

FOR TAX YEAR 2018

AKSHAI K & CHANCHAL RUNCHAL

J ARORA INC

17037 CHATSWORTH ST STE 202

Granada Hills, CA 91344

(818)923-5038

J ARORA INC

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

September 23, 2019

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

Subject: Preparation of Your 2018 Tax Returns

AKSHAI K & CHANCHAL RUNCHAL:

Thank you for choosing J ARORA INC to assist you with your 2018 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2018 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

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

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

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

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

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2018 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

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

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

Sincerely,

A handwritten signature in black ink that reads "Jagjit Singh Arora". The signature is written in a cursive, flowing style.

JAGJIT SINGH ARORA, E.A
J ARORA INC

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

Accepted By:

Taxpayer

Spouse

Date

J ARORA INC

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LOS ANGELES, CA 90077-2320

AKSHAI K & CHANCHAL RUNCHAL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	Zero Due	
California Income Tax	Zero Due	
California Limited Liability Company Return of Income	\$100 Balance Due	Mail a check
California Limited Liability Company Return of Income	\$800 Refund	Receive a check
Georgia Income Tax	\$2,077 Refund	Receive a check

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

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

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

California Limited Liability Company Return of Income

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0501

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$0	April 15, 2019	Mail a check
2nd	\$40,149	June 17, 2019	Mail a check
3rd	\$41,620	September 16, 2019	Mail a check
4th	\$41,620	January 15, 2020	Mail a check

California Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$7,106	April 15, 2019	Mail a check
2nd	\$10,000	June 17, 2019	Mail a check
3rd	\$10,000	September 16, 2019	Mail a check

4th	\$10,000	January 15, 2020	Mail a check
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Sincerely,

Jagjit Singh Arora

JAGJIT SINGH ARORA, E.A
J ARORA INC

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LOS ANGELES, CA 90077-2320

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

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

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

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

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

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

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

J ARORA INC

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

Statement of Account

Date	Invoice #
September 23, 2019	

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

Description	Fee	Payments	Balance
Tax Preparation	690.00		690.00
14523 TUPPER LLC	500.00		1,190.00
2408 OCEAN PARK LLC	500.00		1,690.00
		Total Due	1,690.00

Send payments to: J ARORA INC
17037 CHATSWORTH ST STE 202
Granada Hills, CA 91344

Send questions to JARORAEA@GMAIL.COM or call (818)923-5038.

Thank you for your business!

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

Taxpayer name

AKSHAI K & CHANCHAL RUNCHAL

Taxpayer address (optional)

1931 STRADELLA RD

LOS ANGELES, CA 90077-2320

1. ☒ Your federal income tax return for 2018 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by J ARORA INC.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04-07-2019. The Submission ID assigned to your extension is 9626072019097co0a3so.
DCN: 00-962607-001839

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Instructions for Electronic Return Originators

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

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

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

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

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

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial **AKSHAI K** Last name **RUNCHAL** Your social security number **553-39-5912**

Your standard deduction: ☐ Someone can claim you as a dependent ☒ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial **CHANCHAL** Last name **RUNCHAL** Spouse's social security number **573-41-5200**

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☒ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). **1931 STRADELLA RD** Apt. no. **Presidential Election Campaign** (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **LOS ANGELES, CA 90077-2320** If more than four dependents, see inst. and check here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Joint return? ☐ Your signature **63456** Date **09-09-2019** Your occupation **ENGINEER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐

See instructions. Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign. Date **09-09-2019** Spouse's occupation **ANALYST** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐

Paid Preparer Use Only Preparer's signature **JAGJIT SINGH ARORA, E.A** PTIN **P00186900** Firm's EIN **32-0225393** Check if: ☐ 3rd Party Designee ☐ Self-employed

Preparer's name **JAGJIT SINGH ARORA, E.A** Phone no. **818-923-5038**

Firm's name **J ARORA INC**

Firm's address **17037 CHATSWORTH ST STE 202, Granada Hills, CA 91344**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest 977	2b	Taxable interest 700
	3a	Qualified dividends 3,556	3b	Ordinary dividends 6,507
	4a	IRAs, pensions, and annuities	4b	Taxable amount 40,150
	5a	Social security benefits 42,266	5b	Taxable amount 35,926
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 531,602	6	614,885
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	614,885
	8	Standard deduction or itemized deductions (from Schedule A)	8	26,600
	9	Qualified business income deduction (see instructions)	9	35,373
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	552,912
	11	a Tax (see inst.) 141,329 (check if <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	141,329
	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 & check here <input type="checkbox"/>	12	0
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	141,329
	14	Other taxes. Attach Schedule 4	14	9,991
	15	Total tax. Add lines 13 and 14	15	151,320
	16	Federal income tax withheld from Forms W-2 and 1099	16	
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 194,411	17	194,411
	18	Add lines 16 and 17. These are your total payments	18	194,411
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	43,091
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
Direct deposit? See instructions.	b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
	21	Amount of line 19 you want applied to your 2019 estimated tax 43,091	21	43,091
	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
	23	Estimated tax penalty (see instructions)	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

AKSHAI K & CHANCHAL RUNCHAL			Your social security number 553-39-5912	
Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	19,290
	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 ► <input type="checkbox"/>	13	20,242
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . .	17	492,070
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ►	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	531,602
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . .	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. 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	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	0

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

**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, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	9,991
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	9,991

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

Schedule 4 (Form 1040) 2018

SCHEDULE 5
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Other Payments and Refundable Credits

► **Attach to Form 1040.**
► **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **05**

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	69,411
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	125,000
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17	75	194,411

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

Schedule 5 (Form 1040) 2018

EEA

SCHEDULE B
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040.

OMB No. 1545-0074

2018Attachment
Sequence No. **08**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

Part I**Interest**(See instructions
and the
instructions for
Form 1040,
line 2b.)**Note:** If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CAPITAL ONE NA

CENTRAL LOAN ADIN AND REPORTING

CHASE

NATIONSTAR MORTGAGE LLC

NATIONSTAR MORTGAGE LLC

STATE OF CALIFORNIA

INTEREST SUBTOTAL

700

Amount

12

47

28

298

74

241

1

- 2 Add the amounts on line 1

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►

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

700

700

Part II**Ordinary
Dividends**(See instructions
and the
instructions for
Form 1040,
line 3b.)**Note:** If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer ►

AMERITRADE

CHARLES SCHWAB & CO INC

JP MORGAN

DIVIDEND SUBTOTAL

6,507

35

5,064

1,408

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►

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

6,507

Part III**Foreign
Accounts
and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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

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

- 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

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

EEA

Schedule B (Form 1040) 2018

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

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2018Attachment
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 - Generally Assets Held One Year or Less (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	165,100	169,614		(4,514)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	6,748	7,409		(661)
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (5,175)

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	121,545	94,416		27,129
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	142	2,146		(2,004)
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				13 292
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 25,417

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

Schedule D (Form 1040) 2018

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	20,242
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Form 8949 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Sales and Other Dispositions of Capital Assets</h2> <p style="margin: 5px 0;">▶ Go to www.irs.gov/Form8949 for instructions and the latest information.</p> <p style="margin: 0;">▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.</p>	OMB No. 1545-0074 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2018 Attachment Sequence No. 12A </div>
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Social security number or taxpayer identification number 553-39-5912

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMZN	12-20-2017	02-16-2018	55,389	44,847			10,542
	SCHW	01-16-2018	12-31-2018	20,694	27,798			(7,104)
	NFLX	02-15-2018	12-31-2018	26,927	27,599			(672)
	SPGI	03-09-2018	12-31-2018	34,114	39,095			(4,981)
	WMT	01-16-2018	12-31-2018	27,976	30,275			(2,299)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				165,100	169,614			(4,514)

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8949** (2018)

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

Social security number or taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMZN	12-20-2017	12-31-2018	121,545	94,416			27,129
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) ►				121,545	94,416			27,129

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 8949 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Sales and Other Dispositions of Capital Assets</h2> <p>► Go to www.irs.gov/Form8949 for instructions and the latest information.</p> <p>► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.</p>	OMB No. 1545-0074 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2018 Attachment Sequence No. 12A </div>
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Social security number or taxpayer identification number 553-39-5912

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SPY	10-15-2018	12-31-2018	6,748	7,409			(661)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				6,748	7,409			(661)

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8949** (2018)

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

Social security number or taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	BB	12-14-2007	12-31-2018	142	2,146			(2,004)
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) ►				142	2,146			(2,004)

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.

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

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

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

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

OMB No. 1545-0074

2018Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

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 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066
B	12029 CLOVER AVE, LOS ANGELES, CA 90066
C	105 ST STEPHENS, Tyrone, GA 30290
1b	Type of Property (from list below)
A	1
B	1
C	4

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		365	0	<input type="checkbox"/>
B		365	0	<input type="checkbox"/>
C		365	0	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	72,000	63,800	190,269
4 Royalties received	4			
Expenses:				
5 Advertising	5	75	74	280
6 Auto and travel (see instructions)	6	478	472	1,328
7 Cleaning and maintenance	7	3,682	4,302	6,625
8 Commissions	8			1,186
9 Insurance	9	767	631	3,401
10 Legal and other professional fees	10	1,050	1,047	6,377
11 Management fees	11	501	600	14,106
12 Mortgage interest paid to banks, etc. (see instructions)	12	365		72,889
13 Other interest	13			
14 Repairs	14	5,425	3,499	5,434
15 Supplies	15	1,285	651	598
16 Taxes	16	8,017	9,437	32,235
17 Utilities	17	152	605	7,039
18 Depreciation expense or depletion	18	6,898	8,488	41,916
19 Other (list) ▶ Statement #1	19	83	133	182
20 Total expenses. Add lines 5 through 19	20	28,778	29,939	193,596
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	43,222	33,861	(3,327)
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	(3,327)
23a Total of all amounts reported on line 3 for all rental properties	23a	1,071,692		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	288,855		
d Total of all amounts reported on line 18 for all properties	23d	148,693		
e Total of all amounts reported on line 20 for all properties	23e	836,230		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			246,814
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(11,352)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			235,462

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2018

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

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 2018 that would require you to file Form(s) 1099? (see instructions) ☐ **Yes** ☐ **No**

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

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

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	34,719	186,287	188,406
4 Royalties received	4			
Expenses:				
5 Advertising	5	49	254	217
6 Auto and travel (see instructions)	6	231	1,205	1,029
7 Cleaning and maintenance	7	3,710	9,600	7,320
8 Commissions	8	550		
9 Insurance	9	864	6,936	3,015
10 Legal and other professional fees	10	2,175	5,292	2,425
11 Management fees	11	1,500	10,372	6,933
12 Mortgage interest paid to banks, etc. (see instructions)	12	11,569	39,491	66,616
13 Other interest	13			
14 Repairs	14	1,708	19,808	4,149
15 Supplies	15	62	8,212	276
16 Taxes	16	8,391	16,676	21,688
17 Utilities	17	384	14,190	8,763
18 Depreciation expense or depletion	18	11,479		38,568
19 Other (list) ▶ Statement #2	19	72	497	114
20 Total expenses. Add lines 5 through 19	20	42,744	132,533	161,113
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	(8,025)	53,754	27,293
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,025)	()	()
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 Schedule 1 (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) 2018

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

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 2018 that would require you to file Form(s) 1099? (see instructions) ☐ **Yes** ☐ **No**

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	20411 S SUSANA RD, CARSON, CA 90810				
B	LAUNDRY-2111 WILSHIRE BLVD, Santa Monica, CA 90403				
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	4	A	365	0	<input type="checkbox"/>
B	8	B	365	0	<input type="checkbox"/>
C		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) B-LAUNDRY RENTAL |

Income:		Properties:		A	B	C
3	Rents received	3		335,428	783	
4	Royalties received	4				
Expenses:						
5	Advertising	5		161		
6	Auto and travel (see instructions)	6		1,029		
7	Cleaning and maintenance	7		6,303		
8	Commissions	8		550		
9	Insurance	9		5,765		
10	Legal and other professional fees	10		1,500		
11	Management fees	11		3,803		
12	Mortgage interest paid to banks, etc. (see instructions)	12		97,925		
13	Other interest	13				
14	Repairs	14		17,888		
15	Supplies	15		507		
16	Taxes	16		53,963		
17	Utilities	17		16,121		
18	Depreciation expense or depletion	18		41,344		
19	Other (list) ▶ Statement #3	19		668		
20	Total expenses. Add lines 5 through 19	20		247,527		
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		87,901	783	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	() () ()			
23a	Total of all amounts reported on line 3 for all rental properties	23a				
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e				
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (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) 2018

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 number

553-39-5912

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	AMD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>	<input type="checkbox"/>
B	BMD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				128,304
B				128,304
C				
D				
29a Totals				256,608
b Totals				
30 Add columns (h) and (k) of line 29a			30	256,608
31 Add columns (g), (i), and (j) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	256,608

Part III Income or Loss From Estates and Trusts

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

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

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

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ▶	41	492,070
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 AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . .	43	

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

OMB No. 1545-2227

2018Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**

Name(s) shown on your tax return

Your social security number or EIN

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

- Part I Investment Income** ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	700
2	Ordinary dividends (see instructions)	2	6,507
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	492,070
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	(256,608)
c	Combine lines 4a and 4b	4c	235,462
5a	Net gain or loss from disposition of property (see instructions)	5a	20,242
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	20,242
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	262,911

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-	12	262,911
Individuals:			
13	Modified adjusted gross income (see instructions)	13	614,885
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	364,885
16	Enter the smaller of line 12 or line 15	16	262,911
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	9,991
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8960** (2018)

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2018

Attachment

Sequence No. 88

Name(s) shown on return

Identifying number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I 2018 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	246,814		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(11,352)		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d		235,462	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a) . . .	2a	()		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b	2c	()		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d			

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		235,462	
--	----------	--	---------	--

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5			
6 Enter \$150,000. If married filing separately, see instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7			
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	8			
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9			
10 Enter the smaller of line 5 or line 9	10		0	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11			
12 Enter the loss from line 4	12			
13 Reduce line 12 by the amount on line 10	13			
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14			

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		0	

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2018)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.**2018**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

3106 INGLEWOOD BLVD

Identifying number

553-39-5912

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,898

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	6,898
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** (2018)

Form	4562	Depreciation and Amortization (Including Information on Listed Property) ▶ Attach to your tax return.	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Go to www.irs.gov/Form4562 for instructions and the latest information.		2018 Attachment Sequence No. 179
Name(s) shown on return	Business or activity to which this form relates	Identifying number	
AKSHAI K & CHANCHAL RUNCHAL	12029 CLOVER AVE	553-39-5912	

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,826

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	2,662
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,488
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 Department of the Treasury Internal Revenue Service (99)	Depreciation and Amortization (Including Information on Listed Property) ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2018 Attachment Sequence No. 179
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Business or activity to which this form relates CARRIAGE OAKS LLC
		Identifying number 553-39-5912

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,916

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	41,916
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form	4562	Depreciation and Amortization (Including Information on Listed Property) ▶ Attach to your tax return.	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Go to www.irs.gov/Form4562 for instructions and the latest information.		2018 Attachment Sequence No. 179
Name(s) shown on return	Business or activity to which this form relates	Identifying number	
AKSHAI K & CHANCHAL RUNCHAL	4416 KATHERINE AVE	553-39-5912	

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	11,479
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 2018 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	11,479
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	

Form 4562	Depreciation and Amortization (Including Information on Listed Property) ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2018 Attachment Sequence No. 179
Department of the Treasury Internal Revenue Service (99)	Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates MEADOW GLEN LLC
	Identifying number 553-39-5912	

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	38,568

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	38,568
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562	Depreciation and Amortization (Including Information on Listed Property) ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2018 Attachment Sequence No. 179
Department of the Treasury Internal Revenue Service (99)	Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates TUPPER LLC-SUSANA
	Identifying number 553-39-5912	

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,344

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	41,344
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	

Form **4868**Department of the Treasury
Internal Revenue Service (99)**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**► Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2018**Date to file by:** 04-15-2019**Payment:** \$125,000**Payment method:** Your payment can be by either check or money order payable to "United States Treasury." Include your SSN, daytime phone number, and "2018 Form 4868" on your check or money order. Do not send cash. To pay by credit card, go to www.1040paytax.com.**Address to file:** Internal Revenue Service
P.O. Box 7122
San Francisco, CA 94120-7122**Other instructions:** An extension to file does not extend the time to pay your tax. You can also e-file Form 4868 and make payment by authorizing an electronic funds withdrawal from your checking or savings account.**Taxpayer records:****Amount paid** _____**Check number** _____**Date mailed** _____

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

The extension request was originally filed electronically.

▼ DETACH HERE ▼

Form **4868**Department of the Treasury
Internal Revenue Service (99)**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2018, or other tax year beginning

, 2018, ending

OMB No. 1545-0074

2018

Part I	Identification	Part II	Individual Income Tax
		4	Estimate of total tax liability for 2018 \$ 194,411
		5	Total 2018 payments 69,411
		6	Balance due. Subtract line 5 from line 4 (see instructions) 125,000
		7	Amount you're paying (see instructions) . . ► 125,000
		8	Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) ► <input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding ► <input type="checkbox"/>

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES CA 90077-23202 Your social security number 3 Spouse's social security number
553-39-5912 573-41-5200For Privacy Act and Paperwork Reduction Act Notice, see page 4.
EEAForm **4868** (2018)

553395912 TR RUNC 30 0 201812 670

Department of the Treasury
Internal Revenue Service▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**▶ **Go to www.irs.gov/Form8879 for the latest information.****2018**

Submission Identification Number (SID) ▶

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, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	614,885
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	151,320
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize J ARORA INC to enter or generate my PIN 63456
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize J ARORA INC to enter or generate my PIN 43409
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

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

962607-50346

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub.1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ JAGJIT SINGH ARORA, E.A Date ▶ 09-23-2019

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

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

Form **8879** (2018)

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Schedule E - Line 19 - Other Expenses Statement #1

Other Expenses	Property A	Property B	Property C
BANK FEE	63		
MISC	20	100	
BANK CHARGES		33	46
POSTAGE			136
Total	83	133	182

Schedule E - Line 19 - Other Expenses Statement #2

Other Expenses	Property A	Property B	Property C
BANK CHARGES	7	39	30
MISC	65	458	84
Total	72	497	114

Schedule E - Line 19 - Other Expenses Statement #3

Other Expenses	Property A	Property B	Property C
BANK CHARGES	348		
MISC	320		
Total	668		

Federal Supporting Statements
DO NOT FILE. KEEP FOR YOUR RECORDS.

2018

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form 8960 Line 4b Item Detail

K-1: MD LIVE OAK PROPERTIES LLC

(128,304)

K-1: MD LIVE OAK PROPERTIES LLC

(128,304)

Total

(256,608)

Summary of Estimates**2019**

Name(s) as shown on return

Your SSN/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2019	06-17-2019	09-16-2019	01-15-2020	Total
Total Installment Amount	41,620	41,620	41,620	41,620	166,480
Overpayment Applied	41,620	1,471	0	0	43,091
Net Installment Due		40,149	41,620	41,620	123,389

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

California

Form: CA540

Payment Schedule

Due Date	04-15-2019	06-17-2019	09-16-2019	01-15-2020	Total
Total Installment Amount	10,450	10,000	10,000	10,000	40,450
Overpayment Applied	3,344				3,344
Net Installment Due	7,106	10,000	10,000	10,000	37,106

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Estimated Tax Worksheet for Next Year

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

1. Wages	1.	
2. Interest and Dividend income	2.	
3. Capital gain income	3.	
4. Taxable IRA/Pension income	4.	
5. Taxable Social Security income	5.	
6. Business income	6.	
7. Other income	7.	
8. Total income (add lines 1 thru 7)	8.	
9. Adjustments to income	9.	
10. Adjusted gross income (subtract line 9 from line 8)	10.	
11a. Itemized deductions	11a.	
11b. Standard deduction	11b.	
12. Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13. Estimated Section 199A deduction for qualified trade or business income	13.	
14. Projected taxable income (subtract line 13 from line 12)	14.	
15. Projected Tax	15.	
16. Alternative Minimum Tax	16.	
17. Total tax	17.	
18a. Child Tax Credit and Other Dependent Credit	18a.	
18b. Other projected Credits	18b.	
18c. Total projected credits	18c.	
19. Subtract line 18d from line 17	19.	
20. Projected SE Tax - Taxpayer	20.	
21. Projected SE Tax - Spouse	21.	
22. Other taxes	22.	
23a. Add lines 19 through 22	23a.	
b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885		
	23b.	
c. Total 2019 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b. Required annual payment based on prior year's tax (see instructions) 110%	24b.	166,452
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	166,452
25. Projected Withholding	25.	
26. Projected Net Tax (subtract line 25 from line 24c)	26.	166,452

Estimates will be computed on \$166,452. This is line 26.

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

1040

Interest Listing

2018

NAME(S) AS SHOWN ON RETURN

SSN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Resident State Interest	Other State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
T	CAPITAL ONE NA	CA	12								
T	CENTRAL LOAN ADIN AND REPORTING	CA	47								
T	CHASE	CA	28								
T	NATIONSTAR MORTGAGE LLC	CA	74								
T	NATIONSTAR MORTGAGE LLC	CA	298								
J	QUICKEN LOANS	CA									
T	RPM INVESTMENTS INC	CA									
T	RPM INVESTMENTS INC	CA									
T	STATE OF CALIFORNIA	CA	241								
T	UNITED SHOLESAL	CA									
TOTALS			700								

(Keep for your records)

Tax ID Number

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

SSALIST.LD

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2018, enter "D" to the right of the word "benefits" on Form 1040, line 5a.
- Don't use this worksheet if you repaid benefits in 2018 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2018 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2018. For more information, see Repayments More Than Gross Benefits.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

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

Also enter this amount on Form 1040, line 5a 1. 42,266

2. Multiply line 1 by 50% (0.50) 2. 21,133

3. Combine the amounts from:

Form 1040, lines 1, 2b, 3b, 4b, and Schedule 1 (Form 1040), line 22 3. 578,959

4. Enter the amount, if any, from Form 1040, line 2a 4. 977

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

- Adoption benefits (Form 8839, line 28),
- Foreign earned income or housing (Form 2555, lines 45 and 50; or Form 2555-EZ, line 18), and
- Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5.

6. Combine lines 2, 3, 4, and 5 6. 601,069

7. Enter the amounts from Schedule 1 (Form 1040), lines 23 through 32, and any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36 other than any amount identified as "DPAD" 7.

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

No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b.

☒ **Yes.** Subtract line 7 from line 6 8. 601,069

9. If you are:

- Married filing jointly, enter \$32,000
- Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2018, enter \$25,000 9. 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2018, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then go to line 18.

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

No. STOP None of your benefits are taxable. Enter -0- on Form 1040, line 5b.

If you are married filing separately and you **lived apart** from your spouse for all of 2018, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 5a.

☒ **Yes.** Subtract line 9 from line 8 10. 569,069

11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2018. 11. 12,000

12. Subtract line 11 from line 10. If zero or less, enter -0- 12. 557,069

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

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

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

16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. 473,509

17. Add lines 15 and 16 17. 479,509

18. Multiply line 1 by 85% (0.85). 18. 35,926

19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040, line 5b 19. 35,926

TIP

If you received a lump-sum payment in 2018 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.

Computation of Regular Tax

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Statement for line 11a of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				of the	
over	but not over	pay	plus	% on excess	amount over
0	19,050	0.00		10%	0
19,050	77,400	1,905.00		12%	19,050
77,400	165,000	8,907.50		22%	77,400
165,000	315,000	28,179.00		24%	165,000
315,000	400,000	64,179.00		32%	315,000
400,000	600,000	91,379.00		35%	400,000
600,000	161,379.00		37%	600,000

$\$91,379.00 + ((\$552,912.00 - \$400,000.00) \times 35.0\%) = \$144,898$

Tax from Tax Rate Schedule \$ 144,898

Tax from Qualified Dividends/Capital Gain Worksheet \$ 141,329

\$ 141,329 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain Tax Worksheet - Line 11a (Form 1040)

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you begin:

- See the instructions for line 11a to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 through line 10.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.

1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	552,912
2. Enter the amount from Form 1040, line 3a*	2.	3,556
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	20,242
<input type="checkbox"/> No. Enter the amount from Schedule 1, line 13.		
4. Add lines 2 and 3	4.	23,798
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	23,798
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	529,114
8. Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8.	77,200
9. Enter the smaller of line 1 or line 8	9.	77,200
10. Enter the smaller of line 7 or line 9	10.	77,200
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	
12. Enter the smaller of line 1 or line 6	12.	23,798
13. Enter the amount from line 11	13.	
14. Subtract line 13 from line 12	14.	23,798
15. Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15.	479,000
16. Enter the smaller of line 1 or line 15	16.	479,000
17. Add lines 7 and 11	17.	529,114
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	
19. Enter the smaller of line 14 or line 18	19.	
20. Multiply line 19 by 15% (0.15)	20.	
21. Add lines 11 and 19	21.	
22. Subtract line 21 from line 12	22.	23,798
23. Multiply line 22 by 20% (0.20)	23.	4,760
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	136,569
25. Add lines 20, 23, and 24	25.	141,329
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	144,898
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet . . .	27.	141,329

* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**Investment Income for the
Earned Income Credit**

Form 1040

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Interest and Dividends

- | | | |
|--|----|-------|
| 1. Enter any amount from Form 1040, line 2b | 1. | 700 |
| 2. Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b | 2. | 977 |
| 3. Enter any amount from Form 1040, line 3b | 3. | 6,507 |
| 4. Enter the amount from Form 1040, Schedule 1, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) | 4. | |

Capital Gain Net Income

- | | | |
|--|----|--------|
| 5. Enter the amount from Form 1040, Schedule 1, line 13. If the amount on that line is a loss, enter -0- | 5. | 20,242 |
| 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) | 6. | |
| 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) | 7. | 20,242 |

Royalties and Rental Income from Personal Property

- | | | |
|--|----|--|
| 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, Schedule 1, line 21, minus any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36 of personal property deducted on Form 1040, Schedule 1, line 36 (If the result is less than zero, enter -0-.) | 8. | |
|--|----|--|

Passive Activities

- | | | |
|---|-----|---------|
| 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) | 9. | 235,462 |
| 10. Adjustment from EIC screen | 10. | |
| 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income | 11. | 263,888 |
| 12. Is the amount on line 11 more than \$3,500 ? | | |
| <input checked="" type="checkbox"/> Yes. You cannot take the credit. | | |
| <input type="checkbox"/> No. Go to Step 3 of the Form 1040 instructions for line 17 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next). | | |

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

Form 6251, Line 2m - Passive Activities

(Keep for your records)

2018

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Tax ID Number

553-39-5912

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 2m
12029 CLOVER AVE	SCH E	33,862	33,861	1
	TOTALS	33,862	33,861	1

(See instructions.)

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

WK 85821.LD

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

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Income	Regular tax	Alt Min Tax
Wages		
Interest income before Series EE bond exclusion	700	700
Dividend income	6,507	6,507
Taxable state and local refunds	19,290	
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	20,242	20,242
Taxable IRA distributions	7,432	7,432
Taxable pensions and annuities	32,718	32,718
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	256,608	256,609
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	343,497	324,208
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	343,497	324,208
MAGI adjustment from input screen E2		
Modified adjusted gross income	343,497	324,208

2018 Qualified Business Income Deduction Complex Worksheet, Part I and Part II

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I: Trade, Business, or Aggregation Information

1. (a) Name	(b) Check if specified service	(c) Check if Aggregated	(d) Taxpayer identification number	(e) Check if Patron
A. <u>K1P: MD LIVE OAK PROPERTIES LLC</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>26-0429153</u>	<input type="checkbox"/>
B. <u>K1P: MD LIVE OAK PROPERTIES LLC</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>26-0429153</u>	<input type="checkbox"/>
C. <u>Schedule E: 3106 INGLEWOOD BLVD</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II: Determine Your Qualified Business Income Component

	A	B	C
2. Qualified business income from the trade, business, or aggregation. (see instructions)	125,750	125,751	42,249
3. Multiply line 2 by 20% (0.20). If your taxable income is \$157,500 or less (\$315,000 if married filing jointly), skip lines 4 through 12 and enter line 3 on line 13	25,150	25,150	8,450
4. Allocable share of W-2 wages from the trade, business, or aggregation	0	0	0
5. Multiply line 4 by 50% (0.50)			
6. Multiply line 4 by 25% (0.25)			
7. Allocable share of the unadjusted basis of all qualified property	0	0	280,710
8. Multiply line 7 by 2.5% (0.025)			7,018
9. Add lines 6 and 8	0	0	7,018
10. Enter the greater of line 5 or line 9	0	0	7,018
11. W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0	0	7,018
12. Phased-in reduction. Enter amount from Part III, line 26, if any. See instructions			
13. Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0	0	7,018
14. Patron reduction. Enter the amount from Schedule D, line 6, if any			
15. Qualified business income component. Subtract line 14 from line 13	0	0	7,018
16. Total qualified business income component. Add all amounts reported on line 15	35,373		

2018 Qualified Business Income Deduction Complex Worksheet, Part III and Part IV

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part III: Phased-in Reduction

Caution. Complete Part III only if your taxable income is more than \$157,500 but not \$207,500 (\$315,000 and \$415,000 if married filing jointly), and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17. Enter amounts from line 3			
18. Enter the amount from line 10			
19. Subtract line 18 from line 17			
a. Enter amount from Form 1040, line 7			
b. Enter amount from Form 1040, line 8			
20. Taxable income before qualified business income deduction. Subtract line b from line a. If filing with Form 1041, enter amount from Form 1041, line 22			
21. Threshold. Enter \$157,500 (\$315,000 if married filing jointly)			
22. Subtract line 21 from line 20			
23. Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)			
24. Phase-in percentage. Divide line 22 by line 23			
25. Total phase-in reduction. Multiply line 19 by line 24			
26. Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount on line 12 for the corresponding trade or business			

Part IV: Determine Your Qualified Business Income Deduction

27. Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from Part II, line 16	27.	35,373
28. Qualified REIT dividends and qualified PTP income or (loss) (see instructions)	28.	0
29. Qualified REIT dividends and qualified PTP loss carryforward from prior years. Enter as a negative number	29.	
30. Total qualified REIT dividends and qualified PTP income. Add lines 28 and 29. If less than zero, enter -0-	30.	0
31. REIT and PTP component. Multiply line 30 by 20% (0.20)	31.	
32. Qualified business income deduction before the income limitation. Add lines 27 and 31	32.	35,373
a. Enter amount from Form 1040, line 7		614,885
b. Enter amount from Form 1040, line 8		26,600
33. Taxable income before qualified business income deduction	33.	588,285
34. Net capital gain (see instructions)	34.	23,798
35. Subtract line 34 from line 33. If zero or less, enter -0-	35.	564,487
36. Income limitation. Multiply line 35 by 20% (0.20)	36.	112,897
37. Qualified business income deduction. Enter the smaller of line 32 or line 36	37.	35,373
38. Total qualified REIT dividend and qualified PTP loss carryforward. Add lines 28 and 29, if zero or greater enter -0-	38.	0
39. DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37. Enter this deduction on Form 1040, line 10. See the instructions for Form 1040, line 10	39.	

2018 Qualified Business Income Deduction Complex Worksheet, Part I and Part II

Form 1040/1041

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I: Trade, Business, or Aggregation Information

1. (a) Name	(b) Check if specified service	(c) Check if Aggregated	(d) Taxpayer identification number	(e) Check if Patron
A. <u>Schedule E: 12029 CLOVER AVE</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B. <u>Schedule E: 105 ST STEPHENS</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C. <u>Schedule E: 4416 KATHERINE AVE</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II: Determine Your Qualified Business Income Component

	A	B	C
2. Qualified business income from the trade, business, or aggregation. (see instructions)	33,098	0	0
3. Multiply line 2 by 20% (0.20). If your taxable income is \$157,500 or less (\$315,000 if married filing jointly), skip lines 4 through 12 and enter line 3 on line 13	6,620	0	0
4. Allocable share of W-2 wages from the trade, business, or aggregation	0	0	0
5. Multiply line 4 by 50% (0.50)			
6. Multiply line 4 by 25% (0.25)			
7. Allocable share of the unadjusted basis of all qualified property	233,415	0	0
8. Multiply line 7 by 2.5% (0.025)	5,835		
9. Add lines 6 and 8	5,835	0	0
10. Enter the greater of line 5 or line 9	5,835	0	0
11. W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	5,835	0	0
12. Phased-in reduction. Enter amount from Part III, line 26, if any. See instructions			
13. Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	5,835	0	0
14. Patron reduction. Enter the amount from Schedule D, line 6, if any			
15. Qualified business income component. Subtract line 14 from line 13	5,835	0	0
16. Total qualified business income component. Add all amounts reported on line 15			

2018 Qualified Business Income Deduction Complex Worksheet, Part I and Part II

Form 1040/1041

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I: Trade, Business, or Aggregation Information

1. (a) Name	(b) Check if specified service	(c) Check if Aggregated	(d) Taxpayer identification number	(e) Check if Patron
A. <u>Schedule E: 2408 OCEAN PARK</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>45-4393189</u>	<input type="checkbox"/>
B. <u>Schedule E: 8055 SENOIA ROAD, FAIRB</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C. <u>Schedule E: 20411 S SUSANA RD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>45-4344496</u>	<input type="checkbox"/>

Part II: Determine Your Qualified Business Income Component

	A	B	C
2. Qualified business income from the trade, business, or aggregation. (see instructions)	52,544	26,678	85,922
3. Multiply line 2 by 20% (0.20). If your taxable income is \$157,500 or less (\$315,000 if married filing jointly), skip lines 4 through 12 and enter line 3 on line 13	10,509	5,336	17,184
4. Allocable share of W-2 wages from the trade, business, or aggregation	0	0	0
5. Multiply line 4 by 50% (0.50)			
6. Multiply line 4 by 25% (0.25)			
7. Allocable share of the unadjusted basis of all qualified property	0	1,942,256	2,530,398
8. Multiply line 7 by 2.5% (0.025)		48,556	63,260
9. Add lines 6 and 8	0	48,556	63,260
10. Enter the greater of line 5 or line 9	0	48,556	63,260
11. W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0	5,336	17,184
12. Phased-in reduction. Enter amount from Part III, line 26, if any. See instructions			
13. Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0	5,336	17,184
14. Patron reduction. Enter the amount from Schedule D, line 6, if any			
15. Qualified business income component. Subtract line 14 from line 13	0	5,336	17,184
16. Total qualified business income component. Add all amounts reported on line 15			

2018 Qualified Business Income Deduction Complex Worksheet, Part I and Part II

Form 1040/1041

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I: Trade, Business, or Aggregation Information

1. (a) Name	(b) Check if specified service	(c) Check if Aggregated	(d) Taxpayer identification number	(e) Check if Patron
A. <u>Schedule E: LAUNDRY-2111 WILSHIRE B</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II: Determine Your Qualified Business Income Component

	A	B	C
2. Qualified business income from the trade, business, or aggregation. (see instructions)	765		
3. Multiply line 2 by 20% (0.20). If your taxable income is \$157,500 or less (\$315,000 if married filing jointly), skip lines 4 through 12 and enter line 3 on line 13	153		
4. Allocable share of W-2 wages from the trade, business, or aggregation	0		
5. Multiply line 4 by 50% (0.50)			
6. Multiply line 4 by 25% (0.25)			
7. Allocable share of the unadjusted basis of all qualified property	0		
8. Multiply line 7 by 2.5% (0.025)			
9. Add lines 6 and 8	0		
10. Enter the greater of line 5 or line 9	0		
11. W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0		
12. Phased-in reduction. Enter amount from Part III, line 26, if any. See instructions			
13. Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0		
14. Patron reduction. Enter the amount from Schedule D, line 6, if any			
15. Qualified business income component. Subtract line 14 from line 13	0		
16. Total qualified business income component. Add all amounts reported on line 15			

Depreciation Detail Listing

3106 INGLEWOOD BLVD
For your records only

2018

PAGE 1

Social security number/EIN

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	3106 INGLEWOOD AVE	10011992	260,000 *	91,000	100.00			169,000	27.5	SL MM	3.636	153,381	6,145	159,526	6,145
2	3106 INGLEWOOD BLVD I	02152011	20,710 *		100.00			20,710	27.5	SL MM	3.636	5,177	753	5,930	753
Totals			280,710					189,710				158,558	6,898	165,456	6,898

ST ADJ:
UBIA: 280,710

Depreciation Detail Listing

12029 CLOVER AVE

For your records only

2018

PAGE 1

Social security number/EIN

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
4	12029 CLOVER AVE-IMPR	09012013	160,214 *		100.00			160,214	27.5	SL MM	3.636	25,175	5,826	31,001	5,825
6	CLOVER-IMPROVEMENTS	03152014	73,201 *		100.00			73,201	27.5	SL MM	3.636	10,093	2,662	12,755	2,662
Totals			233,415					233,415				35,268	8,488	43,756	8,487

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

ST ADJ:
UBIA: 233,415

Depreciation Detail Listing

CARRIAGE OAKS LLC
For your records only

ST ADJ:
UBIA: 2,104,110

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

Depreciation Detail Listing

4416 KATHERINE AVE

For your records only

2018

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	4416 KATHERINE AVE	01022009	315,700	*	100.00			315,700	27.5	SL MM	3.636	102,836	11,479	114,315	11,479

Depreciation Detail Listing

2408 OCEAN PARK

For your records only

2018

PAGE 1

Social security number/EIN

553-39-5912

553-39-5912

Land Amount		CY 179 and CY Bonus	ST ADJ:
Net Depreciable Cost	425,000	TOTAL CY Depr including 179/bonus	

ST ADJ:

Depreciation Detail Listing

MEADOW GLEN LLC

For your records only

ST ADJ:
UBIA: 1,942,256

Name(s) as shown on return

TUPPER LLC-SUSANA
For your records only

PAGE 1

553-39-5912

Totals	2,530,398				1,612,398				18,949	41,344	60,293	41,344
--------	-----------	--	--	--	-----------	--	--	--	--------	--------	--------	--------

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

41,344 ST ADJ:
UBIA: 2,530,398

Next Year's Depreciation Worksheet

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	3106 INGLEWOOD AVE	10011992	169,000	SL	27.5	6,145
E	1	3106 INGLEWOOD BLVD IMPR	02152011	20,710	SL	27.5	753
E	4	4416 KATHERINE AVE	01022009	315,700	M	27.5	11,480
E	2	12029 CLOVER AVE-IMPROVE	09012013	160,214	SL	27.5	5,826
E	5	2408 OCEN PARK	02011985	297,500	M	27.5	
E	2	CLOVER-IMPROVEMENTS	03152014	73,201	M	27.5	2,662
E	3	CARRIAGE OAKS PARTNERS	05052016	1,634,710	SL	39	41,916
E	6	MEADOW GLEN	05052016	1,504,156	SL	39	38,568
E	7	20411 S SUSANA RD	07212017	1,612,398	SL	39	41,344
		TOTAL					148,694

Carryover Worksheet
List of items that will carryover to the 2019 tax return

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2019 to flow to the Schedule A	46,435
State donations and contributions carryover	
State overpayment applied to next year	3,344

Expenses

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

Losses

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

Credits

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

Other

Preparer Fee	1,690
Overpayment applied to next year's estimates	43,091
Estimated Tax Payment 1 41,620	Estimated Tax Payment 2 41,620
Estimated Tax Payment 3 41,620	Estimated Tax Payment 4 41,620
Federal tax liability for 2210 calculation	151,320
State tax liability for state 2210 calculation	31,656
IRA basis Taxpayer	Spouse

Passive Activity

At Risk Limitations

Passive Activity Deduction Worksheet

Form 1040 or 1041

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

PAN 3 Activity CARRIAGE OAKS LLC Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(3,327)	(3,327)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(3,327)	(3,327)	

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(3,327)	(3,327)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(3,327)	(3,327)	

Passive Activity Deduction Worksheet

Form 1040 or 1041

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

PAN 4 Activity 4416 KATHERINE AVE Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(8,025)	(8,025)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(8,025)	(8,025)	

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(8,025)	(8,025)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(8,025)	(8,025)	

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.**2018**Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I 2018 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	246,815		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(11,352)		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d		235,463	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a) . . .	2a	()		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b	2c	()		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d			

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		235,463	
--	----------	--	---------	--

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5			
6 Enter \$150,000. If married filing separately, see instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7			
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	8			
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9			
10 Enter the smaller of line 5 or line 9	10		0	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11			
12 Enter the loss from line 4	12			
13 Reduce line 12 by the amount on line 10	13			
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14			

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		0	

For Paperwork Reduction Act Notice, see instructions.Form **8582** (2018)

2018

Tax ID Number

553-39-5912

	Name of activity	Current year		Prior years	Overall gain or loss	
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1	3106 INGLEWOOD BLVD	43,222	0	0	43,222	0
2	12029 CLOVER AVE	33,862	0	0	33,862	0
3	CARRIAGE OAKS LLC	0	3,327	0	0	3,327
4	4416 KATHERINE AVE	0	8,025	0	0	8,025
5	2408 OCEAN PARK	53,754	0	0	53,754	0
6	MEADOW GLEN LLC	27,293	0	0	27,293	0
7	TUPPER LLC-SUSANA	87,901	0	0	87,901	0
8	LAUNDRY RENTAL	783	0	0	783	0
Total. Enter on Form 8582, lines 1a, 1b, and 1c. ►		246,815	11,352	0	246,815	11,352

**TAX RETURN COMPARISON
2016 / 2017 / 2018**

2018

Name(s) as shown on return
AKSHAI K & CHANCHAL RUNCHAL

Identifying number
553-39-5912

	2016	2017	2018	Difference 2017-2018
Filing Status	Married Joint		Married Joint	
Number of Exemptions	2		N/A	
Number of Dependents	—	—		
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends	733		7,207	7,207
Taxable state and local refunds	8,469		19,290	19,290
Alimony				
Business income (loss)				
Gains (losses)			20,242	20,242
Pensions and IRA distributions	30,200		40,150	40,150
Rent and royalty income (loss)	119,991		235,462	235,462
Part, S-corps, trusts income (loss) . . .	142,241		256,608	256,608
Farm income (loss)				
Unemployment compensation				
Total SS benefits received	27,546		42,266	42,266
Taxable SS benefits	23,414		35,926	35,926
Other income (loss)				
Total Income	325,048		614,885	614,885
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	325,048		614,885	614,885
Deductions				
Medical deductions				
State and local taxes	47,211			
Interest	16,640			
Contributions				
Employee business expenses				
Standard or other deductions			26,600	26,600
Total Itemized or Standard Ded . . .	63,439		26,600	26,600
Exemption Amount	7,128		N/A	
Qualified Business Income Deduction .	—	—	35,373	35,373
Tax and Credits				
Taxable Income	254,481		552,912	552,912
Tax	66,603		141,329	141,329
Credits				
Self-employment tax				
Other taxes	2,852		9,991	9,991
Total Tax	69,455		151,320	151,320
Payments				
Withholdings				
Estimated tax payments	31,820		69,411	69,411
Earned income credit				
Other payments and credits	48,180		125,000	125,000
Overpayment	10,545		43,091	43,091
Overpayment Applied	9,875		43,091	43,091
Refund	670			
Balance Due				
Marginal tax rate	33.00		35.00	35.00
Effective tax rate	26.00		25.56	25.56

CANOTES	Notes about the return	2018 PAGE 1
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN 553-39-5912
<p>1. Federal standard deduction has been forced, if CA standard deduction should also be forced, please go to CA screen ITEM and check the appropriate box.</p> <p>2. Schedule CA is present in this return therefore the short form will be suppressed and the long form will be produced.</p> <p>3. If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p> <p>4. Mandatory E-Pay Information</p> <p>This client may be required to make their payments electronically (Mandatory E-Pay)</p> <p>Starting January 1, 2011, the mandatory e-pay penalty will be assessed when a person required to make payments electronically pays using any other method.</p> <p>The penalty is equal to one percent (1%) of the amount paid, unless failure to pay was for reasonable cause and not willful neglect. (Revenue and Taxation Code section 19011.5)</p> <p>SB 1389 (Enacted September 30, 2008) added Section 19011.5 to the Revenue & Taxation Code, requiring some taxpayers to make their tax payments using an electronic method (Mandatory E-Pay).</p> <p>Electronic payments are required once a person:</p> <ol style="list-style-type: none"> 1. Makes an estimate tax or extension payment (by check or electronic method) over \$20,000. 2. Files an original tax return with a tax liability over \$80,000. <p>Taxpayers whose tax thresholds fall below the mandatory e-pay amounts may request to discontinue making electronic payments. In March 2009, FTB will provide a waiver form for taxpayers to file.</p> <p>5. Estimates</p> <p>Per CA FTB:</p> <p>Estimated Tax Payments - Installments due for each taxable year beginning on or after January 1, 2010, shall be 30% of the</p>		

CANOTES	Notes about the return	2018 PAGE 2
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN 553-39-5912
<p>required annual payment for the 1st required installment, 40% of the required annual payment for the 2nd required installment, no installment is due for the 3rd required installment, and 30% of the required annual payment for the 4th required installment.</p>		

CAINST**Filing Instructions****2018**

Name(s) as shown on return

14523 TUPPER LLC

SSN or EIN

454344496

Date to file by: 04-15-2019**Form to be filed:** CALLC01 and supplemental forms and schedules**Sign and date:** An authorized officer must sign and date the completed tax form and enter his/her title.**Payment:** \$100.00**Return is eligible for efileing**

Transaction method: Make check or money order payable to "Franchise Tax Board." Write the partnership/LLC's federal employer Identification number (FEIN), SOS File number, and "2018 Form 565/568" on the check or money order.
Note: All checks or money orders must be payable in US dollars and drawn against a US financial institution.

2018

Limited Liability Company

Return of Income

568

201203510348 1452 454344496
 TYB 01-01-2018 TYE 12-31-2018
 14523 TUPPER LLC

18 PBA 531310

1931 STRADELLA RD
 LOS ANGELES CA 90077

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

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

		Whole dollars only	
Enclose, but do not staple, any payment	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		
	1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	335428 00
	2 Limited Liability Company fee. See instructions	2	900 00
	3 2018 annual Limited Liability Company tax. See instructions	3	800 00
	4 Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	4	00
	5 Partnership level tax. See instructions	5	00
	6 Total tax and fee. Add line 2, line 3, line 4, and line 5	6	1700 00
	7 Amount paid with form FTB 3537 and 2018 form FTB 3522 and form FTB 3536	7	1600 00
	8 Overpayment from prior year allowed as a credit	8	00
	9 Withholding (Form 592-B and/or 593)	9	00
	10 Total payments. Add line 7, line 8, and line 9	10	1600 00
	11 Use tax. This is not a total line. See instructions	11	0 00
	12 Payments balance. If line 10 is more than line 11, subtract line 11 from line 10	12	1600 00
13 Use tax balance. If line 11 is more than line 10, subtract line 10 from line 11	13	00	

		Whole dollars only	
14	Tax and fee due. If line 6 is more than line 12, subtract line 12 from line 6	14	100 00
15	Overpayment. If line 12 is more than line 6, subtract line 6 from line 12	15	00
16	Amount of line 15 to be credited to 2019 tax or fee	16	00
17	Refund. If the total of line 16 is less than line 15, subtract the total from line 15.	17	00
18	Penalties and interest. See instructions	18	00
19	Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result.	19	100 00

- K** Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members
- L** Is this LLC an investment partnership? See General Information O ☐ Yes ☒ No
- M** (1) Is this LLC apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No
- (2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? . ☒ ☐ Yes ☒ No
- N** Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? . ☐ Yes ☒ No
- P** (1) Does the LLC have any foreign (non-U.S.) nonresident members? ☐ Yes ☒ No
- (2) Does the LLC have any domestic (non-foreign) nonresident members? ☐ Yes ☒ No
- (3) Were Form 592, Form 592-A, Form 592-B, and Form 592-F filed for these members? ☐ Yes ☒ No
- Q** Are any members in this LLC also LLCs or partnerships? ☐ Yes ☒ No
- R** Is this LLC under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No
- S** Is this LLC a member or partner in another multiple member LLC or partnership? ☐ Yes ☒ No
If "Yes," complete Schedule EO, Part I.
- T** Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ☐ Yes ☒ No
- U** (1) Is this LLC a business entity disregarded for tax purposes? ☒ Yes ☐ No
- (2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ☐ Yes ☒ No
- (3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ☐ Yes ☒ No
- V** Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction ☐ Yes ☒ No
- W** Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ☐ Yes ☒ No
- X** Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ☐ Yes ☒ No
- Y** Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ☐ Yes ☒ No
If "Yes," attach schedule of trusts and federal identification numbers.
- Z** Does this LLC own an interest in a business entity disregarded for tax purposes? ☒ ☐ Yes ☒ No
If "Yes," complete Schedule EO, Part II.

(continued on Side 3)

(continued from Side 2)

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? • ☐ Yes ☒ No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? • ☐ Yes ☒ No

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

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

DD Is the LLC reporting previously deferred Income from: (see instructions) • ☐ Installment Sale • ☐ IRC § 1031 • ☐ IRC § 1033 • ☐ Other

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

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

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

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

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

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

573-41-5200

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

⑥ CHANCHAL RUNCHAL

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

1931 STRADELLA RD LOS ANGELES, CA 90077-2320

Street Address, City, State, and ZIP Code

• What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

- ☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

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

Signature ▶

Date 2019-04-05

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this 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.		
	Signature of authorized member or manager ▶ CHANCHAL RUNCHAL	Date 04-05-2019	Telephone • 310-471-5013
Paid Preparer's Use Only	Authorized member or manager's email address (optional) runchal@gmail.com		PTIN • P00186900
	Paid preparer's signature ▶	Date 09-23-2019	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ▶ J ARORA INC 17037 CHATSWORTH ST STE 202 Granada Hills, CA 91344		Firm's FEIN • 32-0225393 Telephone • 818-923-5038
May the FTB discuss this return with the preparer shown above (see instructions)? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Schedule A Cost of Goods Sold

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

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

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

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

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

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

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

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

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law		
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1 • 0	0	⊕ 0		
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 87,901		⊕ 87,901		
	3 a	Gross income (loss) from other rental activities	3a		⊕		
	b	Less expenses. Attach schedule	3b				
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		•		
	4	Guaranteed payments to members	4		•		
	5	Interest income	5		•		
	6	Dividends	6		•		
	7	Royalties	7		•		
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8		•		
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9		•		
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a		•		
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b		•		
	11 a	Other portfolio income (loss). Attach schedule	11a		⊕		
	b	Total other income. Attach schedule	11b		⊕		
c	Total other loss. Attach schedule	11c					
Deductions	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12				
	13 a	Charitable contributions. See instructions. Attach schedule	13a				
	b	Investment interest expense	13b		•		
	c 1	Total expenditures to which IRC Section 59(e) election may apply	13c1				
	2	Type of expenditures _____	13c2				
	d	Deductions related to portfolio income	13d				
e	Other deductions. Attach schedule	13e		⊕			
Credits	15 a	Withholding on LLC allocated to all members	15a				
	b	Low-income housing credit	15b				
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c				
	d	Credits related to other rental activities. Attach schedule	15d				
	e	Nonconsenting nonresident members' tax paid by LLC	15e				
	f	Other credits. Attach schedule	15f		•		
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986	17a				
	b	Adjusted gain or loss	17b				
	c	Depletion (other than oil and gas)	17c				
	d	Gross income from oil, gas, and geothermal properties	17d				
	e	Deductions allocable to oil, gas, and geothermal properties	17e				
	f	Other alternative minimum tax items. Attach schedule	17f				
Other Information	18 a	Tax-exempt interest income	18a				
	b	Other tax-exempt income	18b		•		
	c	Nondeductible expenses	18c				
	19 a	Distributions of money (cash and marketable securities)	19a		⊕		
	b	Distribution of property other than money	19b		⊕		
	20 a	Investment income	20a				
	b	Investment expenses	20b				
c	Other information. See instructions	20c					
Analysis	21 a	Total distributive income/payment items. Combine lines 1, 2, and 3c through 11c. From the result, subtract the sum of lines 12 through 13e	21a 87,901		• 87,901		
	b	Analysis of members: Members	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other
		0	0 0	0	0	0	0

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

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

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

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

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

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

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

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

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

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

Amount of liquidation gains recognized to capitalize the LLC •

Schedule IW Limited Liability Company (LLC) Income Worksheet

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

See instructions on page 13 and page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ☒ 1a _____
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ☒ 1b _____
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ☒ 2a 335,428
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ☒ 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities ☒ 3a _____
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ☒ 3b _____
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ☒ 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ☒ 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ☒ 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ☒ 6 _____
- 7 Add line 1a through line 6 ☒ 7 335,428
- 8 California rental real estate
- a Enter the total gross rents from federal Form 8825, line 18a ☒ 8a _____
- b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ☒ 8b _____
- c Add line 8a and line 8b ☒ 8c _____
- 9 Other California rentals.
- a Enter the amount from Schedule K (568), line 3a ☒ 9a _____
- b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ☒ 9b _____
- c Add lines 9a and 9b ☒ 9c _____
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ☒ 10 _____
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ☒ 11 _____
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ☒ 12 _____
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ☒ 13 _____
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ☒ 14 _____
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ☒ 15 _____
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ☒ 16 _____
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ☒ 17 335,428

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

G. Accounting Method Additional Information

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

J. K-1s Filed

Filed by Mag Media {5} false

K1 Mag Media Count _____

Date Accepted _____

043

TAXABLE YEAR

2018**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name	Identifying number
14523 TUPPER LLC	454344496

Part I Tax Return Information (whole dollars only)

1	Total income (Form 568, Schedule B, Line 12 or Form 568, Line 1 for Single Member LLCs)	1	335,428
2	Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs)	2	335,428
3	Tax and fee due (Form 568, line 14)	3	100
4	Overpayment (Form 568, line 15)	4	
5	Total amount due (Form 568, line 19)	5	100

Part II Settle Your Account Electronically for Taxable Year 2018.

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

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2019 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

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

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

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2019 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2018 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager 04-05-2019 Date TMP Title

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**

ERO's signature JAGJIT SINGH ARORA, E.A. Date Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN P00186900

Firm's name (or yours if self-employed) and address J ARORA INC FEIN 32-0225393

17037 CHATSWORTH ST STE 202 ZIP code 91344

Granada Hills, CA

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

**Paid
Preparer
Must
Sign**

Paid preparer's signature Date Check if self-employed ☐ Paid preparer's PTIN

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

CAINST**Filing Instructions****2018**

Name(s) as shown on return

SSN or EIN

2408 OCEAN PARK LLC

454393189

Date to file by: 04-15-2019**Form to be filed:** CALLC02 and supplemental forms and schedules**Sign and date:** An authorized officer must sign and date the completed tax form and enter his/her title.**Refund:** \$800.00**Return is eligible for efilng****Transaction method:** Refund will be mailed from the state in form of a check.

2018

Limited Liability Company

Return of Income

568

201204210532 2408 454393189
 TYB 01-01-2018 TYE 12-31-2018
 2408 OCEAN PARK LLC

18 PBA 531310

1931 STRADELLA DR
 LOS ANGELES CA 90077

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

0.

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

Enclose, but do not staple,
any payment

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.

Whole dollars only

1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions . .	•	1	186287	00
2	Limited Liability Company fee. See instructions	•	2		00
3	2018 annual Limited Liability Company tax. See instructions	•	3	800	00
4	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	•	4		00
5	Partnership level tax. See instructions	•	5		00
6	Total tax and fee. Add line 2, line 3, line 4, and line 5	•	6	800	00
7	Amount paid with form FTB 3537 and 2018 form FTB 3522 and form FTB 3536	•	7	1600	00
8	Overpayment from prior year allowed as a credit	•	8		00
9	Withholding (Form 592-B and/or 593)	•	9		00
10	Total payments. Add line 7, line 8, and line 9	•	10	1600	00
11	Use tax. This is not a total line. See instructions	•	11	0	00
12	Payments balance. If line 10 is more than line 11, subtract line 11 from line 10	•	12	1600	00
13	Use tax balance. If line 11 is more than line 10, subtract line 10 from line 11	•	13		00

		Whole dollars only	
14	Tax and fee due. If line 6 is more than line 12, subtract line 12 from line 6	14	00
15	Overpayment. If line 12 is more than line 6, subtract line 6 from line 12	15	800 00
16	Amount of line 15 to be credited to 2019 tax or fee	16	00
17	Refund. If the total of line 16 is less than line 15, subtract the total from line 15.	17	800 .00
18	Penalties and interest. See instructions	18	00
19	Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result.	19	.00

- K** Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members
- L** Is this LLC an investment partnership? See General Information O ☐ Yes ☒ No
- M** (1) Is this LLC apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No
- (2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ☒ Yes ☐ No
- N** Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ☐ Yes ☒ No
- P** (1) Does the LLC have any foreign (non-U.S.) nonresident members? ☐ Yes ☒ No
- (2) Does the LLC have any domestic (non-foreign) nonresident members? ☐ Yes ☒ No
- (3) Were Form 592, Form 592-A, Form 592-B, and Form 592-F filed for these members? ☐ Yes ☒ No
- Q** Are any members in this LLC also LLCs or partnerships? ☐ Yes ☒ No
- R** Is this LLC under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No
- S** Is this LLC a member or partner in another multiple member LLC or partnership? ☐ Yes ☒ No
If "Yes," complete Schedule EO, Part I.
- T** Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ☐ Yes ☒ No
- U** (1) Is this LLC a business entity disregarded for tax purposes? ☒ Yes ☐ No
- (2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ☐ Yes ☒ No
- (3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ☐ Yes ☒ No
- V** Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction ☐ Yes ☒ No
- W** Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ☐ Yes ☒ No
- X** Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ☐ Yes ☒ No
- Y** Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ☐ Yes ☒ No
If "Yes," attach schedule of trusts and federal identification numbers.
- Z** Does this LLC own an interest in a business entity disregarded for tax purposes? ☒ Yes ☐ No
If "Yes," complete Schedule EO, Part II.

(continued on Side 3)

(continued from Side 2)

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? • ☐ Yes ☒ No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? • ☐ Yes ☒ No

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

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

DD Is the LLC reporting previously deferred Income from: (see instructions) • ☐ Installment Sale • ☐ IRC § 1031 • ☐ IRC § 1033 • ☐ Other

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

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

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

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

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

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

573-41-5200

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

⑥ CHANCHAL RUNCHAL

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

1931 STRADELLA RD LOS ANGELES, CA 90077-2320

Street Address, City, State, and ZIP Code

• What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

- ☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

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

Signature ▶

Date 2019-04-05

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this 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.		
	Signature of authorized member or manager ▶ CHANCHAL RUNCHAL	Date 04-05-2019	Telephone • 310-471-5013
Paid Preparer's Use Only	Authorized member or manager's email address (optional) runchal@gmail.com		PTIN • P00186900
	Paid preparer's signature ▶	Date 09-23-2019	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ▶ J ARORA INC 17037 CHATSWORTH ST STE 202 Granada Hills, CA 91344		Firm's FEIN • 32-0225393 Telephone • 818-923-5038
May the FTB discuss this return with the preparer shown above (see instructions)? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Schedule A Cost of Goods Sold

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

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

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

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

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

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

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

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

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law		
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1 • 0	0	⊕ 0		
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 53,754		⊕ 53,754		
	3 a	Gross income (loss) from other rental activities	3a		⊕		
	b	Less expenses. Attach schedule	3b				
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		•		
	4	Guaranteed payments to members	4		•		
	5	Interest income	5		•		
	6	Dividends	6		•		
	7	Royalties	7		•		
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8		•		
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9		•		
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a		•		
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b		•		
	11 a	Other portfolio income (loss). Attach schedule	11a		⊕		
	b	Total other income. Attach schedule	11b		⊕		
	c	Total other loss. Attach schedule	11c				
Deductions	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12				
	13 a	Charitable contributions. See instructions. Attach schedule	13a				
	b	Investment interest expense	13b		•		
	c 1	Total expenditures to which IRC Section 59(e) election may apply	13c1				
	2	Type of expenditures _____	13c2				
	d	Deductions related to portfolio income	13d				
	e	Other deductions. Attach schedule	13e		⊕		
Credits	15 a	Withholding on LLC allocated to all members	15a				
	b	Low-income housing credit	15b				
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c				
	d	Credits related to other rental activities. Attach schedule	15d				
	e	Nonconsenting nonresident members' tax paid by LLC	15e				
	f	Other credits. Attach schedule	15f		•		
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986	17a				
	b	Adjusted gain or loss	17b				
	c	Depletion (other than oil and gas)	17c				
	d	Gross income from oil, gas, and geothermal properties	17d				
	e	Deductions allocable to oil, gas, and geothermal properties	17e				
	f	Other alternative minimum tax items. Attach schedule	17f				
Other Information	18 a	Tax-exempt interest income	18a				
	b	Other tax-exempt income	18b		•		
	c	Nondeductible expenses	18c				
	19 a	Distributions of money (cash and marketable securities)	19a		⊕		
	b	Distribution of property other than money	19b		⊕		
	20 a	Investment income	20a				
	b	Investment expenses	20b				
	c	Other information. See instructions	20c				
Analysis	21 a	Total distributive income/payment items. Combine lines 1, 2, and 3c through 11c. From the result, subtract the sum of lines 12 through 13e	21a 53,754		• 53,754		
	b	Analysis of members: Members	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other
		0	0 0	0	0	0	0

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

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

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

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

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

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

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

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

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

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

Amount of liquidation gains recognized to capitalize the LLC •

Schedule IW Limited Liability Company (LLC) Income Worksheet

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

See instructions on page 13 and page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ☒ 1a _____
b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ☒ 1b _____
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ☒ 2a 186,287
b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ☒ 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities ☒ 3a _____
b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ☒ 3b _____
c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ☒ 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ☒ 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ☒ 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ☒ 6 _____
- 7 Add line 1a through line 6 ☒ 7 186,287
- 8 California rental real estate
a Enter the total gross rents from federal Form 8825, line 18a ☒ 8a _____
b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ☒ 8b _____
c Add line 8a and line 8b ☒ 8c _____
- 9 Other California rentals.
a Enter the amount from Schedule K (568), line 3a ☒ 9a _____
b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ☒ 9b _____
c Add lines 9a and 9b ☒ 9c _____
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ☒ 10 _____
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ☒ 11 _____
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ☒ 12 _____
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ☒ 13 _____
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ☒ 14 _____
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ☒ 15 _____
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ☒ 16 _____
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ☒ 17 186,287

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

G. Accounting Method Additional Information

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

J. K-1s Filed

Filed by Mag Media {5} false

K1 Mag Media Count _____

Date Accepted _____

043

TAXABLE YEAR

2018

California e-file Return Authorization for Limited Liability Companies

FORM

8453-LLC

Limited liability company name	Identifying number
2408 OCEAN PARK LLC	454393189

Part I Tax Return Information (whole dollars only)

1	Total income (Form 568, Schedule B, Line 12 or Form 568, Line 1 for Single Member LLCs)	1	186,287
2	Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs)	2	186,287
3	Tax and fee due (Form 568, line 14)	3	
4	Overpayment (Form 568, line 15)	4	800
5	Total amount due (Form 568, line 19)	5	

Part II Settle Your Account Electronically for Taxable Year 2018.

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

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2019 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

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

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

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2019 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2018 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign
Here

Signature of authorized member or manager

04-05-2019

Date

TMP

Title

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO
Must
Sign

ERO's signature  JAGJIT SINGH ARORA, E.A

Date

Check if
also paid
preparer ☒

Check
if self-
employed ☐

ERO's PTIN

P00186900

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

J ARORA INC
17037 CHATSWORTH ST STE 202
Granada Hills, CA

FEIN

32-0225393

ZIP code

91344

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

Paid
Preparer
Must
Sign

Paid
preparer's
signature 

Date

Check
if self-
employed ☐

Paid preparer's PTIN

FEIN

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

ZIP code

CAINST**Filing Instructions****2018**

Name(s) as shown on return

SSN or EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Date to file by: 10-15-2019**Form to be filed:** CA540 and supplemental forms and schedules**Sign and date:** Sign & date the return in the space provided. If a joint tax return, spouse's signature is required.**Refund:** \$0.00 with \$3,344.00 applied to next year's estimated taxes.**Return is eligible for efilng**

2018 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

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

18

A
R
RP

1931 STRADELLA RD
 LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

01	2	45	406	113
06		46	407	115
07	2	236	47 12923	408 116
08	0	48	31656	410 117
09	2	236	61	413 APE 0
10		62	422	3800 0
11	472	63	423	3803 0
12		64	31656	424 SCHG1 0
13	614885	71	425	5870A 0
14	55216	72	35000	430 5805 5805F 0
16		73	431	DESIGNEE 0
17	559669	74	432	TPIDP 00186900
18	21257	75	433	FN 320225393
19	538412	76	35000	434 CCF 0
31	44579	91	435	3805P 0
32		92	35000	436 NQDC 1
33	44579	93	437	3540 0
34		94	3344	438 3554 0
35	44579	95	3344	439 3805z 0
40		96	440	3807 0
43	12923	97	441	3808 0
44		400	442	3809 0
		401	443	IRC453A 0
		403	110	IRC1341 0
		405	111	
			112	

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

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). See inst. Enter year spouse/RDP died	<input type="text"/>
	See instructions.		<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"/>		

Your name:

AKSHAI K & CHANCHAL RUNC

Your SSN or ITIN:

553-39-5912

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. • 6 ☐► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions . • 7 ☐ 2 X \$118= • \$ ☐ 2368 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 • 8 ☐ X \$118= • \$ ☐9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9 ☐ 2 X \$118= • \$ ☐ 23610 **Dependents:** Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent's relationship to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total dependent exemptions • 10 ☐ X \$367= • \$ ☐11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ ☐ 472

Taxable Income

12 State wages from your Form(s) W-2, box 16 • 12 ☐ .0013 Enter federal adjusted gross income from Form 1040, line 7 • 13 ☐ 614885 .0014 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 ☐ 55216 .0015 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 ☐ 559669 .0016 California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C. • 16 ☐ .0017 California adjusted gross income. Combine line 15 and line 16. • 17 ☐ 559669 .00

18 Enter the larger of:

Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**

Your California **standard deduction** shown below for your filing status:

- Single or Married/RDP filing separately. \$4,401
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$8,802

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions

• 18 ☐ 21257 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- • 19 ☐ 538412 .00

Tax

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule• ☐ FTB 3800 • ☐ FTB 3803 • 31 ☐ 44579 .0032 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504 see instructions • 32 ☐ 0 .0033 Subtract line 32 from line 31. If less than zero, enter -0- • 33 ☐ 44579 .0034 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 ☐ .0035 Add line 33 and line 34 • 35 ☐ 44579 .00

Your name:

AKSHAI K & CHANCHAL RUNC

Your SSN or ITIN:

553-39-5912

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 .00
- 43 Enter credit name OTHER STATE code • 187 and amount • 43 12923 .00
- 44 Enter credit name code • 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 through line 46. These are your total credits ⊕ 47 12923 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ⊕ 48 31656 .00

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 31656 .00

Payments

- 71 California income tax withheld. See instructions • 71 .00
- 72 2018 CA estimated tax and other payments. See instructions • 72 35000 .00
- 73 Withholding (Form 592-B and/or 593). See instructions • 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions • 74 .00
- 75 Earned Income Tax Credit (EITC) • 75 .00
- 76 Add lines 71 through 75. These are your total payments. See instructions ⊕ 76 35000 .00

Use Tax

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

Overpaid Tax/Tax Due

- 92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 ⊕ 92 35000 .00
- 93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 ⊕ 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 ⊕ 94 3344 .00
- 95 Amount of line 94 you want applied to your 2019 estimated tax • 95 3344 .00
- 96 Overpaid tax available this year. Subtract line 95 from line 94 • 96 .00
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ⊕ 97 .00

Your name:

AKSHAI K & CHANCHAL RU

Your SSN or ITIN:

553-39-5912

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	• 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/> .00
California Firefighters' Memorial Fund.	• 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund.	• 408	<input type="text"/> .00
California Sea Otter Fund	• 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/> .00
School Supplies for Homeless Children Fund.	• 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund.	• 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	• 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	• 431	<input type="text"/> .00
Revive the Salton Sea Fund	• 432	<input type="text"/> .00
California Domestic Violence Victims Fund	• 433	<input type="text"/> .00
Special Olympics Fund	• 434	<input type="text"/> .00
Type 1 Diabetes Research Fund.	• 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	• 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	• 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund.	• 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	• 110	<input type="text"/> .00

Your name:

AKSHAI K & CHANCHAL RU

Your SSN or ITIN:

553-39-5912

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

• 111

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

• 115

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.**Have you verified the routing and account numbers?** Use whole dollars only.

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

• Type

• Routing number ☐ Checking • Account number ☐ **116** Direct deposit amount

☐ Savings

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

• Type

• Routing number ☐ Checking • Account number ☐ **117** Direct deposit amount

☐ Savings

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

09-23-2019

**Sign
Here**

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

Joint tax return?
(See instructions)

Ⓢ Your email address. Enter only one email address.

Ⓢ Preferred phone number

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

• FEIN

17037 CHATSWORTH ST STE 202 GRANADA HILLS, CA 91344**320225393**

Do you want to allow another person to discuss this tax return with us? See instructions

• ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2018 AGI FD/ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest.	2b	700	700	
3b Ordinary dividends.	3b	3,958	2,549	3,958
4b Taxable amount of IRA distributions	4b	7,432		7,432
4b Taxable amount of Pensions and annuities. . . .	4b	32,718		32,718
5b Taxable amount of Social security benefits	5b	23,955	11,971	23,955
Schedule 1 - Additional Income				
10 Taxable refunds, credits, or offsets of state and local income taxes	10	9,645	9,645	9,645
11 Alimony received	11			
12 Business income or (loss).	12			
13 Capital gain or (loss)	13	20,242		20,242
14 Other gains or (losses)	14			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17	174,815	317,255	174,815
18 Farm income or (loss)	18			
19 Unemployment compensation	19			
21 Other income.	21			
22 Add the amounts in each column for Ins 1 thru 21. This is your total income	22	273,465	341,420	273,465
Schedule 1 - Adjustments to Income				
23 Educator Expenses	23			
24 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	24			
25 Health savings account deduction	25			
26 Moving expenses.	26			
27 One-half 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 paid	31a			
32 IRA deduction.	32			
33 Student loan interest deduction	33			
34 Tuition and fees	34			
35 Reserved	35			
36 Line 36 other adjustments	36			
Add lines 23 thru 35				
37 Subtract Ln 36 from Ln 22. This is your AGI . .	37	273,465	341,420	273,465

Form at bottom of page.

Payment Form 1 - File and Pay by April 15, 2019. **If amount of payment is zero, do not mail this form.**

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2019 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

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

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

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

File and Pay by April 15, 2019

TAXABLE YEAR

CALIFORNIA FORM

2019 Estimated Tax for Individuals

540-ES

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

19 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

AMOUNT OF PAYMENT 7106.

Form at bottom of page.

Payment Form 2 - File and Pay by June 17, 2019. **If amount of payment is zero, do not mail this form.**

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2019 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

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

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

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

File and Pay by June 17, 2019

TAXABLE YEAR

CALIFORNIA FORM

2019 Estimated Tax for Individuals

540-ES

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

19 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

AMOUNT OF PAYMENT 10000.

Form at bottom of page.

Payment Form 3 - File and Pay by Sept. 16, 2019. **If amount of payment is zero, do not mail this form.**

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

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2019 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

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

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

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

File and Pay by Sept. 16, 2019

TAXABLE YEAR

CALIFORNIA FORM

2019 Estimated Tax for Individuals

540-ES

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

19 APE 0

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

AMOUNT OF PAYMENT 10000.

Form at bottom of page.

Payment Form 4 - File and Pay by Jan 15, 2020. **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 "2019 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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

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

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

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

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

File and Pay by Jan. 15, 2020

TAXABLE YEAR

CALIFORNIA FORM

2019 Estimated Tax for Individuals

540-ES

553-39-5912	RUNC	573-41-5200	19	APE	0
AKSHAI	K	RUNCHAL			
CHANCHAL		RUNCHAL			

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

AMOUNT OF PAYMENT 10000.

2018 California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Income Adjustment Schedule**Section A - Income** from federal Form 1040

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
2 Taxable interest (a) <input type="radio"/> 977 2(b)	<input type="radio"/> 700	<input type="radio"/> 0	<input type="radio"/> 0
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3556 3(b)	<input type="radio"/> 6507	<input type="radio"/> 0	<input type="radio"/> 0
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 7432 4(b)	<input type="radio"/> 40150	<input type="radio"/> 0	<input type="radio"/> 0
5 Social security benefits. (a) <input type="radio"/> 42266 5(b)	<input type="radio"/> 35926	<input type="radio"/> 35926	

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

10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input type="radio"/> 19290	<input type="radio"/> 19290	
11 Alimony received 11	<input type="radio"/> 0		<input type="radio"/> 0
12 Business income or (loss) 12	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
13 Capital gain or (loss). See instructions 13	<input type="radio"/> 20242	<input type="radio"/> 0	<input type="radio"/> 0
14 Other gains or (losses) 14	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
15a Reserved 15(b)			
16a Reserved 16(b)			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/> 492070	<input type="radio"/> 0	<input type="radio"/> 0
18 Farm income or (loss) 18	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
19 Unemployment compensation 19	<input type="radio"/> 0	<input type="radio"/> 0	
20a Reserved 20(b)			
21 Other income.			
a California lottery winnings		a <input type="radio"/> 0	
b Disaster loss deduction from FTB 3805V		b <input type="radio"/> 0	
c Federal NOL		c <input type="radio"/> 0	
d NOL deduction from FTB 3805V		d <input type="radio"/> 0	
e NOL from FTB 3805Z, 3806, 3807, or 3809		e <input type="radio"/> 0	
f Other (describe):		f <input type="radio"/> 0	
(federal Schedule 1 (Form 1040, line 21) <input type="radio"/> 0)			
22 Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C 22	<input type="radio"/> 614885	<input type="radio"/> 55216	<input type="radio"/> 0

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

23 Educator expenses 23	<input type="radio"/> 0	<input type="radio"/> 0	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
25 Health savings account deduction 25	<input type="radio"/> 0	<input type="radio"/> 0	
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/> 0		<input type="radio"/> 0
27 Deductible part of self-employment tax 27	<input type="radio"/> 0		
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/> 0		
29 Self-employed health insurance deduction 29	<input type="radio"/> 0		
30 Penalty on early withdrawal of savings 30	<input type="radio"/> 0		
31a Alimony paid. (b) Recipient's: SSN <input type="radio"/> 0			
Last name <input type="radio"/> 0 31a	<input type="radio"/> 0		<input type="radio"/> 0
32 IRA deduction 32	<input type="radio"/> 0		
33 Student loan interest deduction 33	<input type="radio"/> 0		<input type="radio"/> 0
34 Reserved 34			
35 Reserved 35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions. 37	<input type="radio"/> 614885	<input type="radio"/> 55216	<input type="radio"/> 0

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(form federal Schedule A
(Form 1040))**B Subtractions**
See Instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses	<input type="radio"/> 11334	1			
2	Enter amount from federal Form 1040, line 7 <input type="radio"/> 614885		2			
3	Multiply line 2 by 7.5% (0.075)	<input type="radio"/> 46116	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		4	<input type="radio"/>		

Taxes You Paid

5a	State and local income tax or general sales taxes	5a <input type="radio"/> 2088	<input type="radio"/> 2088		
5b	State and local real estate taxes	5b <input type="radio"/> 18470			
5c	State and local personal property taxes	5c <input type="radio"/>			
5d	Add lines 5a through 5c	5d <input type="radio"/> 20558			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C . .	5e <input type="radio"/> 10000	<input type="radio"/> 2088	<input type="radio"/> 10558	
6	Other taxes. List type <input type="radio"/>	6 <input type="radio"/> 410	<input type="radio"/>		
7	Add lines 5e and 6	7 <input type="radio"/> 10410	<input type="radio"/> 2088	<input type="radio"/> 10558	

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	8a <input type="radio"/> 15929		<input type="radio"/>	
8b	Home mortgage interest not reported to you on Form 1098	8b <input type="radio"/>		<input type="radio"/>	
8c	Points not reported to you on Form 1098	8c <input type="radio"/>		<input type="radio"/>	
8d	Reserved	8d			
8e	Add lines 8a through 8c	8e <input type="radio"/> 15929		<input type="radio"/>	
9	Investment interest	9 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	Add lines 8e and 9	10 <input type="radio"/> 15929	<input type="radio"/>	<input type="radio"/>	

Gifts to Charity

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

Casualty and Theft Losses

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

16	Other - from list in federal instructions	16 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17	Add lines 4, 7, 10, 14, 15 and 16 in columns A, B, and C	17 <input type="radio"/> 26339	<input type="radio"/> 2088	<input type="radio"/> 10558	

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C. . . . ☐ 18 **34809**

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	<input checked="" type="radio"/>	19	<input type="text"/>
20	Tax preparation fees	<input checked="" type="radio"/>	20	<input type="text"/>
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/> STATEMENT #540	<input checked="" type="radio"/>	21	<input type="text" value="3920"/>
22	Add lines 19 through 21	<input checked="" type="radio"/>	22	<input type="text" value="3920"/>
23	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 614885			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	<input checked="" type="radio"/>	24	<input type="text" value="12298"/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	<input checked="" type="radio"/>	25	<input type="text"/>
26	Total Itemized Deductions. Add line 18 and line 25	<input checked="" type="radio"/>	26	<input type="text" value="34809"/>
27	Other adjustments. See instructions. Specify <input checked="" type="radio"/>	<input checked="" type="radio"/>	27	<input type="text"/>
28	Combine line 26 and line 27	<input checked="" type="radio"/>	28	<input type="text" value="34809"/>
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
	Single or married/RDP filing separately			\$194,504
	Head of household			\$291,760
	Married/RDP filing jointly or qualifying widow(er)			\$389,013
	No. Transfer the amount on line 28 to line 29.			
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	<input checked="" type="radio"/>	29	<input type="text" value="21257"/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below			
	Single or married/RDP filing separately. See instructions			\$4,401
	Married/RDP filing jointly, head of household, or qualifying widow(er)			\$8,802
	Transfer the amount on line 30 to Form 540, line 18	<input checked="" type="radio"/>	30	<input type="text" value="21257"/>

CAWK_ID	Itemized Deductions Worksheet Line 29	2018
Name(s) AKSHAI K & CHANCHAL RUNCHAL	California ID Number 553-39-5912	

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

Single or married/RDP filing separately \$ 194,504
Head of household \$ 291,760
Married/RDP filing jointly or qualifying widow(er) \$ 389,013

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

YES Complete the Itemized Deductions Worksheet below.

Note:

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

1. Amount from Schedule CA (540), line 28	1	34,809.
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16	2	
3. Subtract line 2 from line 1	3	34,809.
If zero, STOP. Enter the amount from line 1 on Schedule CA (540), line 29.		
4. Multiply line 3 by 80% (.80)	4	27,847.
5. Amount from Form 540, line 13	5	614,885.
6. Enter the amount shown above for your filing status	6	389,013.
7. Subtract line 6 from line 5	7	225,872.
Note: If zero or less, STOP. Enter the amount from line 1 on Schedule CA (540), line 29.		
8. Multiply line 7 by 6% (.06)	8	13,552.
9. Compare line 4 and line 8. Enter the smaller amount here	9	13,552.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29	10	21,257.

Line 2 - Computation

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

Do not file with California. Keep for your records.

CAWK_D	For your records only. Capital Gains and Losses Worksheet	2018 STATE D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(4,514)		(4,514)
Line 2	Transactions reported on 8949 with Box B checked	(661)		(661)
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:		(5,175)		(5,175)

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked	27,129		27,129
Line 9	Transactions reported on 8949 with Box E checked	(2,004)		(2,004)
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	292		292
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		25,417		25,417

State's Computation			
Total Capital Gain or Loss	20,242		20,242
Limited Capital Gain or Loss (Amount carrying to the State)	20,242		20,242

Special Note 1

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

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

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

CAWK_D	For your records only. Capital Gains and Losses Worksheet	2018 FEDERAL D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(4,514)		(4,514)
Line 2	Transactions reported on 8949 with Box B checked	(661)		(661)
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:		(5,175)		(5,175)

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked	27,129		27,129
Line 9	Transactions reported on 8949 with Box E checked	(2,004)		(2,004)
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	292		292
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		25,417		25,417

State's Computation			
Total Capital Gain or Loss	20,242		20,242
Limited Capital Gain or Loss (Amount carrying to the State)	20,242		20,242

Special Note 1

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

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

2018

Alternative Minimum Tax and Credit Limitations - Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1		00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 7	2		00
3	Personal property taxes and real property taxes. See instructions	3	18880	00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00
5	Miscellaneous itemized deductions. See instructions	5		00
6	Refund of personal property taxes and real property taxes. See instructions	6	(00)
Do not include your state income tax refund on this line.				
7	Investment interest expense adjustment. See instructions	7		00
8	Post-1986 depreciation. See instructions	8	1	00
9	Adjusted gain or loss. See instructions	9		00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10		00
11	Passive activities adjustment. See instructions	11	1	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
a	Circulation expenditures <input type="radio"/> 00	g	Mining costs <input type="radio"/> 00	
b	Depletion <input type="radio"/> 00	h	Patron's adjustment <input type="radio"/> 00	
c	Installment sales <input type="radio"/> 00	i	Pollution control facilities <input type="radio"/> 00	
d	Intangible drilling costs <input type="radio"/> 00	j	Research and experimental <input type="radio"/> 00	
e	Long-term contracts <input type="radio"/> 00	k	Tax shelter farm activities <input type="radio"/> 00	
f	Loss limitations <input type="radio"/> 00	l	Related adjustments <input type="radio"/> 00	
		13		00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	18882	00
15	Enter taxable income from Form 540, line 19. See instructions	15	538412	00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, line 21b, line 21d, and line 21e, column B. Enter as a positive amount	16		00
17	AMTI exclusion. See instructions	17	(00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	(13552 00)
	Single or married/RDP filing separately \$194,504			
	Married/RDP filing jointly or qualifying widow(er) \$389,013			
	Head of household \$291,760			
19	Combine line 14 through line 18	19	543742	00
20	Alternative minimum tax NOL deduction. See instructions	20		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$369,592, see instructions)	21	543742	00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)			
	If your filing status is:	And line 21 is not over:	Enter on line 22:	
	Single or head of household	\$ 268,237	\$ 71,531	
	Married/RDP filing jointly or qualifying widow(er)	\$ 357,650	\$ 95,373	
	Married/RDP filing separately	\$ 178,822	\$ 47,685	
				22 48850 00
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.				
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	494892	00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	34642	00
25	Regular tax before credits from Form 540, line 31	25	44579	00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2019, enter amount from line 26 on the 2019 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	26	0	00

Part III Credits that Reduce Tax **Note:** Be sure to attach your credit forms to Form 540.

553-39-5912

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	44579	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	34642	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits	3		<input checked="" type="radio"/> 9937	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507)	4	<input checked="" type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506)	5	<input checked="" type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6 Code: <input checked="" type="radio"/> Credit Name: _____	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Code: <input checked="" type="radio"/> Credit Name: _____	7	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8 Code: <input checked="" type="radio"/> Credit Name: _____	8	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Code: <input checked="" type="radio"/> Credit Name: _____	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax	10	<input checked="" type="radio"/>		<input checked="" type="radio"/>
Section B - Credits that may reduce tax below tentative minimum tax.				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)	11		<input checked="" type="radio"/> 44579	
B1 Credits that reduce net tax and have no carryover provisions.				
12 Code: 170 Credit for joint custody head of household	12	<input checked="" type="radio"/>		
13 Code: 173 Credit for dependent parent	13	<input checked="" type="radio"/>		
14 Code: 163 Credit for senior head of household	14	<input checked="" type="radio"/>		
15 Nonrefundable renter's credit	15	<input checked="" type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16 Code: <input checked="" type="radio"/> Credit Name: _____	16	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Code: <input checked="" type="radio"/> Credit Name: _____	17	<input checked="" type="radio"/>		<input checked="" type="radio"/>
18 Code: <input checked="" type="radio"/> Credit Name: _____	18	<input checked="" type="radio"/>		<input checked="" type="radio"/>
19 Code: <input checked="" type="radio"/> Credit Name: _____	19	<input checked="" type="radio"/>		<input checked="" type="radio"/>
B3 Other state tax credit.				
20 Code: 187 Other state tax credit	20	12923 <input checked="" type="radio"/> 12923	31656	
Section C - Credits that may reduce alternative minimum tax.				
21 Enter your alternative minimum tax from Side 1, Part II, line 26	21		<input checked="" type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d)	22	<input checked="" type="radio"/>		<input checked="" type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	23	<input checked="" type="radio"/>		<input checked="" type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61	24		<input checked="" type="radio"/>	

CAWK_AMT

California Schedule P Limitations Worksheet

2018

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

California ID Number

553-39-5912

Part II Alternative Minimum Tax

Line 22 - Exemption Amount

If line 21 is more than the amount shown for your filing status in the middle column of the chart on line 22, complete the Exemption Worksheet to figure the amount to enter on line 22.

Certain Children Under Age 24

Your exemption amount is limited to the amount of your earned income plus \$7,600 if condition 1, 2, or 3 below applies to you.

1. You were under age 18 at the end of 2018.
2. You were age 18 at the end of 2018 and did not have earned income that was more than half of your support.
3. You were a full-time student over age 18 and under age 24 at the end of 2018 and did not have earned income that was more than half of your support.

If condition 1, 2, or 3 applies to you, complete the Exemption Worksheet, including lines 7 through 10, to figure the amount to enter on line 22.

Do not complete this worksheet if the child filed a joint tax return for 2018 or if both parents were deceased at the end of 2018.

Certain January 1 Birthdays. If you were born on January 1, 2001, you are considered to be 18 at the end of 2018. Your exemption amount is limited only if you did not have earned income that was more than half of your support.

If you were born on January 1, 2000, you are considered to be 19 at the end of 2018. Your exemption amount is limited only if you were a full-time student who did not have earned income that was more than half of your support.

If you were born on January 1, 1995, you are considered to be 24 at the end of 2018. Your exemption amount is not limited.

Exemption Worksheet

If line 21 (AMTI) is equal to or more than: \$554,361 if single or head of household; \$739,142 if married/RDP filing jointly or qualifying widow(er); \$369,562 if married/RDP filing separately, your exemption amount is zero. **Do not** complete this worksheet; instead, enter -0- on line 22.

- | | | |
|---|----|---------|
| 1. Enter \$71,531 if single or head of household; \$95,373 if married/RDP filing jointly or qualifying widow(er); \$47,685 if married/RDP filing separately. | 1 | 95,373 |
| 2. Enter your AMTI from Schedule P (540), Part I, line 21 | 2 | 543,742 |
| 3. Enter \$268,237 if single or head of household; \$357,650 if married/RDP filing jointly or qualifying widow(er); \$178,822 if married/RDP filing separately | 3 | 357,650 |
| 4. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 186,092 |
| 5. Multiply line 4 by 25% (.25) | 5 | 46,523 |
| 6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under "Certain Children Under Age 24" apply to you, go to line 7. Otherwise, enter this amount on Schedule P (540), Part II, line 22 and complete Schedule P (540) | 6 | 48,850 |
| 7. Minimum exemption amount for certain children under age 24 | 7 | \$7,600 |
| 8. Enter your earned income, if any. Refer to the instructions for federal Form 6251 for more information. | 8 | |
| 9. Add line 7 and line 8 | 9 | |
| 10. Enter the smaller of line 6 or line 9 here and on Schedule P (540), Part II, line 22 | 10 | |

Do not file with California. Keep for your records.

2018 Other State Tax Credit**S**

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> SCHEDULE E	<input checked="" type="radio"/> 367,812	<input checked="" type="radio"/> 367,812
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 367,812	<input checked="" type="radio"/> 367,812

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

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	44,579	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	367,812	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	559,669	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.6572	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	29,297	00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> GA See instructions	<input checked="" type="radio"/> 7	12,923	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	367,812	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	228,222	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	12,923	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 . See instructions	<input checked="" type="radio"/> 12	12,923	00

2018 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

SSN, ITIN, FEIN, or CA corporation no.

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I 2018 Passive Activity LossSee 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	246,814	00	
1b Activities with net loss from Worksheet 1, column (b)	1b	(11,352)	00	
1c Prior year unallowed losses from Worksheet 1, column (c)	1c	()	00	
1d Combine line 1a, line 1b, and line 1c	1d	235,462	00	

All Other Passive Activities

2a Activities with net income from Worksheet 2, column (a)	2a		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		00	
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions	3	235,462	00	

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 tax 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		00	
11 Total losses allowed from all passive activities for 2018. Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return.	11		00	

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

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

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

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

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR) Part II, line 12, column C.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
Statement #714				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column C.
Total		2(c) 492,070	2(d)** 492,070	2(e) 0

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 18, column C.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 12, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 17, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 18, column A.

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

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

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE CAWK3801					
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ▶	246,814	11,352			

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ▶					

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9.

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

Worksheet 4 Allocation of Unallowed Losses

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

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE CAWK3801.PG5				
Total ▶		11,352		11,352

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

CAWK3801

Passive Activity Loss Limitations

2018

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Worksheet 5 Allowed Losses

[illegible]

CA 3801 Passive Activity Loss Limitations

2018

California Passive Activity Worksheet

Statement #710

Use this worksheet to figure CA income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

PG01

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identifying Number

553-39-5912

(a)	(b)	(c)	(d)	(e)	(f)
Passive Activity	Federal Schedule	California Schedule	Federal Amount	California Adjustment	California Amount
3106 INGLEWO	SCH E - 1		43,222	0	43,222
12029 CLOVER	SCH E - 2		33,861	0	33,861
CARRIAGE OAK	SCH E - 3		(3,327)	0	(3,327)
4416 KATHERI	SCH E - 4		(8,025)	0	(8,025)
2408 OCEAN P	SCH E - 5		53,754	0	53,754
MEADOW GLEN	SCH E - 6		27,293	0	27,293
TUPPER LLC-S	SCH E - 7		87,901	0	87,901
LAUNDRY RENT	SCH E - 8		783	0	783

235,462

0

235,462

CA 3801 Passive Activity Loss Limitations

2018

California Adjustment Worksheet - Schedule E Activities

Statement #714

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

PG01

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identifying Number

553-39-5912

(a) Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
3106 INGLEWO	P	43,222	43,222	If the amount below is positive , transfer the amount to Sch. CA9540), Part I or Sch. CA (540NR), Part II, line 17, column C.
12029 CLOVER	P	33,861	33,861	
CARRIAGE OAK	P	(3,327)	(3,327)	
4416 KATHERI	P	(8,025)	(8,025)	If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, (as a positive amount) line 17, column B.
2408 OCEAN P	P	53,754	53,754	
MEADOW GLEN	P	27,293	27,293	
TUPPER LLC-S	P	87,901	87,901	
LAUNDRY RENT	P	783	783	
MD LIVE OAK	N	128,304	128,304	
MD LIVE OAK	N	128,304	128,304	

492,070

492,070

TAXABLE YEAR

FORM

2018**California e-file Signature Authorization for Individuals****8879**

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

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income. See instructions	1	559669
2 Amount You Owe. See instructions	2	
3 Refund or No Amount Due. See instructions	3	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, 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

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

ERO firm name **Do not enter all zeros**

as my signature on my 2018 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 09-23-2019**Spouse's/RDP's PIN: check one box only**

☒ I authorize J ARORA INC to enter my PIN

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

ERO firm name **Do not enter all zeros**

as my signature on my 2018 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► 09-23-2019

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.

9	6	2	6	0	7	5	0	3	4	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 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, 2018 Handbook for Authorized e-file Providers.

ERO's signature ► JAGJIT SINGH ARORA, E.A Date ► 09-23-2019

CAWK_USE**California Use Tax Worksheet****2018**Name(s) as shown on return
AKSHAI K & CHANCHAL RUNCHALCalifornia ID Number
553-39-5912

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$ _____ .00
2. Enter the applicable sales and use tax rate. See worksheet instructions _____
3. Multiply line 1 by the tax rate on line 2. Enter result here- \$ _____ .00
4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$ _____ .00
5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$ _____ .00

CAWK_TEI	For your records only. Tax Exempt Interest Worksheet	2018 Tax Exempt Int FD/ST Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912

Federal	Taxpayer	Spouse	Total
1099-Int (Line 8)			
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
1099-Div (Line 10)	977		977
1099-OID (Line 11)			
Subtotal:	977		977

Federal's Computation			
Tax Exempt Interest Income (Federal Amount)	977		977

State	Taxpayer	Spouse	Total
1099-Int (Line 3) U.S. Gov't Interest			
1099-Int Ln 8 & 1099-Div Ln 10 Federal Tax Exempt Interest	977		977
1099-OID (Line 11)			
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
Schedule K-1 U.S. Gov't Interest (1041, 1065, 1120S)			
State tax-exempt interest & dividends taxable to Federal			
Less U.S. Savings Bond Interest previously reported			
Less Federal 8815 - Line 14			
1099-Div (Box 1a) U.S. Gov't dividends			
Less Other state municipal interest & dividends			
Subtotal:	977		977

State's Computation			
Tax Exempt Interest Income (State Amount)	977		977

Federal		Total:	
U.S. Gov't interest			

State		Total:	
U.S. Gov't interest			

Documentation Only			
Int Screen amount of box 8 less box 13 and Div Screen Amount of box 10			
Resident state municipal interest & dividends	977		977

CAWK_REF	2018 Taxable State / Local Refund Carries to Federal worksheet WK_REF18 to determine total Taxable Refunds	2018
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

A. State / Local Refund A1. Bottom line on return, after state adjustments A2. Adjustments to Line A1 A3. Total Adjusted State/Local Refund (Line A1 Less A2)	<hr/> <hr/> <hr/>	A. <hr/>
B. Applied amounts B1. Total Contributions, Donation, Checkoffs (Will carry to 2019 Sch A) B2. Penalty and/or interest B3. Overpayment applied to 2019 (Will carry to 2019 ES screen) B4. Other Tax (Use tax, Property tax, Tangible tax, etc) B5. Total applied amounts. (Total of B1 thru B4)	<hr/> <hr/> <u>3,344</u> <hr/> <hr/>	B. <u>3,344</u>
C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)		C. <u>3,344</u>
D. Payments D1. Tax withheld/2018 payments deducted on Schedule A D2. 4th quarter estimate and extension paid in 2019 D3. Total payments applied to 2018 State / Local tax return (Total of D1 thru D2)	<u>43,637</u> <u>35,000</u> <hr/>	D. <u>78,637</u>
E. Allocation of Payments E1. Percent of payments made in 2018 (D1 divided by D3) E2. Line C multiplied by line E1 E3. Percent of payments made in 2019 (D2 divided by D3) E4. Line C multiplied by line E3	<u>0.5549</u> <u>1,856</u> <u>0.4451</u> <u>1,488</u>	
F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)		F. <u>1,856</u>
G. Taxes paid in 2019 deductible on 2019 Schedule A G1. 4th quarter estimate and extension paid in 2019 (From line D2) G2. Balance of refund that did not carry to the 1040, line 10. (From line E4) G3. Adjusted taxes paid in 2019 allowed to carry to 2019 Sch A. (Line G1 less line G2)	<u>35,000</u> <u>1,488</u> <hr/>	G. <u>33,512</u>

Subject to tax benefit rules

CAWK_A5	State / Local tax payments made after 12/31/2018 that will be deductible on 2019 Federal Schedule A	2018
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912
<p>A. 2018 Income taxes due that were paid after 12/31/2018</p> <p>A1. 4th quarter estimate/extension (may be adj. by refund) <u>33,512</u> See CAWK_REF Line G3</p> <p>A2. Amount paid with return _____</p> <p>A3. Total payments made in 2019 A. <u>33,512</u></p> <p>B. Adjustments made to payments</p> <p>B1. Interest & Penalty. _____</p> <p>B2. Contributions, Donations, Checkoffs _____</p> <p>B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____</p> <p>B4. Total adjustments B. _____</p> <p>C. Total tax payments potentially deductible in 2019 (Line A less line B) C. <u>33,512</u></p>		

CAWK_IRA	For your records only. Total IRA Distributions Worksheet	2018 IRA FD/ST Summary																																																																
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912																																																																
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CAWK_EXM	California AGI Limitation Worksheet	2018
Name(s) AKSHAI K & CHANCHAL RUNCHAL		California ID Number 553-39-5912

Line 32 - Exemption Credits

Exemption credits reduce your tax. If your federal adjusted gross income (AGI) on line 13 is more than the amount shown below for your filing status, your credits will be limited.

For purposes of computing limitations based upon AGI, RDPs, recalculate their AGI using a federal pro forma or California RDP Adjustments Worksheet (located in FTB Pub. 737). If your recalculated federal AGI is more than the amount shown below for your filing status, your credits will be limited.

If your filing status is:	Is Form 540 line 13 more than:
Single or married/RDP filing separately	\$194,504
Married/RDP filing jointly or qualifying widow(er)	\$389,013
Head of household	\$291,760

- Yes** Complete the AGI Limitation Worksheet on this page.
No Follow the instructions on Form 540, line 32.

a Enter the amount from Form 540, line 13	a <u>614,885.</u>
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately. \$194,504	
• Married/RDP filing jointly or qualifying widow(er) . . . \$389,013	b <u>389,013.</u>
• Head of household. \$291,760	
c Subtract line b from line a	c <u>225,872.</u>
d Divide line c by \$2,500 (\$1,250 if married/RDP filing separately). If the result is not a whole number, round it to the next higher whole number	d <u>91.</u>
e Multiply line d by \$6	e <u>546.</u>
f Add the numbers from the boxes on Form 540, lines 7, 8, and 9 (not the dollar amounts)	f <u>4.</u>
g Multiply line e by line f	g <u>2,184.</u>
h Add the total dollar amount from Form 540, lines 7, 8, and 9	h <u>472.</u>
i Subtract line g from line h. If zero or less, enter -0-	i <u>0.</u>
j Enter the number from the box on Form 540, line 10 (not the dollar amount)	j <u> </u>
k Multiply line e by line j	k <u> </u>
l Enter the dollar amount from Form 540, line 10	l <u> </u>
m Subtract line k from line l. If zero or less, enter -0-	m <u>0.</u>
n Add line i and line m. Enter the result here and on Form 540, line 32	n <u>0.</u>

Do not file with California. Keep for your records.

CAWK_PEN	For your records only. Total Pensions and Annuities Worksheet	2018 Pension FD/ST Summary																																																																
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912																																																																
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CAWK_SSB	Social Security Benefits Worksheet Figuring Your Taxable Benefits <small>(Keep for your records)</small>	2018				
<small>Name(s) as shown on return</small> AKSHAI K & CHANCHAL RUNCHAL		<small>Your Social Security Number</small> 553-39-5912				
<p>1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040, line 5a 1. <u>42,266</u></p> <p>2. Enter one-half of line 1 2. <u>21,133</u></p> <p>3. Combine the amounts from: Form 1040 Lines 1, 2b, 3b, 4b, and Schedule 1, Lines 2 through 14, 17 through 19, and 21 3. <u>578,959</u></p> <p>4. Enter the amount, if any, from Form 1040 line 2a 4. <u>977</u></p> <p>5. Enter the total of any exclusions/adjustments for: • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50, or Form 2555-EZ, line 18), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5. _____</p> <p>6. Combine lines 2, 3, 4, and 5 6. <u>601,069</u></p> <p>7. Form 1040 filers: Enter the amounts from Schedule 1, lines 23 through 32, and any write-in adjustments you entered on the dotted line next to Schedule 1, line 36 7. _____</p> <p>8. Is the amount on line 7 less than the amount on line 6? No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b,</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 7 from line 6 8. <u>601,069</u></p> <p>9. If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2018, enter \$25,000 9. <u>32,000</u></p> <p>Note: If you are married filing separately and you lived with your spouse at any time in 2018, skip lines 9 through 16; multiply line 8 by 85% (.85) and enter the result on line 17. Then go to line 18.</p> <p>10. Is the amount on line 9 less than the amount on line 8? No. STOP None of your benefits are taxable. Enter -0- on Form 1040, line 5b, If you are married filing separately and you lived apart from your spouse for all of 2018, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 5a</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 9 from line 8 10. <u>569,069</u></p> <p>11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2018 11. <u>12,000</u></p> <p>12. Subtract line 11 from line 10. If zero or less, enter -0- 12. <u>557,069</u></p> <p>13. Enter the smaller of line 10 or line 11 13. <u>12,000</u></p> <p>14. Enter one-half of line 13 14. <u>6,000</u></p> <p>15. Enter the smaller of line 2 or line 14 15. <u>6,000</u></p> <p>16. Multiply line 12 by 85% (.85). If line 12 is zero, enter -0- 16. <u>473,509</u></p> <p>17. Add lines 15 and 16 17. <u>479,509</u></p> <p>18. Multiply line 1 by 85% (.85) 18. <u>35,926</u></p> <p>19. Taxable benefits. Enter the smaller of line 17 or line 18. Also enter this amount on Form 1040, line 5b 19. <u>35,926</u></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <p>Note: a. If both spouses received SS benefits, the taxable amount is allocated between the spouses in the ratio of the benefits received by one spouse to the total benefits received.</p> <p>b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable.</p> </div> <div style="width: 35%; text-align: right;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Taxpayer's portion</td> <td style="width: 50%; text-align: right;"><u>23,955</u></td> </tr> <tr> <td>Spouse's portion</td> <td style="text-align: right;"><u>11,971</u></td> </tr> </table> </div> </div>			Taxpayer's portion	<u>23,955</u>	Spouse's portion	<u>11,971</u>
Taxpayer's portion	<u>23,955</u>					
Spouse's portion	<u>11,971</u>					
Notes about SS benefits:						

CA-COMP	Three-year State Tax Return Comparison			2018
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2016	2017	2018	Difference 2017-2018
Filing Status			MFJ	
Gross Income			614,885	614,885
Source Income				
Deductions			21,257	21,257
Taxable Income			538,412	538,412
Actual State Income				
State Income Tax			31,656	31,656
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .			35,000	35,000
Underpayment Penalty				
Overpayment Applied to Next Year . . .			3,344	3,344
Balance Due				
Refund				
Marginal tax rate			9.300000	9.300000
Effective tax rate			5.880000	5.880000

GAINST**Filing Instructions****2018**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

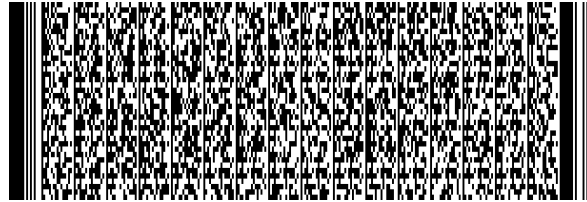
SSN or EIN

553-39-5912

Date to file by: 10-15-2019**Form to be filed:** GA500 and supplemental forms and schedules**Sign and date:** The return must be signed and dated to be considered valid.**Refund:** \$2,077.00**Return is eligible for efilings****Transaction method:** Refund will be mailed by the state in the form of a check. Before making an inquiry, allow: 2 weeks for returns filed electronically 7 weeks for paper returns filed prior to 4/1. 10 weeks for paper returns filed after 4/1. Do not mail the return if you filed electronically**Other instructions:** Do not use staples. If the amount on Form 500, line 8 is \$40,000 or more or if you itemized deductions, include the Form 1040 pages 1 & 2, and Schedule A.



1900402619

**Georgia Form 500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2018Fiscal Year
Ending 12/31/2018

YOUR DRIVER'S LICENSE/STATE ID N5830584

STATE ISSUED CA

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. AKSHAI K 553-39-5912LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
RUNCHALSPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
CHANCHAL 573-41-5200LAST NAME SUFFIX
RUNCHALADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
2. 1931 STRADELLA RD

DEPARTMENT USE ONLY

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

(COUNTRY IF FOREIGN)

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

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

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

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☒ 6c. 2

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

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
553-39-5912

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040) 8. 614885
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION). 11a.
(See IT-511 Tax Booklet)
- b. Self: 65 or over? ☐ Blind? ☐ Total x 1,300= 11b
Spouse: 65 or over? ☐ Blind? ☐
- c. Total Standard Deduction (Line 11a + Line 11b) 11c.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
- a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
- b. Less adjustments: (See IT-511 Tax Booklet) 12b.
- c. Georgia Total Itemized Deductions 12c.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D 14a.
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. Multiply by \$3,000 14b.

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

15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) 15. 219723

16. Tax (Use Tax Table in the IT-511 Tax Booklet) 16. 12923

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return). 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21.

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 12923

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input checked="" type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input checked="" type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 260429153	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 260429153	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 128304	4. GA WAGES / INCOME 128304	4. GA WAGES / INCOME
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
553-39-5912

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. **EMPLOYER/PAYER FEDERAL**
ID NUMBER (FEIN) ☐ **SSN** ☐
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. **Georgia Income Tax Withheld on Wages and 1099s** 23.
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. **Other Georgia Income Tax Withheld** 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2018 and Form IT-560. 25. 15000
26. Total prepayment credits (Add Lines 23, 24 and 25) 26. 15000
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter
balance due 27.
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter
overpayment 28. 2077
29. **Amount to be credited to 2019 ESTIMATED TAX** 29.
30. Georgia Wildlife Conservation Fund (**No gift of less than \$1.00**) 30.
31. Georgia Fund for Children and Elderly (**No gift of less than \$1.00**) 31.
32. Georgia Cancer Research Fund (**No gift of less than \$1.00**) 32.
33. Georgia Land Conservation Program (**No gift of less than \$1.00**) 33.
34. Georgia National Guard Foundation (**No gift of less than \$1.00**) 34.
35. Dog & Cat Sterilization Fund (**No gift of less than \$1.00**) 35.
36. Saving the Cure Fund (**No gift of less than \$1.00**) 36.
37. Realizing Educational Achievement Can Happen (REACH) Program. 37.
(**No gift of less than \$1.00**)
38. Public Safety Memorial Grant (**No gift of less than \$1.00**) 38.



YOUR SOCIAL SECURITY NUMBER
553-39-5912

39. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE. . . 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND 41.

2077

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

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☐
Savings ☐

Routing
Number
Account
Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. 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.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date
09/23/2019

Date
09/23/2019

Taxpayer's Phone Number
310-471-5013

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

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

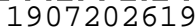
Signature of Preparer
Name of Preparer Other Than Taxpayer
JAGJIT SINGH ARORA, E.A

Preparer's Firm Name
J ARORA INC

Preparer's Phone Number
818-923-5038

Preparer's FEIN
32-0225393

Preparer's SSN/PTIN/SIDN
P00186900



YOUR SOCIAL SECURITY NUMBER
553-39-5912



SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(See IT-511 Tax Booklet)

(TAXPAYER)

(SPOUSE)

1. Salary and wages		
2. Other Earned Income (Losses)		
3. Total Earned Income	0	0
4. Maximum Earned Income	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero	0	0
6. Interest Income		
7. Dividend Income		
8. Alimony		
9. Capital Gains (Losses)		
10. Other Income (Losses) (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions		
12. Taxable Pensions		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses) (See IT-511 Tax Booklet)	140286	140288
14. Total of Lines 6 through 13; if zero or less, enter zero	140286	140288
15. Add Lines 5 and 14	140286	140288
16. Maximum Allowable Exclusion*	65000	65000
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B	65000	65000

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Georgia Form **500**
(Rev. 06/25/18)
Schedule 3
Part-Year Nonresident
2018 (Approved software version)



Schedule 3
Page 1
YOUR SOCIAL SECURITY NUMBER
553-39-5912

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

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

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTERESTS AND DIVIDENDS 7207	2. INTERESTS AND DIVIDENDS 7207	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 607678	4. OTHER INCOME OR (LOSS) 327104	4. OTHER INCOME OR (LOSS) 280574
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 614885	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 334311	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 280574
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 -185216	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -132864	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -52352
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 429669	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 201447	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 228222
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage . .	9.	53.12 % Not to exceed 100%
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet)	10a.	6000
10b. Additional Standard Deduction Self: 65 or over? <input checked="" type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input checked="" type="checkbox"/> Blind? <input type="checkbox"/> Total 2 x 1,300=	10b.	2600
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 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. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000	11b.	
11c. Add Lines 11a. and 11b. Enter total	11c.	7400
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c	12.	16000
13. Multiply Line 12 by Ratio on Line 9 and enter result	13.	8499
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X	14.	219723

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



MAIL TO:

Georgia Department of Revenue
Processing Center
PO Box 740320
Atlanta, GA 30374-0320

Georgia Department of Revenue
**APPLICATION FOR EXTENSION OF TIME
FOR FILING STATE INCOME TAX RETURNS**

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

COMPLETE THIS FORM IN TRIPLICATE. MAIL THE ORIGINAL PRIOR TO THE RETURN DUE DATE AND KEEP 2 COPIES. ATTACH ONE COPY TO RETURN WHEN FILED AND RETAIN ONE COPY FOR YOUR RECORDS. WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

SECTION 1

NAME AKSHAI K & CHANCHAL RUNCHAL		SOCIAL SECURITY NUMBER OR FEIN 553-39-5912	
ADDRESS 1931 STRADELLA RD	CITY LOS ANGELES	STATE CA	ZIP CODE 90077-2320
NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE			
ADDRESS	CITY	STATE	ZIP CODE

SECTION 2

APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:

1. Type of return (check proper type):	2. For Period Ending:	3. Extension Requested To:
<input checked="" type="checkbox"/> Individual--Form 500	12-31-2018	10-15-2019
<input type="checkbox"/> Partnership--Form 700		
<input type="checkbox"/> Fiduciary--Form 501 (5 1/2 months only)		
<input type="checkbox"/> Corporate Income Tax		
<input type="checkbox"/> Net Worth Tax (For Period Beginning)		
<input type="checkbox"/> Other		

NOTE: Except as noted above, extensions are limited by law to six (6) months, please see line 6 of instructions.

SECTION 3

REASON FOR EXTENSION:

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

DATE

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME



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

IRS DCN OR SUBMISSION ID

					9	6	2	6	0	7		0	0	1	8	3		
--	--	--	--	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--

**GA-8453
2018**

**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 LOS ANGELES	State CA	Zip Code 90077-2320

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	614885
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	2.	219723
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	12923
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 21)	5.	2077

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 2018 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN _____ **09-23-19** _____ **09/23/2019**
HERE **TAXPAYER'S SIGNATURE** Date **SPOUSE'S SIGNATURE** (if joint return, both must sign) Date

AKSHAI K & CHANCHAL 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 09-23-19
	Firm's Name J ARORA INC	Check also if paid preparer <input checked="" type="checkbox"/>
	Address 17037 CHATSWORTH ST STE 202	FEIN/PTIN 32-0225393
	City, State, & Zip Code GRANADA HILLS CA 91344	SSN/TIN P00186900

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

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & Zip Code _____	

KEEP A COPY WITH YOUR RECORDS

INSTRUCTIONS FOR FORM IT 560 INDIVIDUAL AND FIDUCIARY

IMPORTANT- DO NOT USE this form for Corporate Income / Net Worth Tax Payments

NOTE: THIS IS NOT AN EXTENSION REQUEST FORM.

- This form is to be used to submit any payment of tax when an extension has been requested or is enforced.
- When a taxpayer receives an automatic extension of time in which to file a Federal return, Georgia will honor that extension. No penalty for late filing will be assessed if the Georgia return is filed by the extended due date of the Federal return. However, the tax must be paid by the statutory due date. The extension is for filing the return only and does not extend the time for paying the tax.
- Complete the name and address field located on the upper right side of voucher.
- The amount paid with this form should be claimed on the completed return as estimated tax. Form 500 filers should enter the amount on Line 25, Page 4. Form 501 filers should enter the amount on the estimate tax paid line.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.
- Mail this completed form with your payment to:


**Processing Center
Georgia Department of Revenue
PO Box 105198
Atlanta, Georgia 30348-5198**

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

IT 560 (Rev. 06/25/18) Individual and Fiduciary Payment Voucher 2018 DO NOT use for Quarterly Estimate or Corporate Tax Payments	 1902302617	Individual or Fiduciary Name and Address: AKSHAI K & CHANCHAL RUNCH 1931 STRADELLA RD LOS ANGELE CA 90077-2320	
TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual Extension Payment <input type="checkbox"/> 10-Fiduciary Extension Payment			
Taxpayer's SSN or Fiduciary FEIN 553-39-5912	Spouse's SSN 573-41-5200	Tax Year of Return 2018	
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.		Vendor Code 026	
		The amount paid is to be credited as a payment on the liability that may be due as reflected by the completed return of the named taxpayer.	
		Signature _____ Title _____	
		Telephone 310-471-5013 Date 09-23-2019	

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105198
ATLANTA GA 30348-5198

Amount Paid \$ 15000.00

023005533959128180900000000000000000000000002600015000000

GARIE_WK	Georgia Retirement Income Exclusion Worksheet (Keep worksheet for your records)	2018
	Name AKSHAI K & CHANCHAL RUNCHAL	Taxpayer SSN 553-39-5912
		Spouse SSN 573-41-5200

	TAXPAYER	SPOUSE
(1) Salary and Wages		
(2) Other Earned Income(Losses)		
(3) Total Earned Income	0	0
(4) Maximum Earned Income	4000	4000
(5) Smaller of Line 3 or 4; if zero or less, enter zero	0	0
(6) Interest Income		
(7) Dividend Income		
(8) Alimony		
(9) Capital Gains(Losses)		
(10) Other Income(Losses)		
(11) Taxable IRA Distributions		
(12) Taxable Pensions		
(13) Rental, Royalty, Partnership, S Corp, etc., Income/Losses	140286	140288
(14) Total of Lines 6 through 13; if zero or less, enter zero	140286	140288
(15) Add Lines 5 and 14	140286	140288
(16) Maximum Allowable Exclusion for Tax Year 2018* If age 62-64 or less than 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000	65000	65000
(17) Smaller of Line 15 or 16; enter here and on Form 500, Schedule 1, Line 7 A&B	65000	65000
(18) Part-Year and Nonresident Proration Percentage	40.27%	40.27 %
(19) Part-Year and Nonresident Income Exclusion	26176	26176

Part-Year and Nonresident Proration:

1. Georgia Source of Georgia Adjusted Gross Income (Sch 3, Col C, Lines 1-4, plus Sch 1 additions, minus Sch 1 subtractions)	225358
2. Georgia Adjusted Gross Income (Sch 3, Col A, Lines 1-4 plus Sch 1 Additions, minus Sch 1 subtractions)	559669
3. Proration Percentage (Line 1 divided by Line 2)	40.27 %

GAWK_REF

2018 Taxable State / Local Refund

Carries to Federal worksheet WK_REF18 to determine total Taxable Refunds

2018

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

A. State / Local RefundA1. Bottom line on return, after state adjustments 2,077

A2. Adjustments to Line A1 _____

A3. Total Adjusted State/Local Refund (Line A1 Less A2) **A.** 2,077**B. Applied amounts**

B1. Total Contributions, Donation, Checkoffs (Will carry to 2019 Sch A) _____

B2. Penalty and/or interest _____

B3. Overpayment applied to 2019 (Will carry to 2019 ES screen) _____

B4. Other Tax (Use tax, Property tax, Tangible tax, etc) _____

B5. Total applied amounts (Total of B1 thru B4) **B.** _____**C. Subtotal:** State / Local Refund plus Applied amounts (Line A plus line B) **C.** 2,077**D. Payments**

D1. Tax withheld/2018 payments deducted on Schedule A _____

D2. 4th quarter estimate and extension paid in 2019 15,000D3. Total payments applied to 2018 State / Local tax return (Total of D1 thru D2) **D.** 15,000**E. Allocation of Payments**

E1. Percent of payments made in 2018 (D1 divided by D3) _____

E2. Line C multiplied by line E1. _____

E3. Percent of payments made in 2019 (D2 divided by D3) 1.0000E4. Line C multiplied by line E3 2,077**F. Potential Taxable State / Local Refund . . . (Lesser of E2 or D1, BUT NOT LESS THAN ZERO) **F.** _____****G. Taxes paid in 2019 deductible on 2019 Schedule A**G1. 4th quarter estimate and extension paid in 2019 (From line D2) 15,000G2. Balance of refund that did not carry to the 1040, line 10 . . . (From line E4) 2,077G3. Adjusted taxes paid in 2019 allowed to carry to 2019 Sch A (Line G1 less line G2) **G.** 12,923**Subject to tax benefit rules**

GAWK_A5State / Local tax payments made after 12/31/2018 that
will be deductible on 2019 Federal Schedule A**2018**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

A. 2018 Income taxes due that were paid after 12/31/2018A1. 4th quarter estimate/extension (may be adj. by refund) 12,923 See **GAWK_REF** Line **G3**

A2. Amount paid with return _____

A3. Total payments made in 2019 **A.** 12,923**B. Adjustments made to payments**

B1. Interest & Penalty _____

B2. Contributions, Donations, Checkoffs _____

B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____

B4. Total adjustments **B.** _____**C.** Total tax payments potentially deductible in 2019 (Line A less line B) **C.** 12,923

GA-COMP	Three-year State Tax Return Comparison			2018
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2016	2017	2018	Difference 2017-2018
Filing Status			MFJ	
Gross Income			280,574	280,574
Source Income			280,574	280,574
Deductions			3,187	3,187
Taxable Income			219,723	219,723
Actual State Income			219,723	219,723
State Income Tax			12,923	12,923
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .			15,000	15,000
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Balance Due				
Refund			2,077	2,077
Marginal tax rate			6.000000	6.000000
Effective tax rate			5.881500	5.881500