108 = <input type="checkbox"/> \$ <input type="text" value="108"/>															
	10	Dependents: Do not include yourself or your spouse/RDP.																	
	<table border="0"> <thead> <tr> <th>First name</th> <th>Last name</th> <th>Dependent's relationship to you</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				First name	Last name	Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First name	Last name	Dependent's relationship to you																
	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Total dependent exemptions. <input type="checkbox"/> 10 <input type="text"/> X \$333 = <input type="checkbox"/> \$ <input type="text"/>																			
11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32			<input type="checkbox"/> 11 \$ <input type="text" value="324"/>															

Your name:

AKSHAI K & CHANCHAL

Your SSN or ITIN:

553-39-5912

Taxable Income	12	State wages from your Form(s) W-2, box 16.	12		00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	13	173,452	00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	14	23,031	00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	150,421	00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	16		00
	17	California adjusted gross income. Combine line 15 and line 16	17	150,421	00
	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: <input type="checkbox"/> Single or Married/RDP filing separately \$3,992 <input type="checkbox"/> Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$7,984 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	38,283	00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19	112,138	00

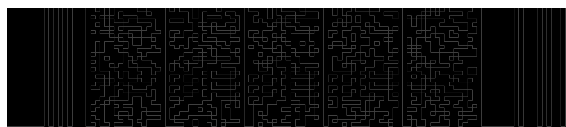
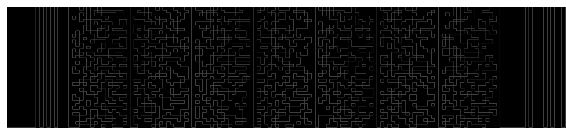
Tax	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	5,447	00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$176,413, see instructions	32	324	00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	33	5,123	00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	34		00
	35	Add line 33 and line 34	35	5,123	00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40		00
	43	Enter credit name <input type="text"/> code <input type="text"/> and amount	43		00
	44	Enter credit name <input type="text"/> code <input type="text"/> and amount	44		00
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		00
	46	Nonrefundable renter's credit. See instructions	46		00
	47	Add line 40 and line 43 through line 46. These are your total credits	47		00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	5,123	00



Your name: **AKSHAI K & CHANCHAL RUNC** Your SSN or ITIN: **553-39-5912**

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	61		.00
	62	Mental Health Services Tax. See instructions.	62		.00
	63	Other taxes and credit recapture. See instructions.	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	5,123	.00
Payments	71	California income tax withheld. See instructions	71		.00
	72	2014 CA estimated tax and other payments. See instructions	72	1,500	.00
	73	Real estate and other withholding. See instructions	73		.00
	74	Excess SDI (or VPD) withheld. See instructions	74		.00
	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions	75	1,500	.00
Overpaid Tax Tax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75	91		.00
	92	Amount of line 91 you want applied to your 2015 estimated tax	92		.00
	93	Overpaid tax available this year. Subtract line 92 from line 91	93		.00
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64	94	3,623	.00





Your name: AKSHAI K & CHANCHAL RUNC

Your SSN or ITIN: 553-39-5912

Use Tax

95 Use Tax. **This is not a total line.** See instructions 95 . 00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	. 00
Alzheimer's Disease/Related Disorders Fund	401	. 00
Rare and Endangered Species Preservation Program	403	. 00
California Breast Cancer Research Fund	405	. 00
California Firefighters' Memorial Fund	406	. 00
Emergency Food for Families Fund	407	. 00
California Peace Officer Memorial Foundation Fund	408	. 00
California Sea Otter Fund	410	. 00
California Cancer Research Fund	413	. 00
Child Victims of Human Trafficking Fund	419	. 00
School Supplies for Homeless Children Fund	422	. 00
State Parks Protection Fund/Parks Pass Purchase	423	. 00
Protect Our Coast and Oceans Fund	424	. 00
Keep Arts in Schools Fund	425	. 00
American Red Cross, California Chapters Fund	426	. 00
California Senior Legislature Fund	427	. 00
Habitat for Humanity Fund	428	. 00
California Sexual Violence Victim Services Fund	429	. 00
110 Add code 400 through code 429. This is your total contribution	110	. 00



Your name:

AKSHAI K & CHANCHAL RUNC

Your SSN or ITIN:

553-39-5912

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001** **111**

3,623.00

Pay online – Go to **ftb.ca.gov** for more information.**112** Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax. Check the box:

FTB 5805 attached



FTB 5805F attached

113

21.00

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

3,644.00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001** **115**

.00

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:

<input type="checkbox"/> Routing number	<input type="checkbox"/> Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Account number	116 Direct deposit amount
<input type="checkbox"/> Savings				.00

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

<input type="checkbox"/> Routing number	<input type="checkbox"/> Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Account number	117 Direct deposit amount
<input type="checkbox"/> Savings				.00

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

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

X

Date

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

X

Sign Here

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

Joint tax return? (See instructions.)

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

310-471-5013

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

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

☐ PTIN

J ARORA INC

P00186900

Firm's address

☐ FEIN17037 CHATSWORTH ST SUITE 202
GRANADA HILLS CA 91344-5882

32-0225393

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

Print Third Party Designee's Name

Telephone Number

JAGJIT ARORA

818-923-5038

TAXABLE YEAR

FORM

2014 California e-file Signature Authorization for Individuals**8879**

00962607 4

Your name

AKSHAI K RUNCHAL

Your SSN or ITIN

553-39-5912

Spouse's/RDP's name

CHANCHAL RUNCHAL

Spouse's/RDP's SSN or ITIN

573-41-5200

Part I Tax Return Information Tax Return Information

- 1** California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) **1** 150,421.
- 2** Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121) **2** 3,623.
- 3** Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125) **3** _____

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize J ARORA INC to enter my PIN 95912
ERO firm name **Do not enter all zeros**
 as my signature on my 2014 e-filed California individual income tax return.

- ☐ I will enter my PIN as my signature on my 2014 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 06/24/2015

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

- ☒ I authorize J ARORA INC to enter my PIN 15200
ERO firm name **Do not enter all zeros**
 as my signature on my 2014 e-filed California individual income tax return.

- ☐ I will enter my PIN as my signature on my 2014 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► 06/24/2015

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 96260750346
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2014 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► 06/24/2015

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.

If amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2014 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

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

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

WHEN TO FILE:

Calendar Year - File and pay by April 15, 2015.

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

ONLINE SERVICES:

Use Web Pay and enjoy the ease of our free online payment service.

Go to **ftb.ca.gov** for more information.

Do not mail this voucher if you use Web Pay.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

DETACH HERE

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

TAXABLE YEAR

2014

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

CALIFORNIA FORM

3582 (e-file)

553-39-5912 RUNC 573-41-5200

14

AKSHAI K RUNCHAL

CHANCHAL RUNCHAL

1931 STRADELLA RD

LOS ANGELES CA 90077-2320

Amount of payment

3644.

2014 California Adjustments - Residents

CA (540)

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

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

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		
8 Taxable interest (b) _____	8 (a) 89.		
9 Ordinary dividends. See instructions. (b) 340.	9 (a) 340.		
10 Taxable refunds, credits, offsets of state and local income taxes	10		
11 Alimony received	11		
12 Business income or (loss)	12		
13 Capital gain or (loss). See instructions	13 -70.		
14 Other gains or (losses)	14		
15 IRA distributions. See instructions. (a) _____	15 (b)		
16 Pensions and annuities. See instructions. (a) _____	16 (b)		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17 150,062.		
18 Farm income or (loss)	18		
19 Unemployment compensation	19		
20 Social security benefits (a) 27,095.	20 (b) 23,031.	23,031.	
21 Other income.			
a California lottery winnings		a	
b Disaster loss carryover from FTB 3805V		b	
c Federal NOL (Form 1040, line 21)		c	
d NOL carryover from FTB 3805V		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e	
f Other (describe):		f	
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	22 173,452.	23,031.	•

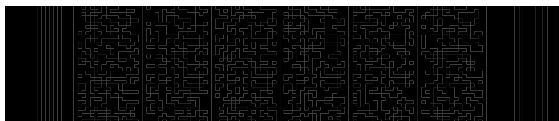
Section B - Adjustments to Income

23 Educator expenses	23		
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24		
25 Health savings account deduction	25		
26 Moving expenses	26		
27 Deductible part of self-employment tax	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 (b) Recipient's: SSN _____ paid. Last name _____	31a		
32 IRA deduction	32		
33 Student loan interest deduction	33		
34 Tuition and fees	34		
35 Domestic production activities deduction	35		
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	36		
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instr.	37 173,452.	23,031.	

**Part II Adjustments to Federal Itemized Deductions**

553-39-5912

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	<input type="text" value="40,171."/>
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	<input type="text" value="1,888."/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text" value="38,283."/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text" value="38,283."/>
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		\$176,413
	Head of household		\$264,623
	Married/RDP filing jointly or qualifying widow(er)		\$352,830
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	<input type="text" value="38,283."/>
44 Enter the larger of the amount on line 43 or your standard deduction listed below			
	Single or married/RDP filing separately. See instructions		\$3,992
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,984
Transfer the amount on line 44 to Form 540, line 18			
		<input checked="" type="radio"/> 44	<input type="text" value="38,283."/>



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

CALIFORNIA AMOUNTS

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**B** If "Yes," did you or will you file all 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	4416 KATHERINE AVE SHERMAN OAKS CA 91423					
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		
B	1	B		365		
C	2	C		365		

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		65,950.		31,949.		139,621.	
4	Royalties received	4							
Expenses:									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7							
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc.(see instructions)	12							
13	Other interest	13							
14	Repairs	14							
15	Supplies	15							
16	Taxes	16							
17	Utilities	17							
18	Depreciation expense or depletion	18		6,900.		11,479.		22,023.	
19	Other (list) ▶	19						1,199.	
20	Total expenses. Add lines 5 through 19	20		22,189.		54,392.		119,031.	
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		43,761.		(22,443.)		20,590.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		()		(22,443.)		()	
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						100,174.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25						(72,796.)	
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						27,378.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

CALIFORNIA AMOUNTS

Schedule E (Form 1040) 2014

Attachment Sequence No. **13**

Page **2**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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? ☐ Yes ☒ No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(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		26-0429153	
B	MD LIVE OAK PROPERTIES LLC	P		26-0429153	
C					
D					

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	61,342.			
B	61,342.			
C				
D				
29a Totals	122,684.			
b Totals				
30	Add columns (g) and (j) of line 29a			122,684.
31	Add columns (f), (h), and (i) of line 29b			()
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			122,684.

Part III Income or Loss From Estates and Trusts

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

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

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

38	(a) Name	(b) Employer identification no.	(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				

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	150,062.
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	

CA K-1

Partner's and Shareholder's K-1 Worksheet

2014

Name of partnership or S corporation:

MD LIVE OAK PROPERTIES LLC

FEIN: 26-0429153

CA ID No:

*All at risk

Yes ☐ No ☐

Amount from Federal Form 6198

Nondeductible loss due to at-risk limitation.

Lines 1 and 4

Line 2

Line 3

Line 10

Line 12

Public Traded Partnership (PTP)

Check if this K-1 is from a PTP

Check if this activity was sold this year

PTP carryover from last year from: Schedule E: Form 4797:

PTP carryforward to next year to: Schedule E: Form 4797:

Passive Activity Information

Check if line 1, ordinary income, is a passive activity to this partner or shareholder

Check if line 2, income from rental real estate, has active participation by this partner or shareholder.

Check if there is an amount on line 10(9) and it pertains to active participation rental real estate:
or a passive activity:

Check if 100% of the interest of this activity was sold in this tax year

Enter net gain or loss on sale Rental: Passive:

Overall gain or loss on sale Rental: Passive:

AMT overall gain or loss on sale Rental: Passive:

	Active Rental		Passive			
Carryover		Form 4797		Form 4797		
Carryforward		Form 4797		Form 4797		

P	S	Type	Federal amount	California adjustment	Total amount using CA law	California Source
1	1	Ordinary business income or loss				
2	2	Net rental real estate income or loss	61,342.		61,342.	
3	3	Other net rental income or loss				
4		Guaranteed payments to partners				
5	4	Interest income				
6	5	Dividends				
7	6	Royalties				
8	7	Net short term capital gain or loss				
9	8	Net long term capital gain or loss				
10	9	Net Section 1231 gain or loss				
11a	10a	Other portfolio income or loss				
12	11	Expense deduction for recovery property				
13a	12a	Charitable contributions				
b	b	Investment interest expense				
d	d	Deductions - portfolio income				
e	e	Other deductions				
15b	13a	Low-income housing credit				
c	b	Credits related to rental real estate activities other than above				
d	c	Credits related to other rental activities				
f	d	Other credits				
g	e	New jobs credit				
17a	15a	Depreciation adjustment on property placed in service after 1986			See Passive Activity Worksheet	
b	b	Adjusted gain or loss				
f	e	Accelerated depreciation pre-1987				

Passive Activity Worksheet

Split the Federal amount from your California K-1 between the categories listed here.		Ordinary nonpassive	Active rental	Passive activities
a	Depreciation adjustment post-86			
b	Adjusted gain or loss			
e	Accelerated depreciation, pre-87			
	Prior year AMT unallowed loss			
	AMT carryforward to 2014			

CA K-1

Partner's and Shareholder's K-1 Worksheet

2014

Name of partnership or S corporation:

MD LIVE OAK PROPERTIES LLC

FEIN: 26-0429153

CA ID No:

*All at risk

Yes ☐ No ☐

Amount from Federal Form 6198

Nondeductible loss due to at-risk limitation.

Lines 1 and 4

Line 2

Line 3

Line 10

Line 12

Public Traded Partnership (PTP)

Check if this K-1 is from a PTP

Check if this activity was sold this year

PTP carryover from last year from: Schedule E: Form 4797:

PTP carryforward to next year to: Schedule E: Form 4797:

Passive Activity Information

Check if line 1, ordinary income, is a passive activity to this partner or shareholder

Check if line 2, income from rental real estate, has active participation by this partner or shareholder.

Check if there is an amount on line 10(9) and it pertains to active participation rental real estate:

or a passive activity:

Check if 100% of the interest of this activity was sold in this tax year

Enter net gain or loss on sale Rental: Passive:

Overall gain or loss on sale Rental: Passive:

AMT overall gain or loss on sale Rental: Passive:

	Active Rental		Passive			
Carryover		Form 4797		Form 4797		
Carryforward		Form 4797		Form 4797		

P	S	Type	Federal amount	California adjustment	Total amount using CA law	California Source
1	1	Ordinary business income or loss				
2	2	Net rental real estate income or loss	61,342.		61,342.	
3	3	Other net rental income or loss				
4		Guaranteed payments to partners				
5	4	Interest income				
6	5	Dividends				
7	6	Royalties				
8	7	Net short term capital gain or loss				
9	8	Net long term capital gain or loss				
10	9	Net Section 1231 gain or loss				
11a	10a	Other portfolio income or loss				
12	11	Expense deduction for recovery property				
13a	12a	Charitable contributions				
b	b	Investment interest expense				
d	d	Deductions - portfolio income				
e	e	Other deductions				
15b	13a	Low-income housing credit				
c	b	Credits related to rental real estate activities other than above				
d	c	Credits related to other rental activities				
f	d	Other credits				
g	e	New jobs credit				
17a	15a	Depreciation adjustment on property placed in service after 1986			See Passive Activity Worksheet	
b	b	Adjusted gain or loss				
f	e	Accelerated depreciation pre-1987				

Passive Activity Worksheet

Split the Federal amount from your California K-1 between the categories listed here.		Ordinary nonpassive	Active rental	Passive activities
a	Depreciation adjustment post-86			
b	Adjusted gain or loss			
e	Accelerated depreciation, pre-87			
	Prior year AMT unallowed loss			
	AMT carryforward to 2014			

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

CALIFORNIA AMOUNTS

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**B** If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, Zip code)**A** 12029 CLOVER AVE LOS ANGELES CA 90066**B** 2408 OCEAN PARK SANTA MONICA CA 90405-**C** 14133 CALVERT STREET VAN NUYS CA 91411-

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			
B	2	B	365		
C	2	C	365		

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		147,533.	171,567.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc.(see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	7,932.		27,270.
19 Other (list) ▶	19		2,685.	
20 Total expenses. Add lines 5 through 19	20	28,695.	118,176.	165,101.
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	(28,695.)	29,357.	6,466.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(28,695.)	()	()
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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

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

CALIFORNIA AMOUNTS

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2014Attachment
Sequence No. **13**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security no.

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 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**B** If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, Zip code)**A** 8932/8938 COLUMBUS AVE NORTH HILLS CA 91343-**B****C**

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	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.	365		<input type="checkbox"/>
B					<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	132,279.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc.(see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	23,634.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	153,937.		
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	(21,658.)		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(21,658.)	()	()
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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

2014 Passive Activity Loss Limitations**3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN, ITIN, FEIN, or CA. corporation no.

553-39-5912

Part I 2014 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Worksheet 1, column (a)	1a	100,174	00	
1b Activities with net loss from Worksheet 1, column (b)	1b	(72,796)	00	
1c Prior year unallowed losses from Worksheet 1, column (c)	1c	()	00	
1d Combine line 1a, line 1b, and line 1c	1d			27,37800

All Other Passive Activities

2a Activities with net income from Worksheet 2, column (a)	2a	122,684	00	
2b Activities with net loss from Worksheet 2, column (b)	2b	()	00	
2c Prior year unallowed losses from Worksheet 2, column (c)	2c	()	00	
2d Combine line 2a, line 2b, and line 2c	2d			122,68400
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions	3			150,06200

Part II Special Allowance for Rental Real Estate with Active Participation

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

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

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10			222,85800
11 Total losses allowed from all passive activities for 2014. Add line 9 and line 10	11			72,79600

See the instructions on Page 2 to find out how to report the losses on your tax return.

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

2015 Estimated Tax Worksheet

Anticipated filing status for 2015

- ☐ Single
 ☐ Married/RDP filing separately
☐ Head of household
 ☐ Married/RDP filing joint or qualifying widow(er)

1	Residents: Enter your estimated 2014 California AGI. Nonresidents and part-year residents: Enter your estimated 2015 total AGI from all sources		
2 a	If you plan to itemize deductions, enter the estimated total of your itemized deductions		
b	Standard deduction		
c	Amount from line 2a or line 2b, whichever applies		
3	Subtract line 2c from line 1		
4	Tax. Enter amount of tax from Form FTB 3800 or FTB 3803 here		
5	Residents: Skip to line 6. Nonresidents and part-year residents:		
a	Estimated 2015 California taxable income		
b	California tax rate		
c	Multiply the amount on line 5a by the California tax rate on line 5b		
6 a	Enter the estimated exemption credit amount		
b	Nonresidents and part-year residents - California credit proration percentage		
7	Nonresidents - California prorated exemption credits		
8	Residents - subtract line 6 from line 4. Nonresidents or part-year residents, subtract line 7 from line 5c		
9	Tax on accumulation distribution of trusts		
10	Add line 8 and line 9		
11	Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses		
12	Subtract line 11 from line 10		
13	Other credits (such as other state tax credit)		
14	Subtract line 13 from line 12		
15	Interest on deferred tax from certain installment obligations under IRC sections 453 or 453A		
16	Alternative minimum tax		
17	Mental Health Services Tax		
18	2015 estimated tax		
19 a	Multiply line 18 by 90%. Check if farmer or fisherman: <input type="checkbox"/>		
b	100% of the tax shown on your 2014 return	5,123.	
c	Adjusted gross income from your California return		150,421.
d	If the amount on line 19c is more than \$150,000 (\$75,000 married/RDP filing a separate return), go to line 19e. Otherwise, lesser of line 19a or line 19b		
e	Multiply 110% by the tax shown on your 2014 return		5,635.
f	Lesser of line 19a or line 19e		
20	California income tax withheld and estimated to be withheld during 2015		
21	Estimated tax. (Check here <input type="checkbox"/> to use 2014 tax listed on line 19b or 19e)		5,600.
	Estimate desired, if different from required	5,600.	

If your estimated tax is less than \$200 or \$100 if married/RDP filing separately, no estimates are due.

Current year overpayment: _____

 Credit: ☐ All (Check here ☐ for equal division)
☐ 1st installment only

Amount applied to 2015 tax: _____

	04/15/2015	06/16/2015	09/15/2015	01/15/2016
Payment due	1,680.	2,240.		1,680.
Amount				
Overpayment				
Balance	1,680.	2,240.		1,680.
Date paid				
Amount paid				

Form at bottom of page.

Payment Form 1 - File and Pay by April 15, 2015. **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 "2015 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** 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 15, 2015

TAXABLE YEAR

CALIFORNIA FORM

2015 Estimated Tax for Individuals

540-ES

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

15 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of payment 1680.

Form at bottom of page.

Payment Form 2 - File and Pay by June 15, 2015. **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 "2015 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** 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, 2015

TAXABLE YEAR

CALIFORNIA FORM

2015 Estimated Tax for Individuals

540-ES

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

15 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of payment 2240.

Form at bottom of page.

Payment Form 4 - File and Pay by Jan. 15, 2016. **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 "2015 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** 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 January 15, 2016

TAXABLE YEAR

CALIFORNIA FORM

2015 Estimated Tax for Individuals

540-ES

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

15 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of payment 1680.

2014

Underpayment of Estimated Tax by Individuals and Fiduciaries

5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions) less credits (including the withholding credit) but not including estimated tax payments for either 2013 or 2014 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2013 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2014 return or 100% of the tax shown on your 2013 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2014 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General Information E.

- 1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42. If you need additional space, attach a statement.
See General Information C 1 ☒ Yes ☐ No

- 2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42 2 ☒ Yes ☐ No

- 3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? 3 ☒ Yes ☐ No
☒ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83, or Form 541, line 29 and line 31.

4/15/14 ☒ \$; 6/15/14 ☒ \$; 9/15/14 ☒ \$; 1/15/15 ☒ \$

- 4 For estates and trusts: Was the date of death less than two years from the end of the taxable year?
See General Information E 4 ☒ Yes ☐ No

Part II Required Annual Payment. All filers must complete this part.

- 1 Current year tax. Enter your 2014 tax after credits. See instructions 1 .
- 2 Multiply line 1 by 90% (.90) 2 .
- 3 Withholding taxes. **Do not** include any estimated tax payments on this line. See instructions 3 .
- 4 Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here.
You do not owe the penalty. **Do not** file form FTB 5805 4 .
- 5 Enter the tax shown on your 2013 tax return. **See instructions.** (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2014, more than \$75,000).. 5 .
- 6 Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2) 6 .

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

- 7 Enter the amount, if any, from Part II, line 3 above 7 .
- 8 Enter the total amount, if any, of estimated tax payments you made 8 .
- 9 Add line 7 and line 8 9 .
- 10 **Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty.
Do not file form FTB 5805 10 .
- 11 Multiply line 10 by .02121370 11 .
- 12 • If the amount on line 10 was paid **on or after** 4/15/15, enter -0-.
• If the amount on line 10 was paid **before** 4/15/15, enter the result of the following computation:

Amount on		Number of days paid		
line 10	X	before 4/15/15	X	.00008

..... 12 .
- 13 **PENALTY.** Subtract line 12 from line 11. Enter the result here and on Form 540, line 113;
Long Form 540NR, line 123; or Form 541, line 42. Also, check the box for "FTB 5805." ► ☒ 13 .

Name: AKSHAI K & CHANCHAL RUNCHAL

SSN: 553-39-5912

Figure Your Underpayment

	(a) 04/15/2014	(b) 06/15/2014	(c) 09/15/2014	(d) 01/15/2015
Payment due dates				
1 Required installments	566.	529.		793.
2 Estimated tax paid and tax withheld				
3 Amount, if any, from line 9 of the previous column				
4 Add line 2 and line 3				
5 Add amounts on line 7 and line 8 of the previous column		566.	1,095.	1,095.
6 Subtract line 5 from line 4. If zero or less, enter zero				
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter zero		566.	1,095.	
8 Underpayment	566.	529.		793.
9 Overpayment				

Rates are: 04/15/2014 to 06/30/2014 - 4%, 07/01/13 to 12/31/13 - 3%, 01/01/2015 to 04/15/2015 - 4%

Figure the Penalty

	Date of payment	Amount of payment	Balance due after payment	Days at 4%	Days at 3%	Days at 4%	Penalty
First quarter							
Required payment			566.				
1st quarter payments	04/15/2014		566.				
2nd quarter payments	06/15/2014		566.				
3rd quarter payments	09/15/2014		566.				
4th quarter payments	01/15/2015		566.				
Paid with return	04/15/2015	566.		76	105		9.
Total penalty due for first quarter							9.
Second quarter							
Required payment			529.				
1st quarter payments	04/15/2014		529.				
2nd quarter payments	06/15/2014		529.				
3rd quarter payments	09/15/2014		529.				
4th quarter payments	01/15/2015		529.				
Paid with return	04/15/2015	529.		15	105		6.
Total penalty due for second quarter							6.
Third quarter							
Required payment							
1st quarter payments	04/15/2014						
2nd quarter payments	06/15/2014						
3rd quarter payments	09/15/2014						
4th quarter payments	01/15/2015						
Paid with return	04/15/2015						
Total penalty due for third quarter							
Fourth quarter							
Required payment			793.				
1st quarter payments	04/15/2014		793.				
2nd quarter payments	06/15/2014		793.				
3rd quarter payments	09/15/2014		793.				
4th quarter payments	01/15/2015		793.				
Paid with return	04/15/2015	793.			90		6.
Total penalty due for fourth quarter							6.
Penalty							21.

Form at bottom of page.

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

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2014 FTB 3519" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

WHEN TO FILE:

**Calendar Year - File and Pay by April 15, 2015.
Fiscal Year Filers - see instructions**

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

ONLINE SERVICES:

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

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

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

TAXABLE YEAR

2014

**Payment for Automatic
Extension for Individuals**

CALIFORNIA FORM

3519 (PIT)

553-39-5912 RUNC 573-41-5200 14
AKSHAI K RUNCHAL
CHANCHAL RUNCHAL

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

Amount of payment 1500.

US Schedule D										Capital Gain or Loss Transactions Worksheet										2014	
* Check if 28% rate gain or (loss)																					
(a) Description of property	1 0 9	T S J	*	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Code	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L										
GOLDMAN SACHS	E			09/16/2009	08/21/2014	2,614. 2,614.	2,684. 2,684.			(70.) (70.)	L										



Georgia Form 500 (Rev. 9/14)

Individual Income Tax Return
Georgia Department of Revenue

Fiscal Year Beginning 01-01-2014

2014 (Approved software version)

Fiscal Year Ending 12-31-2014

DEL ☒ EXT ☒

Page 1

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. AKSHAI K 553-39-5912

Special Program Code
See Tax Booklet on Page 9

LAST NAME SUFFIX
RUNCHAL

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
CHANCHAL 573-41-5200

LAST NAME SUFFIX
RUNCHAL

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
2. 1931 STRADELLA RD

DEPARTMENT USE ONLY

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. LOS ANGELES CA 90077-2320

500 UET Exception
Attached ☐

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ☒ 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) ☒ 5. B
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

7. Dependents (If you have more than 3 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

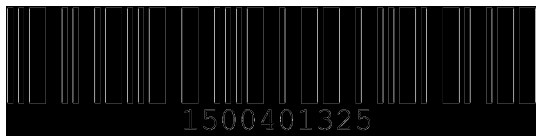
First Name, MI.

Last Name

Social Security Number

Relationship to You

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2014



Page 2

YOUR SOCIAL SECURITY NUMBER
553-39-5912

7a. Number of Dependents (DO NOT include yourself or your spouse) 7a.
7b. Add Lines 6c and 7a. Enter total 7b. 2

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 1040 EZ) 8. 173452
(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 Schedule 1 (See Tax Booklet on Page 11, Line 9) 9.

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

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.
(See Tax Booklet on Page 12 Line 11)

b. Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐

Total ☐ x 1,300= 11b.

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.

b. Less adjustments: (See Tax Booklet on Page 13, Line 12) 12b.

c. Georgia Total Itemized Deductions 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.

14a. Number on Line 6c. multiply by \$2,700 for filing status A or D
OR multiply by \$3,700 for filing status B or C 14a.

14b. Number on Line 7a. multiplied by \$3,000 14b.

14c. Add Lines 14a. and 14b. Enter total 14c.

15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) 15. 4033

16. Tax (Use Tax Table in the Tax Booklet on Pages 20-22) 16. 81

17. Credits from Schedule 2, Page 5, Line 12 of Form 500
(Enter total but not more than the amount on Line 16) 17.

18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero 18. 81

19. **Georgia Income Tax Withheld on Wages and 1099s** 19.
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)

20. **Other Georgia Income Tax Withheld** 20.
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2014



Page 3

YOUR SOCIAL SECURITY NUMBER
553-39-5912

21. Estimated tax for 2014 and Form IT-560 21.
22. Total prepayment credits (Add Lines 19, 20 and 21) 22.
23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE 23. 81
24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount 24.
25. Amount to be credited to 2015 ESTIMATED TAX 25.
26. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 26.
27. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 27.
28. Georgia Cancer Research Fund (No gift of less than \$1.00) 28.
29. Georgia Land Conservation Program (No gift of less than \$1.00) 29.
30. Georgia National Guard Foundation (No gift of less than \$1.00) 30.
31. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 31.
32. Saving the Cure Fund (No gift of less than \$1.00) 32.
33. FOR DEPARTMENT USE ONLY 33.
34. Form 500 UET (Estimated tax penalty) 34.
(If you owe) Add Lines 23, 26 thru 34
35. MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE 35. 81
36. (If you are due a refund) Subtract the sum of Lines 25 thru 34 from Line 24
THIS IS YOUR REFUND 36.

Select only one option - See booklet page 13.

- 36a. Direct Deposit (For U.S. Accounts Only) Type: Checking ☐ Savings ☐ Routing Number
- 36b. Debit Card ☐ Account Number

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit or Debit Card. If you do not select Direct Deposit or Debit Card, a paper check will be issued.

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN
Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Georgia Public Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expenses to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

PHONE NUMBER
310-471-5013

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

Do you want to authorize DOR to discuss this return with the named preparer. Yes ☒

NAME OF PREPARER OTHER THAN TAXPAYER
JAGJIT SINGH ARORA

JAGJIT SINGH ARORA

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

☐ I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

32-0225393

P00186900

818-923-5038

TAXPAYER'S EMAIL ADDRESS



YOUR SOCIAL SECURITY NUMBER
553-39-5912

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See Tax Booklet on Pages 11 and 12)

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 | 3. |
| (IRC Section 199) | |
| 4. Other (Specify) | 4. |
| 5. Total Additions (Enter sum of Lines 1-4 here) | 5. |

SUBTRACTION from INCOME

6. Retirement Income Exclusion (See Tax Booklet on Page 11)

a. Self: Date of Birth	Date of Disability:	Type of Disability:		
10-16-1943			6a.	65000

b. Spouse: Date of Birth	Date of Disability:	Type of Disability:		
07-16-1951			6b.	35000

7. Social Security Benefits (Taxable portion from Federal return)	7.	23031
---	----	-------

8. Path2College 529 Plan	8.	
--------------------------------	----	--

9. Interest on United States Obligations (See Tax Booklet on Page 11)	9.	
---	----	--

10. Other Adjustments (Specify)	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Total	10.

11. Total Subtractions (Enter sum of Lines 6-10 here)	11.	123031
---	-----	--------

12. Net Adjustments (Line 5 less Line 11.)		
Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500.....	12.	-123031

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2014



Page 6

YOUR SOCIAL SECURITY NUMBER
553-39-5912

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 13, Line 17 and Page 15.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTERESTS AND DIVIDENDS 429	2. INTERESTS AND DIVIDENDS 429	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 173023	4. OTHER INCOME OR (LOSS) 50339	4. OTHER INCOME OR (LOSS) 122684
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 173452	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 50768	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 122684
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500 SCHEDULE 1, PAGE 4 -123031	7. TOTAL ADJUSTMENTS FROM FORM 500 SCHEDULE 1, PAGE 4 -43270	7. TOTAL ADJUSTMENTS FROM FORM 500 SCHEDULE 1, PAGE 4 -79761
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 50421	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 7498	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 42923
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage	9.	85.13 % Not to exceed 100%
10. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See Tax Booklet, Page 17, Line 10)	10.	38283
11. Personal Exemption from Form 500, Page 2 (See Tax Booklet, Pg. 17, Line 11a-c)		
11a. Number on Line 6c. <input type="text" value="2"/> multiply by \$2,700 for filing status A or D OR multiply by \$3,700 for filing status B or C	11a.	7400
11b. Number on Line 7a. <input type="text" value=""/> multiplied by \$3,000	11b.	
11c. Add Lines 11a. and 11b. Enter total	11c.	7400
12. Total Deductions and Exemptions: Add Lines 10 and 11c	12.	45683
13. Multiply Line 12 by Ratio on Line 9 and enter result	13.	38890
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500	14.	4033

List the state(s) in which the income in Column B was earned and/or to which it was reported.

- | | |
|-------|----|
| 1. CA | 3. |
| 2. | 4. |



ERO MUST RETAIN THIS FORM
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

9 6 2 6 0 7

GA-8453
2014

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

First Name and Initial AKSHAI K	Last Name RUNCHAL	Social Security Number 553-39-5912
If Joint Return, Spouse's First Name and Initial CHANCHAL	Spouse's Last Name RUNCHAL	Spouse's Social Security Number 573-41-5200
Home address (number and street) 1931 STRADELLA RD	Apt Number	Daytime Telephone Number 310-471-5013
City, Town or Post Office, State and Zip Code LOS ANGELES CA 90077-2320		

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.	173,452.
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.	4,033.
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 4)	3.	81.
4. Refund (Form 500, Line 36; Form 500EZ, Line 20)	4.	
5. Balance Due (Form 500, Line 35; Form 500EZ, Line 19)	5.	81.

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2014 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/transmitter.

SIGN

HERE

TAXPAYER'S SIGNATURE

Date

SPOUSE'S SIGNATURE (if joint return, both must sign)

Date

AKSHAI K RUNCHAL

PRINT NAME

EMAIL ADDRESS

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature		Date	07/02/2015
	Firm's Name	J ARORA INC	Check if also paid preparer	<input checked="" type="checkbox"/>
	Address	17037 CHATSWORTH ST SUITE 202	FEIN/PTIN	32-0225393
		GRANADA HILLS CA 91344-5882	SSN/TIN	

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature		Date	
	Firm's Name		FID/TIN	
	Address		SSN/TIN	

KEEP A COPY WITH YOUR RECORDS

Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from Georgia Department of Revenue's website <https://dor.ga.gov> or one produced by an approved software company listed at <https://dor.ga.gov>.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If you are **filing electronically**, mail only your voucher and payment to:

**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525 TV payment voucher and your payment to the address that appears on the return.

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.

PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

----- Cut along dotted line -----

525 TV (Rev. 9/14)

Individual and Fiduciary Payment Voucher

2014



Individual or Fiduciary Name and Address:

AKSHAI K & CHANCHAL RUN
1931 STRADELLA RD
LOS ANGELES CA 90077-23

<input type="checkbox"/> Amended Return	<input type="checkbox"/> Paper Return	<input checked="" type="checkbox"/> Electronically Filed	TYPE OF RETURN:		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Fiduciary
Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN (if joint or combined return)	Tax Year	Daytime Telephone Number	Vendor Code		
553-39-5912	573-41-5200	2014	310-471-5013	013		

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 740323
ATLANTA GA 30374-0323

Amount Paid \$ 81.00

52500553395912814092120000000000000001300000081003