

FOR TAX YEAR 2019

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

October 06, 2020

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

Subject: Preparation of Your 2019 Tax Returns

AKSHAI K & CHANCHAL RUNCHAL:

Thank you for choosing J ARORA INC to assist you with your 2019 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 2019 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

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

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

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

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

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

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2019 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

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

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

Sincerely,

A handwritten signature in black ink 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	\$800 Balance Due	Mail a check
California Limited Liability Company Return of Income	\$800 Balance Due	Mail a check
Georgia Income Tax	\$12,039 Balance Due	Mail a check

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

California Limited Liability Company Return of Income
California Limited Liability Company Return of Income

The following return(s) were e-filed and accepted:

Federal Income Tax
California Income Tax
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

California Limited Liability Company Return of Income

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

Georgia Income Tax

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

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$4,631	July 15, 2020	Mail a check
2nd	\$41,500	July 15, 2020	Mail a check
3rd	\$41,500	September 15, 2020	Mail a check
4th	\$41,500	January 15, 2021	Mail a check

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

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October 06, 2020

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1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

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

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

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

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

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

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

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

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

Statement of Account

Date	Invoice #
October 06, 2020	

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

Description	Fee	Payments	Balance
Tax Preparation	690.00		690.00
		Total Due	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 **2019** 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 **10-05-2020** 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 **962607202027932cgonj**.
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 **04-11-2020**. The Submission ID assigned to your extension is **9626072020102ohmebzv**.
DCN: 00-962607-001360

**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
☐ Head of household (HOH)
☒ Married filing jointly
☐ Qualifying widow(er) (QW)
☐ Married filing separately (MFS)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial AKSHAI K		Last name RUNCHAL		Your social security number 553-39-5912	
If joint return, spouse's first name and middle initial CHANCHAL		Last name RUNCHAL		Spouse's social security number 573-41-5200	
Home address (number and street). If you have a P.O. box, see instructions. 1931 STRADELLA RD				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LOS ANGELES, CA 90077-2320					
Foreign country name		Foreign province/state/county		Foreign postal code	
				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
				If more than four dependents, see inst. & check here <input type="checkbox"/>	

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien
☐ Your spouse as a dependent

Age/Blindness

You: ☒ Were born before January 2, 1955

☐ Are blind

Spouse: ☒ Was born before January 2, 1955

☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) 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"/>

Standard Deduction <ul style="list-style-type: none"> Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350 If you checked any box under <i>Standard Deduction</i>, see instructions. 	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	c	Pensions and annuities	4c	1,134,859
	5a	Social security benefits	5a	43,450
	b	Taxable interest	2b	225
	b	Ordinary dividends	3b	
	b	Taxable amount	4b	6,800
	d	Taxable amount	4d	32,186
	b	Taxable amount	5b	36,933
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . <input type="checkbox"/>	6		
7a	Other income from Schedule 1, line 9	7a	593,433	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	669,577	
8a	Adjustments to income from Schedule 1, line 22	8a	0	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	669,577	
9	Standard deduction or itemized deductions (from Schedule A)	9	27,000	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . .	10	97,787	
11a	Add lines 9 and 10	11a	124,787	
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	544,790	

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 141,064**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 141,064**13a** Child tax credit or credit for other dependents **13a** _____**b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 0**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 141,064**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 9,824**16** Add lines 14 and 15. This is your **total tax** **16** 150,888**17** Federal income tax withheld from Forms W-2 and 1099 **17** _____**18** Other payments and refundable credits:**a** Earned income credit (EIC) **18a** _____**b** Additional child tax credit. Attach Schedule 8812 **18b** _____**c** American opportunity credit from Form 8863, line 8 **18c** _____**d** Schedule 3, line 14. **18d** 188,160**e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 188,160**19** Add lines 17 and 18e. These are your **total payments** **19** 188,160**Refund 20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20** 37,272**21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a** _____Direct deposit? **b** Routing number **c** Type: ☐ Checking ☐ SavingsSee instructions. **d** Account number **22** Amount of line 20 you want **applied to your 2020 estimated tax** **22** 36,869**Amount You Owe 23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions **23** 0**24** Estimated tax penalty (see instructions) **24** 403**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN) **Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

63456**09-29-2020****ENGINEER**Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) **43409****09-29-2020****ANALYST**Phone no. **310-471-5013**

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

JAGJIT SINGH ARORA, E.A**10-06-2020****P00186900**☐ 3rd Party DesigneePreparer's name **JAGJIT SINGH ARORA, E.A**Phone no. **818-923-5038**☐ Self-employedFirm's name **J ARORA INC**Firm's address **17037 CHATSWORTH ST STE 202****Granada Hills, CA 91344**Firm's EIN **32-0225393**

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	593,433
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	593,433

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	0

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	9,824
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	9,824

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I	Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	0
Part II	Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return	8	165,760
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	22,400
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	188,160

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use

Schedule C (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No
- B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A **3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066**

B **12029 CLOVER AVE, LOS ANGELES, CA 90066**

C **105 ST STEPHENS, Tyrone, GA 30290**

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1	A	365	0	<input type="checkbox"/>
B	1	B	365	0	<input type="checkbox"/>
C	4	C	365	0	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	72,020	69,600	83,789
4 Royalties received	4			

Expenses:				
5 Advertising	5	27	26	32
6 Auto and travel (see instructions)	6	293	283	341
7 Cleaning and maintenance	7	3,952	3,337	8,361
8 Commissions	8		300	
9 Insurance	9	1,019	857	3,378
10 Legal and other professional fees	10	124	623	2,122
11 Management fees	11		2,000	3,036
12 Mortgage interest paid to banks, etc. (see instructions)	12			62,344
13 Other interest	13			
14 Repairs	14	6,884	2,672	
15 Supplies	15	362	251	61
16 Taxes	16	5,461	6,628	24,616
17 Utilities	17	1,088	516	19,163
18 Depreciation expense or depletion	18	6,898	8,488	41,916
19 Other (list) ▶ Statement #1	19	38	81	184
20 Total expenses. Add lines 5 through 19	20	26,146	26,062	165,554

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** **45,874** **43,538** **(81,765)**

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** () () (**81,765**)

23a Total of all amounts reported on line 3 for all rental properties	23a	1,050,137	
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	269,808	
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	791,823	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24** **340,079**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (**81,765**)

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 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26** **258,314**

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use

Schedule C (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2019 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	40,764	208,861	195,172
4 Royalties received	4			
Expenses:				
5 Advertising	5	15	106	74
6 Auto and travel (see instructions)	6	166	850	794
7 Cleaning and maintenance	7	3,970	8,321	4,240
8 Commissions	8			
9 Insurance	9	1,055	4,863	3,604
10 Legal and other professional fees	10	13	2,785	1,069
11 Management fees	11	1,000	10,468	6,000
12 Mortgage interest paid to banks, etc. (see instructions)	12	10,600	38,649	64,874
13 Other interest	13			
14 Repairs	14	1,226	10,356	3,464
15 Supplies	15	30	2,833	143
16 Taxes	16	8,532	11,617	38,623
17 Utilities	17	133	14,552	8,241
18 Depreciation expense or depletion	18	11,479		38,568
19 Other (list) ▶ Statement #2	19	36	854	514
20 Total expenses. Add lines 5 through 19	20	38,255	106,254	170,208
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	2,509	102,607	24,964
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 or 1040-SR), line 5, or Form 1040-NR, 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 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Your social security number

553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

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

A Did you make any payments in 2019 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

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		B			<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)

Income:	Properties:	A	B	C
3 Rents received	3	379,931		
4 Royalties received	4			

Expenses:

5 Advertising	5	655		
6 Auto and travel (see instructions)	6	7,064		
7 Cleaning and maintenance	7	5,655		
8 Commissions	8	3,614		
9 Insurance	9	8,942		
10 Legal and other professional fees	10	8,300		
11 Management fees	11	1,090		
12 Mortgage interest paid to banks, etc. (see instructions)	12	93,341		
13 Other interest	13			
14 Repairs	14	15,727		
15 Supplies	15	5,013		
16 Taxes	16	49,675		
17 Utilities	17	18,090		
18 Depreciation expense or depletion	18	41,344		
19 Other (list) ▶ Statement #3	19	834		
20 Total expenses. Add lines 5 through 19	20	259,344		
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	120,587		
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 or 1040-SR), line 5, or Form 1040-NR, 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 or 1040-SR) 2019

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II****Income or Loss From Partnerships and S Corporations - Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

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

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

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				167,559
B				167,560
C				
D				
29a Totals				335,119
b Totals				
30 Add columns (h) and (k) of line 29a			30	335,119
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	335,119

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 or 1040-SR), line 5, or Form 1040-NR, line 18	41	593,433
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, 1040-SR, or Form 1040-NR 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

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	225
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	593,433	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	(335,119)	
c	Combine lines 4a and 4b		4c	258,314
5a	Net gain or loss from disposition of property (see instructions)	5a		
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	0
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	258,539

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	258,539
13	Modified adjusted gross income (see instructions)	13	669,577	
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	419,577	
16	Enter the smaller of line 12 or line 15		16	258,539
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	9,824
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% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2019)

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040, Form 1040-SR, or Form 1041.
► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2019

Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number
553-39-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I 2019 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	340,079	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(81,765)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		258,314

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		258,314
--	----------	--	----------------

- 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 2019. 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** (2019)

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

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.**2019**Attachment
Sequence No. **109****AKSHAI K & CHANCHAL RUNCHAL**

Identifying number

553-39-5912**Part I Information on the Like-Kind Exchange****Note:** Generally, only real property should be described on line 1 or 2. However, you may describe personal and/or real property on line 1 or 2 if you are filing this form to report the disposition of property exchanged in a previously reported related party like-kind exchange.

If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

MULTI FAMILY RESIDENCE

2 Description of like-kind property received:

MULTI FAMILY RESIDENCE

3	Date like-kind property given up was originally acquired (month, day, year)	3	07-12-2017
4	Date you actually transferred your property to the other party (month, day, year)	4	02-20-2019
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	5	02-20-2019
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	03-30-2019

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

8	Name of related party	Relationship to you	Related party's identifying number
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)		

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No*If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.*

11 If one of the exceptions below applies to the disposition, check the applicable box.

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

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions .				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15		757,353
16	FMV of like-kind property you received	16		1,000,000
17	Add lines 15 and 16	17		1,757,353
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18		2,470,105
19	Realized gain or (loss). Subtract line 18 from line 17	19		(712,752)
20	Enter the smaller of line 15 or line 19, but not less than zero	20		
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22		
23	Recognized gain. Add lines 21 and 22	23		
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		(712,752)
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		1,712,752

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	
27	Description of divested property ▶	
28	Description of replacement property ▶	
29	Date divested property was sold (month, day, year)	29
30	Sales price of divested property. See instructions	30
31	Basis of divested property	31
32	Realized gain. Subtract line 31 from line 30	32
33	Cost of replacement property purchased within 60 days after date of sale	33
34	Subtract line 33 from line 30. If zero or less, enter -0-	34
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37
38	Basis of replacement property. Subtract line 37 from line 33	38

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 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 2018 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 2020. 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 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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 2019 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	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	

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 Attachment Sequence No. 179
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates 12029 CLOVER AVE	Identifying number 553-39-5912

Part I Election To Expense Certain Property Under Section 179		
Note: If you have any listed property, complete Part V before you complete Part I.		
1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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 2019	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18
		2,662

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System						
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
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
		8,488

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 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 2018 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 2020. 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 2019	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System						
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
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
		41,916

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 Attachment Sequence No. 179
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates 4416 KATHERINE AVE	Identifying number 553-39-5912

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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 2019	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 2019 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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 2019 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)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 Attachment Sequence No. 179
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates MEADOW GLEN LLC	Identifying number 553-39-5912

Part I Election To Expense Certain Property Under Section 179		
Note: If you have any listed property, complete Part V before you complete Part I.		
1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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 2019	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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 2019 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
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)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2019 Attachment Sequence No. 179
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 2018 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 2020. 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 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

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	

2019 Form 4868 Extension Voucher and Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Filing method:

The extension has been e-filed.

Due date:

07-15-2020

Balance due:

\$22,400

Transaction method:

To pay by check or money order, write "2019 Form 4868," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 4868 to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

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

Mail-to address:

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

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		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service (99)		For calendar year 2019, or other tax year beginning		, 2019, ending	
Part I Identification		Part II Individual Income Tax			
AKSHAI K & CHANCHAL RUNCHAL 1931 STRADELLA RD LOS ANGELES CA 90077-2320		4	Estimate of total tax liability for 2019 \$	188,880	
		5	Total 2019 payments	165,760	
		6	Balance due. Subtract line 5 from line 4 (see instructions)	23,120	
		7	Amount you're paying (see instructions) . . ▶	22,400	
		8	Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) ▶	<input type="checkbox"/>	
2 Your social security number 553-39-5912		3 Spouse's social security number 573-41-5200	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"/>

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
EEA

Form 4868 (2019)

553395912 TR RUNC 30 0 201912 670

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

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

Submission Identification Number (SID)

962607202027932cgonj

Taxpayer's name

AKSHAI K RUNCAL

Spouse's name

CHANCHAL RUNCAL

Social security number

553-39-5912

Spouse's social security number

573-41-5200

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

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	669,577
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	150,888
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize J ARORA INC to enter or generate my PIN 63456 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize J ARORA INC to enter or generate my PIN 43409 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

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 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub.1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ **JAGJIT SINGH ARORA, E.A**

Date ▶ 10-06-2020

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 (2019)

Federal Supporting Statements**2019 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

<u>Other Expenses</u>	<u>Property A</u>	<u>Property B</u>	<u>Property C</u>
BANK FEE	16		
MISC	22	57	
BANK CHARGES		24	39
POSTAGE			145
	-----	-----	-----
Total	38	81	184
	=====	=====	=====

Schedule E - Line 19 - Other ExpensesPG01
Statement #2

<u>Other Expenses</u>	<u>Property A</u>	<u>Property B</u>	<u>Property C</u>
BANK CHARGES	24	36	30
MISC	12	818	484
	-----	-----	-----
Total	36	854	514
	=====	=====	=====

Schedule E - Line 19 - Other ExpensesPG01
Statement #3

<u>Other Expenses</u>	<u>Property A</u>	<u>Property B</u>	<u>Property C</u>
BANK CHARGES	305		
MISC	529		
	-----	-----	-----
Total	834		
	=====	=====	=====

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

2019

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form 8960 Line 4b Item Detail

K-1: MD LIVE OAK PROPERTIES LLC

(167,559)

K-1: MD LIVE OAK PROPERTIES LLC

(167,560)

Total

(335,119)

Summary of Estimates**2020**

Name(s) as shown on return

Your SSN/EIN

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

Due Date	07-15-2020	07-15-2020	09-15-2020	01-15-2021	Total
Total Installment Amount	41,500	41,500	41,500	41,500	166,000
Overpayment Applied	36,869	0	0	0	36,869
Net Installment Due	4,631	41,500	41,500	41,500	129,131

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Estimated Tax Worksheet for Next Year

(Keep for your records)

2019

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 2020 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.	165,977
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	165,977
25. Projected Withholding	25.	
26. Projected Net Tax (subtract line 25 from line 24c)	26.	165,977

Estimates will be computed on \$165,977. 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.

2019

SSN 553-39-5912

[illegible]

1099-R Detail Listing

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

T/S	Payer Name	Gross	FEDERAL		Distribution Code	Federal W/H	State Code	STATE	
			Taxable					Taxable	State W/H
T	CHARLES SCHWAB	6,800	6,800	7			CA		
T	ANALYTIC COMPUT	32,186	32,186	7					
T	ANALYTIC COMPUT	815,900		G					
S	ANALYTIC COMPUT	286,773		G					
	Total	1,141,659	38,986						
	Taxpayer IRA/SEP								
	Total	6,800	6,800						
	Taxpayer Pension &								
	Annuity Total	848,086	32,186						
	Spouse Pension &								
	Annuity Total	286,773							

(Keep for your records)

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

[illegible]

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

(Keep for your records)

2019

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 2019, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.
- Don't use this worksheet if you repaid benefits in 2019 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2019 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2019. For more information, see Repayments More Than Gross Benefits.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 or 1040-SR on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040 or 1040-SR), line 2.

- Enter the total amount from **box 5 of ALL your Forms SSA-1099 and RRB-1099**.
Also, enter this amount on Form 1040 or 1040-SR, line 5a **1.** 43,450
- Multiply line 1 by 50% (0.50) **2.** 21,725
- Combine the amounts from:
Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, 6, and Schedule 1 (Form 1040 or 1040-SR), line 9 **3.** 632,644
- Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4.** _____
- Enter the total of any exclusions/adjustments for:
 - Adoption benefits (Form 8839, line 28),
 - Foreign earned income or housing (Form 2555, lines 45 and 50), and
 - Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico **5.** _____
- Combine lines 2, 3, 4, and 5 **6.** 654,369
- Enter the amounts from Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19, and any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22 **7.** _____
- Is the amount on line 7 less than the amount on line 6?
No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b.
- x Yes.** Subtract line 7 from line 6 **8.** 654,369
- 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 2019, enter \$25,000 **9.** 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2019, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.
- Is the amount on line 9 less than the amount on line 8?
No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.
- x Yes.** Subtract line 9 from line 8 **10.** 622,369
- 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 2019 **11.** 12,000
- Subtract line 11 from line 10. If zero or less, enter -0- **12.** 610,369
- Enter the **smaller** of line 10 or line 11 **13.** 12,000
- Multiply line 13 by 50% (0.50) **14.** 6,000
- Enter the **smaller** of line 2 or line 14 **15.** 6,000
- Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- **16.** 518,814
- Add lines 15 and 16 **17.** 524,814
- Multiply line 1 by 85% (0.85) **18.** 36,933
- 19. Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 5b **19.** 36,933

TIP

If you received a lump-sum payment in 2019 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)

2019

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Statement for line 12a 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	19,400	0.00		10%	0
19,400	78,950	1,940.00		12%	19,400
78,950	168,400	9,086.00		22%	78,950
168,400	321,450	28,765.50		24%	168,400
321,450	408,200	65,497.50		32%	321,450
408,200	612,350	93,257.50		35%	408,200
612,350	164,709.50		37%	612,350

$\$93,257.00 + ((\$544,790.00 - \$408,200.00) \times 35.0\%) = \$141,064$

Tax from Tax Rate Schedule \$ 141,064

\$ 141,064 Tax computed using only available method

Form 1040 or
1040-SRInvestment Income for the
Earned Income Credit

(Keep for your records)

2019

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 or 1040-SR, line 2b 1. 225
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____
4. Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 8, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 6. If the amount on that line is a loss, enter -0- 5. _____
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. _____

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 or 1040-SR, Schedule 1, line 8, 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, Schedule 1, line 22 (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. 258,314
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. 258,539
12. Is the amount on line 11 more than **\$3,600**?

☒ **Yes.** You can't take the credit.

☐ **No.** Go to *Step 3* of the Form 1040 and 1040-SR instructions for line 18a to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

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

Form 6251, Line 2m - Passive Activities

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 2m
12029 CLOVER AVE	SCH E	43,539	43,538	1
	TOTALS	43,539	43,538	1

2019

Tax ID Number

553-39-5912

		Current year		Prior years	Overall gain or loss	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1	3106 INGLEWOOD BLVD	45,874	0	0	45,874	0
2	12029 CLOVER AVE	43,538	0	0	43,538	0
3	CARRIAGE OAKS LLC	0	81,765	0	0	81,765
4	4416 KATHERINE AVE	2,509	0	0	2,509	0
5	2408 OCEAN PARK	102,607	0	0	102,607	0
6	MEADOW GLEN LLC	24,964	0	0	24,964	0
7	TUPPER LLC-SUSANA	120,587	0	0	120,587	0
	Total. Enter on Form 8582, lines 1a, 1b, and 1c ►	340,079	81,765	0	340,079	81,765

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

(Keep for your records)

2019

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	225	225
Dividend income		
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797		
Taxable IRA distributions	6,800	6,800
Taxable pensions and annuities	32,186	32,186
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	335,119	335,120
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	374,330	374,331

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	374,330	374,331
MAGI adjustment from input screen E2		
Modified adjusted gross income	374,330	374,331

Form 8995-A Department of the Treasury Internal Revenue Service	Qualified Business Income Deduction ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form8995A for instructions and the latest information.	OMB No. 1545-0123 <div style="font-size: 1.5em; font-weight: bold;">2019</div> Attachment Sequence No. 55A
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Your taxpayer identification number 553-39-5912

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule E: 3106 INGLEWOOD BLVD, LO	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B	Schedule E: 12029 CLOVER AVE, LOS A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C	Schedule E: 105 ST STEPHENS, Tyrone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II	Determine Your Adjusted Qualified Business Income				
		A	B	C	
2	Qualified business income from the trade, business, or aggregation. See instructions	2	40,319	38,266	0
3	Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	8,064	7,653	0
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0	0
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	280,710	233,415	0
8	Multiply line 7 by 2.5% (0.025)	8	7,018	5,835	
9	Add lines 6 and 8	9	7,018	5,835	0
10	Enter the greater of line 5 or line 9	10	7,018	5,835	0
11	W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	11	7,018	5,835	0
12	Phased-in reduction. Enter amount from line 26, if any. See instructions	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	7,018	5,835	0
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	7,018	5,835	0
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16	97,787		

Part III **Phased-in Reduction**

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

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

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

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	97,787		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	0		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	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		97,787	
33	Taxable income before qualified business income deduction	33	642,577		
34	Net capital gain. See instructions	34	0		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		642,577	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		128,515	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 ▶	37		97,787	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38 ▶	39		97,787	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)		

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.**2019**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912****Part I Trade, Business, or Aggregation Information**Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed.
See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule E: 4416 KATHERINE AVE, SHE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B	Schedule E: 2408 OCEAN PARK, Santa	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<input type="checkbox"/>
C	Schedule E: 8055 SENOIA ROAD, FAIRB	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

		A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	2,205	90,181
3	Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	441	18,036
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0
5	Multiply line 4 by 50% (0.50)	5		
6	Multiply line 4 by 25% (0.25)	6		
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	315,700	0
8	Multiply line 7 by 2.5% (0.025)	8	7,893	48,556
9	Add lines 6 and 8	9	7,893	48,556
10	Enter the greater of line 5 or line 9	10	7,893	48,556
11	W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	11	441	0
12	Phased-in reduction. Enter amount from line 26, if any. See instructions	12		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	441	0
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15	Qualified business income component. Subtract line 14 from line 13	15	441	0
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16		

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

EEA

Form **8995-A** (2019)

Form **8995-A** (2019)

Name(s) shown on return

► Attach to Form 8995-A.

OMB No. 1545-0123

Attachment
Sequence No. **55D**

AKSHAI K & CHANCHAL RUNCHAL

<p>Your taxpayer identification number</p>

553-39-5912

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

2	Qualified business net (loss) carryforward from prior years. See instructions	2	()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(81,765)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	675,198
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions	5	(81,765)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(0)

Depreciation Detail Listing

3106 INGLEWOOD BLVD

For your records only

553-39-5912

553-39-5912

[illegible]

Land Amount		CY 179 and CY Bonus		ST ADJ:	
Net Depreciable Cost	280,710	TOTAL CY Depr including 179/bonus	6,898	UBIA:	280,710

Depreciation Detail Listing
12029 CLOVER AVE
For your records only

PAGE 1

Social security number/EIN	
----------------------------	--

553-39-5912

[illegible]

ST ADJ:
UBIA: 233,415

Depreciation Detail Listing

CARRIAGE OAKS LLC

For your records only

PAGE 1

Social security number/EIN								
----------------------------	--	--	--	--	--	--	--	--

553-39-5912

	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation
016	2,104,110	469,400	100.00			1,634,710	39	SL MM	2.564	110,000
	2,104,110					1,634,710				110,000

ST ADJ:
UBIA: 2,104,110

Name(s) as shown on return

4416 KATHERINE AVE

PAGE 1

Land Amount	
Net Depreciable Cost	

Depreciation Detail Listing

2408 OCEAN PARK

For your records only

PAGE 1

Social security number/EIN

553-39-5912

	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciat
985	425,000	127,500	100.00			297,500	27.5		0	297,500
	425,000					297,500				297,500

ST ADJ:

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

MEADOW GLEN LLC

For your records only

2019

PAGE 1

AKSHAI K & CHANCHAL RUNCHAL												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
8	MEADOW GLEN	05052016	1,942,256	438,100	100.00			1,504,156	39	SL MM	2.564	101,248	38,568	139,816	38,568

Depreciation Detail Listing

TUPPER LLC-SUSANA

For your records only

PAGE 1

553-39-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
9	0411 S SUSANA RD	07212017	2,530,398	* 918,000	100.00			1,612,398	39	SL MM	2.564	60,293	41,344	101,637	41,344
Totals			2,530,398					1,612,398				60,293	41,344	101,637	41,344

ST ADJ:
UBIA: 2,530,398

Next Year's Depreciation Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	3106 INGLEWOOD AVE	10-01-1992	169,000	SL	27.5	3,329
E	1	3106 INGLEWOOD BLVD IMPR	02-15-2011	20,710	SL	27.5	753
E	4	4416 KATHERINE AVE	01-02-2009	315,700	M	27.5	11,480
E	2	12029 CLOVER AVE-IMPROVE	09-01-2013	160,214	SL	27.5	5,826
E	5	2408 OCEN PARK	02-01-1985	297,500	M	27.5	
E	2	CLOVER-IMPROVEMENTS	03-15-2014	73,201	M	27.5	2,662
E	3	CARRIAGE OAKS PARTNERS	05-05-2016	1,634,710	SL	39	41,916
E	6	MEADOW GLEN	05-05-2016	1,504,156	SL	39	38,568
E	7	20411 S SUSANA RD	07-21-2017	1,612,398	SL	39	41,344
		TOTAL					145,878

Carryover Worksheet

List of items that will carryover to the 2020 tax return

(Keep for your records)

2019

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 2020 to flow to the Schedule A	18,922
State donations and contributions carryover	
State overpayment applied to next year	677

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		690
Overpayment applied to next year's estimates		36,869
Estimated Tax Payment 1 _____ 41,500	Estimated Tax Payment 2 _____ 41,500	
Estimated Tax Payment 3 _____ 41,500	Estimated Tax Payment 4 _____ 41,500	
Federal tax liability for 2210 calculation		150,888
State tax liability for state 2210 calculation		39,667
IRA basis	Taxpayer _____ Spouse _____	

Passive Activity

At Risk Limitations

Passive Activity Deduction Worksheet

Form 1040 or 1041

(Keep for your records)

2019

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		(81,765)	(81,765)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(81,765)	(81,765)	

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(81,765)	(81,765)	
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS		(81,765)	(81,765)	

Form **8582**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Passive Activity Loss Limitations

▶ See separate instructions.

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

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

OMB No. 1545-1008

2019Attachment
Sequence No. **88**Identifying number
553-39-5912**AKSHAI K & CHANCHAL RUNCAL****Part I 2019 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	340,080	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(81,765)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		258,315

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		258,315
--	----------	--	----------------

- 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 2019. 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** (2019)

2019

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	(d) Loss
1	3106 INGLEWOOD BLVD	45,874	0	0	45,874	0
2	12029 CLOVER AVE	43,539	0	0	43,539	0
3	CARRIAGE OAKS LLC	0	81,765	0	0	81,765
4	4416 KATHERINE AVE	2,509	0	0	2,509	0
5	2408 OCEAN PARK	102,607	0	0	102,607	0
6	MEADOW GLEN LLC	24,964	0	0	24,964	0
7	TUPPER LLC-SUSANA	120,587	0	0	120,587	0
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►		340,080	81,765	0	340,080	81,765

TAX RETURN COMPARISON
2017 / 2018 / 2019

2019

Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Identifying number 553-39-5912	
	2017	2018	2019	Difference 2018-2019
Filing Status		Married Joint	Married Joint	
Number of Exemptions		N/A	N/A	N/A
Number of Dependents	N/A			
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends		7,207	225	(6,982)
Taxable state and local refunds		19,290		(19,290)
Alimony				
Business income (loss)				
Gains (losses)		20,242		(20,242)
Pensions and IRA distributions		40,150	38,986	(1,164)
Rent and royalty income (loss)		235,462	258,314	22,852
Part, S-corps, trusts income (loss)		256,608	335,119	78,511
Farm income (loss)				
Unemployment compensation				
Total SS benefits received		42,266	43,450	1,184
Taxable SS benefits		35,926	36,933	1,007
Other income (loss)				
Total Income		614,885	669,577	54,692
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		614,885	669,577	54,692
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		26,600	27,000	400
Total Itemized or Standard Ded		26,600	27,000	400
Exemption Amount		N/A	N/A	N/A
Qualified Business Income Deduction	N/A	35,373	97,787	62,414
Tax and Credits				
Taxable Income		552,912	544,790	(8,122)
Tax		141,329	141,064	(265)
Credits				
Self-employment tax				
Other taxes		9,991	9,824	(167)
Total Tax		151,320	150,888	(432)
Payments				
Withholdings				
Estimated tax payments		69,411	165,760	96,349
Earned income credit				
Other payments and credits		125,000	22,400	(102,600)
Overpayment		43,091	37,272	(5,819)
Overpayment Applied		43,091	36,869	(6,222)
Refund				
Balance Due				
Marginal tax rate		35.00	35.00	
Effective tax rate		26.00	25.89	(0.11)

CA-MSG

CA ELECTRONIC FILING MESSAGES
MUST be corrected before electronic filing is allowed.

PAGE 1

Name(s) as shown on return

SSN/FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

8029 CA Electronic Filing NOT Allowed

CA has received a code of "A" (Acceptance) from the states
Department of Revenue/Franchise Tax Board. State/city is NOT
allowed to retransmit.

Drake Software Tip:

* Check for state Acks

CANOTES	Notes about the return	2019 PAGE 1
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN 553-39-5912
<p>68 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>70 Schedule CA is present in this return therefore the short form will be suppressed and the long form will be produced.</p> <p>140 If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p> <p>400 Mandatory E-Pay Information</p> <p>This client may be required to make their payments electronically (Mandatory E-Pay)</p> <p>Starting January 1, 2011, the mandatory e-pay penalty will be assessed when a person required to make payments electronically pays using any other method.</p> <p>The penalty is equal to one percent (1%) of the amount paid, unless failure to pay was for reasonable cause and not willful neglect. (Revenue and Taxation Code section 19011.5)</p> <p>SB 1389 (Enacted September 30, 2008) added Section 19011.5 to the Revenue & Taxation Code, requiring some taxpayers to make their tax payments using an electronic method (Mandatory E-Pay).</p> <p>Electronic payments are required once a person:</p> <ol style="list-style-type: none"> 1. Makes an estimate tax or extension payment (by check or electronic method) over \$20,000. 2. Files an original tax return with a tax liability over \$80,000. <p>Taxpayers whose tax thresholds fall below the mandatory e-pay amounts may request to discontinue making electronic payments. In March 2009, FTB will provide a waiver form for taxpayers to file.</p>		

2019 CALLC01 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CALLC01 and supplemental forms and schedules

Filing method:

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

Due date:

07-15-2020

Payment:

\$800.00

Transaction method:

Make check or money order payable to "Franchise Tax Board."
Write the partnership/LLC's federal employer Identification
number (FEIN), SOS File number, and "2019 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.

2019

Limited Liability Company Return of Income

568

201203510348 1452 454344496 19
 TYB 01-01-2019 TYE 12-31-2019
 14523 TUPPER LLC

1931 STRADELLA RD
 LOS ANGELES CA 90077

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

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

(Yes requires filing of statement, penalties may apply - see instructions.)

		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	00
	2 Limited Liability Company fee. See instructions	2	00
	3 2019 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 2019 form FTB 3522 and form FTB 3536	7	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	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	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	14 800 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 2020 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.	19 800 .00

J Principal business activity code (**Do not** leave blank) **531310**
 Business activity REAL ESTATE Product or service MANAGEMENT

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members **1**

L Is this LLC an investment partnership? See General Information O ☐ 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

☒ 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 <input type="text"/>	Date <input type="text"/>	Telephone <input type="text"/>
Paid Preparer's Use Only	Authorized member or manager's email address (optional) <input type="text"/>		• 310-471-5013
	Paid preparer's signature <input type="text"/>	Date <input type="text"/>	PTIN <input type="text"/>
	Firm's name (or yours, if self-employed) and address <input type="text"/>		Firm's FEIN <input type="text"/>
	<input type="text"/>		Telephone <input type="text"/>
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 or 1040-SR) •				6		00
	7	Total farm loss. Attach federal Schedule F (Form 1040 or 1040-SR) •				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	2 120,587		*	120,587	
	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 120,587			120,587	
	b	Analysis of members:					
	Members	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
		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 line 4d		8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	

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

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

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

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

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

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

Amount of liquidation gains recognized to capitalize the LLC



Schedule IW Limited Liability Company (LLC) Income Worksheet

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

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

1	a	Total California income from Form 568, Schedule B, line 3. See instructions	1a	_____
	b	Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040 or 1040-SR) (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	_____
	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 or 1040-SR). 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	_____
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	_____

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

2019**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLCLimited liability company name
14523 TUPPER LLCCalifornia Secretary of State (SOS) file number or FEIN
454344496**Part I Tax Return Information** (whole dollars only)

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

Part II Settle Your Account Electronically for Taxable Year 2019.6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____**Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2020** 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 2020 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 2019 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager

Date

Title

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 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	10-06-2020	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	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	<input type="checkbox"/>	Paid preparer's PTIN	
Firm's name (or yours if self-employed) and address				FEIN			
				ZIP code			

2019 CALLC02 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CALLC02 and supplemental forms and schedules

Filing method:

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

Due date:

07-15-2020

Payment:

\$800.00

Transaction method:

Make check or money order payable to "Franchise Tax Board."
Write the partnership/LLC's federal employer Identification
number (FEIN), SOS File number, and "2019 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.

2019

Limited Liability Company Return of Income

568

201204210532 2408 454393189 19
 TYB 01-01-2019 TYE 12-31-2019
 2408 OCEAN PARK LLC

1931 STRADELLA DR
 LOS ANGELES CA 90077

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

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

		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	00
	2 Limited Liability Company fee. See instructions	2	00
	3 2019 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 2019 form FTB 3522 and form FTB 3536	7	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	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	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 ●	800
15	Overpayment. If line 12 is more than line 6, subtract line 6 from line 12 ●	00
16	Amount of line 15 to be credited to 2020 tax or fee ●	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 ●	00
19	Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result. ● 19	800 .00

J Principal business activity code (**Do not** leave blank) ● 531310
Business activity REAL ESTATE Product or service MANAGEMENT

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members ● 1

L Is this LLC an investment partnership? See General Information O ● ☐ 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

☒ CHANCHAL RUNCHAL
1931 STRADELLA RD LOS ANGELES, CA 90077-2320

Street Address, City, State, and ZIP Code

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

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

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

Signature Date 2019-04-05

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 <input type="text"/>	Date <input type="text"/>	Telephone <input type="text"/>
Paid Preparer's Use Only	Authorized member or manager's email address (optional) <input type="text"/>		PTIN <input type="text"/>
	Paid preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address <input type="text"/>		Firm's FEIN <input type="text"/>
	<input type="text"/>		Telephone <input type="text"/>
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 or 1040-SR)		•	6		00
	7	Total farm loss. Attach federal Schedule F (Form 1040 or 1040-SR)		•	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	2 102,607		*	102,607		
	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					
	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 102,607			*	102,607	
Analysis	b	Analysis of members: Members	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
			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 line 4d		8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	

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

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

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

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

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

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

Amount of liquidation gains recognized to capitalize the LLC



Schedule IW Limited Liability Company (LLC) Income Worksheet

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

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

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions 1a _____
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040 or 1040-SR) (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 _____
- 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 or 1040-SR). 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 _____
- 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 _____

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

2019**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name

2408 OCEAN PARK LLC

California Secretary of State (SOS) file number or FEIN

454393189

Part I Tax Return Information (whole dollars only)

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

Part II Settle Your Account Electronically for Taxable Year 2019.

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

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2020 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 2020 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 2019 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager


Date


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, 2019 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 10-06-2020 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 _____

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

2019 CA540 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

07-15-2020

Overpayment Applied:

The full overpayment of \$677.00 will be applied to the 2020 liability

2019 California Resident Income Tax Return**540**

ATTACH FEDERAL RETURN

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

19

1931 STRADELLA RD
 LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

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

Filing Status

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

2 ☒ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.

7 ☐ X \$122 = ☐ \$ 244

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

8 ☐ X \$122 = ☐ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

9 ☐ X \$122 = ☐ \$ 244

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

Exemptions

Dependent 1

Dependent 2

Dependent 3

First Name ☐ ☐ ☐

Last Name ☐ ☐ ☐

SSN ☐ ☐ ☐

Dependent's relationship to you ☐ ☐ ☐

Total dependent exemptions 10 ☐ X \$378 = ☐ \$

Your name:

AKSHAI K & CHANCH

Your SSN or ITIN:

553-39-5912

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



11 \$

488

Taxable Income

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

12

.00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b

13

669577

.00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B

14

36933

.00

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

15

632644

.00

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C

16

17 California adjusted gross income. Combine line 15 and line 16

17

632644

.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 \$4,537
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,074

18

18275

.00

19 Subtract line 18 from line 17. This is your taxable income.

If less than zero, enter -0-

19

614369

.00

Tax

31 Tax. Check the box if from:



Tax Table



Tax Rate Schedule

•



FTB 3800

•



FTB 3803

31

51709

.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions.

32

0

.00

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

33

51709

.00

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

34

35 Add line 33 and line 34

35

51709

.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions

40

43 Enter credit name OTHER STATE

code •

187

and amount •

43

12042

.00

44 Enter credit name

code •

and amount •

44

45 To claim more than two credits. See instructions. Attach Schedule P (540)

45

46 Nonrefundable renter's credit. See instructions

46

47 Add line 40 through line 46. These are your total credits

47

12042

.00

48 Subtract line 47 from line 35. If less than zero, enter -0-

48

39667

.00

Your name:

AKSHAI K & CHANCH

Your SSN or ITIN:

553-39-5912

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) • 61 .00
- 62 Mental Health Services Tax. See instructions • 62 .00
- 63 Other taxes and credit recapture. See instructions • 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 39667 .00

Payments

- 71 California income tax withheld. See instructions • 71 .00
- 72 2019 CA estimated tax and other payments. See instructions • 72 40344 .00
- 73 Withholding (Form 592-B and/or 593). See instructions • 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions • 74 .00
- 75 Earned Income Tax Credit (EITC) • 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions • 76 .00
- 77 Add lines 71 through 76. These are your total payments.
See instructions • 77 40344 .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 77 is more than line 91, subtract line 91 from line 77 . . • 92 40344 .00
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91 . . • 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . • 94 677 .00
- 95 Amount of line 94 you want applied to your **2020** estimated tax • 95 677 .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 & CHANCH

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
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	<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 Kit Backlog 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
Suicide Prevention Voluntary Tax Contribution Fund	• 444	<input type="text"/>	.00
110 Add code 400 through code 444. This is your total contribution	• 110	<input type="text"/>	.00

Your name: **AKSHAI K & CHANCH** 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** **.00**
Pay Online - Go to **ftb.ca.gov/pay** for more information.

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

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . **115** **.00**

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Routing number • Type ☐ Checking ☐ Savings • Account number • **116** Direct deposit amount **.00**
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Routing number • Type ☐ Checking ☐ Savings • Account number • **117** Direct deposit amount **.00**

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 **10-06-2020** Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here ☒ Your email address. Enter only one email address. **RUNCHAL@GMAIL.COM** ☒ Preferred phone number **310-471-5013**

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

It is unlawful to forge a spouse's/ RDP's signature. Firm's name (or yours, if self-employed) **J ARORA INC** • PTIN **P00186900**

Joint tax return? (See instructions) Firm's address **17037 CHATSWORTH ST STE 202 GRANADA HILLS, CA 91344** • Firm's FEIN **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

2019 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	225		225	
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b	6,800		6,800	
4d Taxable amount of Pensions and annuities	4d	32,186		32,186	
5b Taxable amount of Social security benefits	5b	24,627	12,306	24,627	12,306
6 Capital gain or (loss)	6				

Schedule 1 - Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3				
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	185,119	408,314	185,119	408,314
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income.	8				
9 Add the amounts in each column for Federal 1040 Lines 1-6 and Schedule 1 lines 1-9. This is your total income	9	248,957	420,620	248,957	420,620

Schedule 1 - Adjustments to Income

10 Educator Expenses	10				
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11				
12 Health savings account deduction	12				
13 Moving expenses	13				
14 Deductible part of self-employment tax	14				
15 Self-employed SEP, SIMPLE, and qualified plans	15				
16 Self-employed health insurance deduction	16				
17 Penalty on early withdrawal of savings	17				
18a Alimony paid	18a				
19 IRA deduction	19				
20 Student loan interest deduction	20				
21 Tuition and fees	21				
22 Line 22 other adjustments	22				
Add lines 10 through 22					
Line 9 less Line 22. This is your AGI		248,957	420,620	248,957	420,620

2019 California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C	Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	225	<input type="radio"/>		<input type="radio"/>	
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
4 IRA distributions. See instructions. a <input type="radio"/> 6800 4b	<input type="radio"/>	6800	<input type="radio"/>		<input type="radio"/>	
c Pensions and annuities. See instructions. c <input type="radio"/> 1134859 4d	<input type="radio"/>	32186	<input type="radio"/>		<input type="radio"/>	
5 Social security benefits. a <input type="radio"/> 43450 5b	<input type="radio"/>	36933	<input type="radio"/>	36933	<input type="radio"/>	
6 Capital gain or (loss). See instructions 6	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
2a Alimony received 2a	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
3 Business income or (loss) 3	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
4 Other gains or (losses) 4	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	593433	<input type="radio"/>		<input type="radio"/>	
6 Farm income or (loss) 6	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
7 Unemployment compensation 7	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
8 Other income. 8	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
a California lottery winnings			<input type="radio"/>		<input type="radio"/>	
b Disaster loss deduction from FTB 3805V			<input type="radio"/>		<input type="radio"/>	
c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR, line 8))	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
d NOL deduction from FTB 3805V			<input type="radio"/>		<input type="radio"/>	
e NOL from FTB 3805Z, 3806, 3807, or 3809			<input type="radio"/>		<input type="radio"/>	
f Other (describe):			<input type="radio"/>		<input type="radio"/>	
g Student loan discharged due to closure of a for-profit-school			<input type="radio"/>		<input type="radio"/>	
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C 9	<input type="radio"/>	669577	<input type="radio"/>	36933	<input type="radio"/>	

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

10 Educator expenses 10	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
12 Health savings account deduction 12	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
14 Deductible part of self-employment tax 14	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
16 Self-employed health insurance deduction 16	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
17 Penalty on early withdrawal of savings 17	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
18a Alimony paid. b Recipient's: SSN <input type="radio"/> 18a	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Last name <input type="radio"/> 18a	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
19 IRA deduction 19	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
20 Student loan interest deduction 20	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
21 Tuition and fees 21	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions 23	<input type="radio"/>	669577	<input type="radio"/>	36933	<input type="radio"/>	



Part II Adjustments to Federal Itemized Deductions		A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
Check the box if you did NOT itemize for federal but will itemize for California <input checked="" type="checkbox"/> <input type="checkbox"/>				
Medical and Dental Expenses See instructions.				
1	Medical and dental expenses	<input checked="" type="checkbox"/> 10402		
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="checkbox"/> 669577		
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="checkbox"/> 50218		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Taxes You Paid				
5a	State and local income tax or general sales taxes	<input checked="" type="checkbox"/> 2320	<input checked="" type="checkbox"/> 2320	
5b	State and local real estate taxes	<input checked="" type="checkbox"/> 19104		
5c	State and local personal property taxes	<input checked="" type="checkbox"/>		
5d	Add lines 5a through 5c	<input checked="" type="checkbox"/> 21424		
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	<input checked="" type="checkbox"/> 10000	<input checked="" type="checkbox"/> 2320	<input checked="" type="checkbox"/> 11424
6	Other taxes. List type <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 350	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Add lines 5e and 6	<input checked="" type="checkbox"/> 10350	<input checked="" type="checkbox"/> 2320	<input checked="" type="checkbox"/> 11424
Interest You Paid				
8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="checkbox"/> 14931		<input checked="" type="checkbox"/>
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8c	Points not reported to you on Form 1098	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8d	Mortgage insurance premiums	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8e	Add lines 8a through 8d	<input checked="" type="checkbox"/> 14931	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Investment interest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Add lines 8e and 9	<input checked="" type="checkbox"/> 14931	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gifts to Charity				
11	Gifts by cash or check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Other than by cash or check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Carryover from prior year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	Add lines 11 through 13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Itemized Deductions				
16	Other - from list in federal instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="checkbox"/> 25281	<input checked="" type="checkbox"/> 2320	<input checked="" type="checkbox"/> 11424
18	Total. Combine line 17 column A less column B plus column C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 34385



Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19	
20	Tax preparation fees	20	1 6 9 0
21	Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/> STM 5 4 0	21	1 3 8 4
22	Add lines 19 through 21	22	3 0 7 4
23	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> 6 6 9 5 7 7		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	1 3 3 9 2
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25	
26	Total Itemized Deductions. Add line 18 and line 25	26	3 4 3 8 5
27	Other adjustments. See instructions. Specify <input checked="" type="radio"/> . . .	27	
28	Combine line 26 and line 27	28	3 4 3 8 5
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$200,534 Head of household \$300,805 Married/RDP filing jointly or qualifying widow(er) \$401,072 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29		
		29	1 8 2 7 5
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions \$4,537 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,074 Transfer the amount on line 30 to Form 540, line 18		
		30	1 8 2 7 5

CAWK_ID	Itemized Deductions Worksheet Line 29	2019
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	\$ 200,534
Head of household	\$ 300,805
Married/RDP filing jointly or qualifying widow(er)	\$ 401,072

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

YES Complete the Itemized Deductions Worksheet below.

Note:

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

1. Amount from Schedule CA (540), Part II, line 28	1	34,385.
2. Add the amounts on federal Schedule A (Form 1040 or 1040-SR), line 4, line 9, and line 15 plus any gambling losses included on line 16	2	
3. Subtract line 2 from line 1	3	34,385.
If zero, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
4. Multiply line 3 by 80% (.80)	4	27,508.
5. Amount from Form 540, line 13	5	669,577.
6. Enter the amount shown above for your filing status	6	401,072.
7. Subtract line 6 from line 5	7	268,505.
Note: If zero or less, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
8. Multiply line 7 by 6% (.06)	8	16,110.
9. Compare line 4 and line 8. Enter the smaller amount here	9	16,110.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), Part II, line 29	10	18,275.

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.

2019

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 expenses. Enter the smaller of Schedule A (Form 1040 or 1040-SR), line 4, or 2 1/2% (.025) of Form 1040 or 1040-SR, line 8b	2	00
3	Personal property taxes and real property taxes. See instructions	3	19454 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	00	
b	Depletion	00	
c	Installment sales	00	
d	Intangible drilling costs	00	
e	Long-term contracts	00	
f	Loss limitations	00	
g	Mining costs	00	
h	Patron's adjustment	00	
i	Pollution control facilities	00	
j	Research and experimental	00	
k	Tax shelter farm activities	00	
l	Related adjustments	00	
13		13	00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	19456 00
15	Enter taxable income from Form 540, line 19. See instructions	15	614369 00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 8b, line 8d, and line 8e, 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	(16110 00)
	Single or married/RDP filing separately		\$200,534
	Married/RDP filing jointly or qualifying widow(er)		\$401,072
	Head of household		\$300,805
19	Combine line 14 through line 18	19	617715 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 \$381,017, see instructions)	21	617715 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

\$ 276,552

\$ 73,748

Married/RDP filing jointly or qualifying widow(er)

\$ 368,737

\$ 98,330

Married/RDP filing separately

\$ 184,365

\$ 49,163

22 36085 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	581630 00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	40714 00
25	Regular tax before credits from Form 540, line 31	25	51709 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 2020, enter amount from line 26 on the 2020 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	1	51709	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	2	40714	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			
			10995	
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507)			
5	Code: 232 Child and dependent care expenses credit (FTB 3506)			
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6	Code: Credit Name:			
7	Code: Credit Name:			
8	Code: Credit Name:			
9	Code: Credit Name:			
10	Code: 188 Credit for prior year alternative minimum tax			
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)			51709
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household			
13	Code: 173 Credit for dependent parent			
14	Code: 163 Credit for senior head of household			
15	Code: 187 Nonrefundable renter's credit			
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16	Code: Credit Name:			
17	Code: Credit Name:			
18	Code: Credit Name:			
19	Code: Credit Name:			
B3 Other state tax credit.				
20	Code: 187 Other state tax credit	12042	12042	39667
Section C - Credits that may reduce alternative minimum tax.				
21	Enter your alternative minimum tax from Side 1, Part II, line 26			
22	Code: 180 Solar energy credit carryover from Section B2, column (d)			
23	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)			
24	Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61			

CAWK_AMT	California Schedule P Limitations Worksheet	2019
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 \$7,750 if condition 1, 2, or 3 below applies to you.

1. You were under age 18 at the end of 2019.
2. You were age 18 at the end of 2019 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 2019 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 2019 or if both parents were deceased at the end of 2019.

Certain January 1 Birthdays. If you were born on January 1, 2002, you are considered to be 18 at the end of 2019. 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, 2001, you are considered to be 19 at the end of 2019. 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, 1996, you are considered to be 24 at the end of 2019. Your exemption amount is not limited.

Exemption Worksheet

If line 21 (AMTI) is equal to or more than: \$571,544 if single or head of household; \$762,057 if married/RDP filing jointly or qualifying widow(er); \$381,017 if married/RDP filing separately, your exemption amount is zero. **Do not** complete this worksheet; instead, enter -0- on line 22.

1. Enter \$73,748 if single or head of household; \$98,330 if married/RDP filing jointly or qualifying widow(er); \$49,163 if married/RDP filing separately	1	98,330
2. Enter your AMTI from Schedule P (540), Part I, line 21	2	617,715
3. Enter \$276,552 if single or head of household; \$368,737 if married/RDP filing jointly or qualifying widow(er); \$184,365 if married/RDP filing separately	3	368,737
4. Subtract line 3 from line 2. If zero or less, enter -0-	4	248,978
5. Multiply line 4 by 25% (.25)	5	62,245
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	36,085
7. Minimum exemption amount for certain children under age 24	7	\$7,750
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.

2019**Other State Tax Credit****S**

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

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> MD LIVE OAK -K1	<input checked="" type="radio"/> 213,512	<input checked="" type="radio"/> 213,512
<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"/> 213,512	<input checked="" type="radio"/> 213,512

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	51,709	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	213,512	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	632,644	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.3375	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	17,452	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> GA See instructions	<input checked="" type="radio"/> 7	12,042	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	213,512	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	213,512	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	12,042	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	12,042	00

2019**Passive Activity Loss Limitations****3801****Attach to Form 540, 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 2019 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	340,079	00	
1b Activities with net loss from Worksheet 1, column (b)	1b	(81,765)	00	
1c Prior year unallowed losses from Worksheet 1, column (c)	1c	()	00	
1d Combine line 1a, line 1b, and line 1c	1d	258,314	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	258,314	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 2019. 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)
3106 INGLEWO	SCH E - 1		45,874	0	45,874
12029 CLOVER	SCH E - 2		43,538	0	43,538
CARRIAGE OAK	SCH E - 3		(81,765)	0	(81,765)
4416 KATHERI	SCH E - 4		2,509	0	2,509
2408 OCEAN P	SCH E - 5		102,607	0	102,607
MEADOW GLEN	SCH E - 6		24,964	0	24,964
TUPPER LLC-S	SCH E - 7		120,587	0	120,587

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

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

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

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
Statement #714				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
Total		2(c) 593,433	2(d)** 593,433	2(e) 0

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

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

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

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

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

	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
Name of activity					
SEE CAWK3801					
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ▶	340,079	81,765			

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

	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
Name of activity					
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 ▶		81,765		81,765

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Worksheet 1

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

	Current year		Prior year	Overall gain or loss	
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
3106 INGLEWOOD BLVD	45,874			45,874	
12029 CLOVER AVE	43,538			43,538	
CARRIAGE OAKS LLC		81,765			81,765
4416 KATHERINE AVE	2,509			2,509	
2408 OCEAN PARK	102,607			102,607	
MEADOW GLEN LLC	24,964			24,964	
TUPPER LLC-SUSANA	120,587			120,587	
Total. Enter on form FTB 3801, line 1a, line 1b. and line 1c ▶	340,079	81,765			

(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]

TAXABLE YEAR

FORM

2019**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** 632644

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, 2019, 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

ERO firm name

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

Do not enter all zeros

as my signature on my 2019 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2019 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 ► 10-06-2020

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

☒ I authorize J ARORA INC to enter my PIN

ERO firm name

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

Do not enter all zeros

as my signature on my 2019 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2019 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 ► 10-06-2020

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 2019 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, 2019 Handbook for Authorized e-file Providers.

ERO's signature ► JAGJIT SINGH ARORA, E.A Date ► 10-06-2020

CAWK_USE	California Use Tax Worksheet	2019
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		California 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_REF	2019 Taxable State / Local Refund Carries to Federal worksheet WK_REF19 to determine total Taxable Refunds	2019
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)	_____ _____ _____	
A. _____		
B. Applied amounts B1. Total Contributions, Donation, Checkoffs (Will carry to 2020 Sch A) B2. Penalty and/or interest B3. Overpayment applied to 2020 (Will carry to 2020 ES screen) B4. Other Tax (Use tax, Property tax, Tangible tax, etc) B5. Total applied amounts (Total of B1 thru B4)	_____ _____ 677 _____ _____	B. _____ 677
C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)		
		677
D. Payments D1. Tax withheld/2019 payments deducted on Schedule A D2. 4th quarter estimate and extension paid in 2020 D3. Total payments applied to 2019 State / Local tax return (Total of D1 thru D2)	33,344 7,000 _____	D. _____ 40,344
E. Allocation of Payments E1. Percent of payments made in 2019 (D1 divided by D3) E2. Line C multiplied by line E1 E3. Percent of payments made in 2020 (D2 divided by D3) E4. Line C multiplied by line E3	0.8265 560 0.1735 117	
F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)		560
G. Taxes paid in 2020 deductible on 2020 Schedule A		
G1. 4th quarter estimate and extension paid in 2020 (From line D2) G2. Balance of refund that did not carry to the 1040, line 10 (From line E4) G3. Adjusted taxes paid in 2020 allowed to carry to 2020 Sch A (Line G1 less line G2)	7,000 117 _____	G. _____ 6,883

Subject to tax benefit rules

CAWK_A5

State / Local tax payments made after 12/31/2019 that
will be deductible on 2020 Federal Schedule A

2019

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

A. 2019 Income taxes due that were paid after 12/31/2019

A1. 4th quarter estimate/extension (may be adj. by refund) 6,883 See CAWK_REF Line G3
A2. Amount paid with return _____
A3. Total payments made in 2020 **A.** 6,883

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 2020 (Line A less line B) **C.** 6,883

CAWK_IRA

For your records only.
Total IRA Distributions Worksheet2019 IRA
FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

553-39-5912

Federal

1099R (Line 1)

Income Screen (Line 4a)

Taxpayer

Spouse

Total

6,800

6,800

Subtotal:

6,800

6,800

Federal's Computation

Total IRA Distributions (Amount carrying to the Federal)

6,800

6,800

State

1099R (Line 1 or Line 14 if state distribution)

Income Screen (Line 4a)

Taxpayer

Spouse

Total

6,800

6,800

Subtotal:

6,800

6,800

State's Computation

Total IRA Distributions (Amount carrying to the State)

6,800

6,800

CAWK_EXM	California AGI Limitation Worksheet	2019
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	\$200,534
Married/RDP filing jointly or qualifying widow(er)	\$401,072
Head of household	\$300,805

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>669,577.</u>
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately \$200,534	
• Married/RDP filing jointly or qualifying widow(er) . . . \$401,072	b <u>401,072.</u>
• Head of household \$300,805	
c Subtract line b from line a	c <u>268,505.</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>108.</u>
e Multiply line d by \$6	e <u>648.</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>2,592.</u>
h Add the total dollar amount from Form 540, lines 7, 8, and 9	h <u>488.</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 Worksheet2019 Pension
FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

553-39-5912

Federal

	Taxpayer	Spouse	Total
1099R (Line 1)	848,086	286,773	1,134,859
RRB (Line 7)			
Income Screen (Line 4d)			

Subtotal:

848,086	286,773	1,134,859
---------	---------	-----------

Federal's Computation

Total Pensions and Annuities (Amount carrying to the Federal)

848,086	286,773	1,134,859
---------	---------	-----------

State

	Taxpayer	Spouse	Total
1099R (Line 1)	848,086	286,773	1,134,859
RRB (Line 7)			
Income Screen (Line 4d)			

Subtotal:

848,086	286,773	1,134,859
---------	---------	-----------

State's Computation

Total Pensions and Annuities (Amount carrying to the State)

848,086	286,773	1,134,859
---------	---------	-----------

CAWK_E

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2019 Schedule E
FD/ST **Summary**

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

553-39-5912

Federal

	Taxpayer	Spouse	Total
Rental/Royalty Income	17,560	240,754	258,314
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	167,559	167,560	335,119
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

185,119	408,314	593,433
---------	---------	---------

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal) .

185,119	408,314	593,433
---------	---------	---------

State

	Taxpayer	Spouse	Total
Rental/Royalty Income	17,560	240,754	258,314
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	167,559	167,560	335,119
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

185,119	408,314	593,433
---------	---------	---------

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State) . .

185,119	408,314	593,433
---------	---------	---------

CAWK_SSB	Social Security Benefits Worksheet Figuring Your Taxable Benefits (Keep for your records)	2019
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099.
 Also, enter this amount on Form 1040 or 1040-SR, line 5a **1.** 43,450
2. Enter one-half of line 1 **2.** 21,725
3. Combine the amounts from:
 Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, 6, and Schedule 1 (Form 1040 or 1040-SR), line 9 **3.** 632,644
4. Enter the amount, if any, from Form 1040 line 2a **4.** _____
5. Enter the total of any exclusions/adjustments for:
 - Adoption benefits (Form 8839, line 28),
 - Foreign earned income or housing (Form 2555, lines 45 and 50), and
 - Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico **5.** _____
6. Combine lines 2, 3, 4, and 5 **6.** 654,369
7. Enter the amounts from Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19, and any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22 **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.** 654,369
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 2019, enter \$25,000 **9.** 32,000

Note: If you are married filing separately and you lived with your spouse at any time in 2019, skip lines 9 through 16; multiply line 8 by 85% (.85) and enter the result on line 17. Then, go to line 18.
10. Is the amount on line 9 less than the amount on line 8?

No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.

☒ **Yes.** Subtract line 9 from line 8 **10.** 622,369
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 2019 **11.** 12,000
12. Subtract line 11 from line 10. If zero or less, enter -0- **12.** 610,369
13. Enter the **smaller** of line 10 or line 11 **13.** 12,000
14. Enter one-half of line 13 **14.** 6,000
15. Enter the **smaller** of line 2 or line 14 **15.** 6,000
16. Multiply line 12 by 85% (.85). If line 12 is zero, enter -0- **16.** 518,814
17. Add lines 15 and 16 **17.** 524,814
18. Multiply line 1 by 85% (.85) **18.** 36,933
19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also, enter this amount on Form 1040 or 1040-SR, line 5b **19.** 36,933

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.

Taxpayer's portion
Spouse's portion

24,627
12,306

b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable.

Notes about SS benefits:

CAEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2019**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identification Number

***-**-5912

Address

1931 STRADELLA RDLOS ANGELES, CA 90077-2320**Thank you for participating in IRS e-file.**

1. ☒ Your 2019 state income tax return for CA540 was filed electronically.
The electronic filing services were provided by J ARORA INC.
2. ☒ Your return was accepted on 10-05-2020 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 this return is 96260720202795sze0hk.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

CA-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number 553-39-5912	
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status		MFJ	MFJ	
Gross Income		614,885	669,577	54,692
Deductions		21,257	18,275	(2,982)
Taxable Income		538,412	614,369	75,957
Actual State Income				
State Income Tax		31,656	39,667	8,011
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments		35,000	37,000	2,000
Underpayment Penalty				
Overpayment Applied to Next Year		3,344	677	(2,667)
Refund				
Balance Due				
Marginal tax rate		9.300000	10.300000	1.000000
Effective tax rate		5.880000	6.460000	0.580000

2019 GA500 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

10-15-2020

Payment:

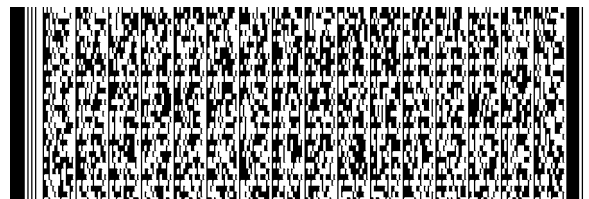
\$12,039.00

Transaction method:

Include form 525-TV with your check or money order made payable to the Georgia Department of Revenue along with the return. Print your name, address, SSN and "2019 GA500" on your check. If the return was filed electronically, mail only the voucher and payment to the address above.



2000402611

**Georgia Form 500** (Rev. 06/20/19)

Individual Income Tax Return

Georgia Department of Revenue

2019 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE CA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID N5830584

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

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
RUNCHAL

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

LAST NAME SUFFIX
RUNCHAL

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

DEPARTMENT USE ONLY

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

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Residency Status

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

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

Filing Status

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 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.	669577
(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? <input type="checkbox"/> Blind? <input type="checkbox"/>	Total	x 1,300= 11b
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b)	11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 3

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

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

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

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15a. 213463

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information) . . . 15b.

15c. Georgia Taxable Income (Line 15a less Line 15b) 15c. 213463

16. Tax (Use the Tax Table in the IT-511 Tax Booklet) 16. 12039

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. 12039

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:

☐ 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

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

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

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 ☐

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

4. GA WAGES / INCOME

4. GA WAGES / INCOME

5. GA TAX WITHHELD

5. GA TAX WITHHELD

5. GA TAX WITHHELD

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 2019 and Form IT-560 25.

26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)

27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27.

28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.

12039

29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29.

30. Amount to be credited to 2020 ESTIMATED TAX 30.

31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.

32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.

33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.

34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.

35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.

36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.

37. Saving the Cure Fund (No gift of less than \$1.00) 37.

38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2019 (Approved software version)
Page 5



YOUR SOCIAL SECURITY NUMBER
553-39-5912

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.

40. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40 41. 12039
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE . . .

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

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42.

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

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☐ Routing Number
Savings ☐ 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)

Date
10/06/2020

Taxpayer's Phone Number
310-471-5013

Spouse's Signature ☐ (Check box if deceased)

Date
10/06/2020

☐ 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 E-mail Address
RUNCHAL@GMAIL.COM

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

Preparer's Firm Name
J ARORA INC

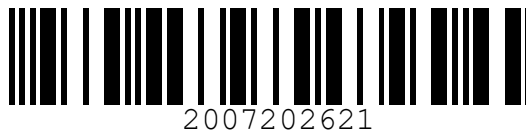
Preparer's Phone Number
818-923-5038

Preparer's FEIN
32-0225393

Preparer's SSN/PTIN/SIDN
P00186900



(See IT-511 Tax Booklet)



YOUR SOCIAL SECURITY NUMBER
553-39-5912

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(See IT-511 Tax Booklet)
(SPOUSE)

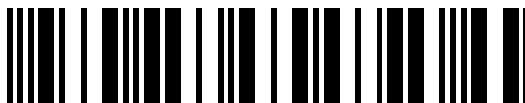
(TAXPAYER)

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)	139159	139159
14. Total of Lines 6 through 13; if zero or less, enter zero	139159	139159
15. Add Lines 5 and 14	139159	139159
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. 06/20/19)
Schedule 3
Part-Year Nonresident
2019

(Approved software version)



2007402611

Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
553-39-5912

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

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

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

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTEREST AND DIVIDENDS 225	2. INTEREST AND DIVIDENDS 225	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 669352	4. OTHER INCOME OR (LOSS) 391034	4. OTHER INCOME OR (LOSS) 278318
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 669577	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 391259	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 278318
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 -166933	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -109096	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -57837
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 502644	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 282163	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 220481
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage . . .	9.	43.86 % 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 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.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b . . .	12.	16000
13. Multiply Line 12 by Ratio on Line 9 and enter result	13.	7018
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X	14.	213463



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:

<p>1. Type of return (check proper type):</p> <p><input type="checkbox"/> Individual--Form 500</p> <p><input type="checkbox"/> Partnership--Form 700</p> <p><input type="checkbox"/> Fiduciary--Form 501 (5 1/2 months only)</p> <p><input type="checkbox"/> Corporate Income Tax</p> <p><input type="checkbox"/> Net Worth Tax (For Period Beginning) _____</p> <p><input type="checkbox"/> Other _____</p>	<p>2. For Period Ending:</p> <p style="text-align: center;">12-31-2019</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3. Extension Requested To:</p> <p style="text-align: center;">10-15-2020</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--	---

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	3	6		
--	--	--	--	--	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--

**GA-8453
2019**

**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.	669577
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	213463
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	12039
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	12039
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2019 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	<u>10-06-20</u>	<u>10-06-20</u>
HERE	TAXPAYER'S SIGNATURE	SPOUSE'S SIGNATURE (if joint return, both must sign)
	<u>AKSHAI K & CHANCHAL RUNCHAL</u>	<u>RUNCHAL@GMAIL.COM</u>
	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	<u>J ARORA INC</u>	Date <u>10-06-20</u>
	Firm's Name	<u>17037 CHATSWORTH ST STE 202</u>	Check also if paid preparer <input checked="" type="checkbox"/>
	Address	<u>GRANADA HILLS CA</u>	FEIN/PTIN <u>32-0225393</u>
	City, State, & Zip Code	<u>91344</u>	SSN/TIN <u>P00186900</u>

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	<u></u>	Date <u></u>
	Firm's Name	<u></u>	FID/TIN <u></u>
	Address	<u></u>	SSN/TIN <u></u>
	City, State, & Zip Code	<u></u>	

KEEP A COPY WITH YOUR RECORDS

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

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from 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.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If 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.
- If you are **filing electronically**, mail only your voucher and payment to:

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

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

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

PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

— — — — — Cut along dotted line — — — — —

525-TV (Rev. 03/20/19)
Individual and Fiduciary Payment Voucher

2019



2052502618

Individual or Fiduciary Name and Address:

AKSHAI
RUNCHAL
1931 STRADELLA RD
LOS ANGELES CA 90077-2320

<input type="checkbox"/> Amended Return	<input type="checkbox"/> Paper Return	<input checked="" type="checkbox"/> Electronically Filed	TYPE OF RETURN:		<input checked="" type="checkbox"/> 09-Individual	<input type="checkbox"/> 10-Fiduciary
Taxpayer's SSN or Fiduciary FEIN 553-39-5912	Spouse's SSN (if joint or combined return) 573-41-5200	Tax Year 2019	Daytime Telephone Number 310-471-5013	Vendor Code 026		

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

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

Amount Paid \$ 12039.00

525005533959128190921200000000000000002600012039003

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:

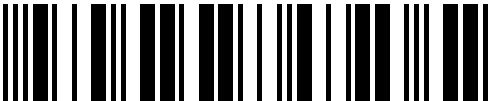
**Processing Center
Georgia Department of Revenue
PO Box 105198
Atlanta, Georgia 30348-5198**

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. 03/20/19) Individual and Fiduciary Payment Voucher 2019 DO NOT use for Quarterly Estimate or Corporate Tax Payments		 2002302618		Individual or Fiduciary Name and Address: AKSHAI K & CHANCHAL RUNCH 1931 STRADELLA RD LOS ANGELE CA 90077-2320	
TYPE OF RETURN: <input 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 2019	
				Vendor Code 026	
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.		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 10-06-2020	

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

Amount Paid \$ 12039.00

023005533959128190900000000000000000002600012039002

GARIE_WK

Georgia Retirement Income Exclusion Worksheet

(Keep worksheet for your records)

2019

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	139159	139159
(14) Total of Lines 6 through 13; if zero or less, enter zero	139159	139159
(15) Add Lines 5 and 14	139159	139159
(16) Maximum Allowable Exclusion for Tax Year 2019* If age 62-64 or less than 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000	65000	65000
(17) Smaller of Line 15 or 16; enter here and on Form 500, Schedule 1, Line 7 A&B	65000	65000
(18) Part-Year and Nonresident Income Exclusion	36335	21502

Part-Year and Nonresident Proration(From GA instructions):

	Taxpayer		Spouse	
Earned income ratio				
Georgia				
Everywhere				
Max Earned income				
Georgia Earned income portion				
Total Max Exclusion		65000		65000
Portion used on unearned				
Remaining allowed on unearned		65000		65000
Unearned ratio				
Georgia	139159		139159	
Everywhere	248957	0.5590	420620	0.3308
Georgia unearned income portion		36335		21502
Total Retirement exclusion allowed from GA inc		36335		21502

GAEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2019**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identification Number

***-**-5912

Address

1931 STRADELLA RDLOS ANGELES, CA 90077-2320**Thank you for participating in IRS e-file.**

1. ☒ Your 2019 state income tax return for GA500 was filed electronically.
The electronic filing services were provided by J ARORA INC.
2. ☒ Your return was accepted on 10-06-2020 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 this return is 9626072020279mswy2u1.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

GAWK_A5State / Local tax payments made after 12/31/2019 that
will be deductible on 2020 Federal Schedule A**2019**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

A. 2019 Income taxes due that were paid after 12/31/2019

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 12,039
A3. Total payments made in 2020 **A.** 12,039

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 2020 (Line A less line B) **C.** 12,039

