

TAXABLE YEAR

FORM

2016**California e-file Payment Record for Individuals****8455**

Your name

KEUN SOOK YOO

Your SSN or ITIN

602-31-3906

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (Whole Dollars Only)

- 1 California Adjusted Gross Income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) 1 **15,004**
- 2 Amount You Owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121) 2 **27**

Part II Return Payment Information for Taxable Year 2016 (Payment due 4/18/2017)

- 3 Electronic Funds Withdrawal Amount **27**
- 4 Withdrawal Date (mm/dd/yyyy) **02/24/2017**

Part III Scheduled Estimated Tax Payments for Taxable Year 2017 These are NOT installments of the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
5 Amount				
6 Withdrawal Date				

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III

- 7 Routing number **122041727**
- 8 Account number **0611687601**
- 9 Type of account: ☒ Checking ☐ Savings

2016 California Resident Income Tax Return**540**

APE

602-31-3906 YOO
KEUN SOOK YOO

16 PBA 722513

A
R
RP16955 KEMERTON PLACE
HACIENDA HTS CA 91745

05-05-1959

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

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

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

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

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions	7 <input type="text" value="1"/>	X \$111 =	\$ <input type="text" value="111"/>
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	8 <input type="text"/>	X \$111 =	\$ <input type="text"/>
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	9 <input type="text"/>	X \$111 =	\$ <input type="text"/>

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

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

Total dependent exemptions 10 X \$344 = \$ 11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$

Your name:

KEUN SOOK YOO

Your SSN or ITIN:

602-31-3906

Taxable Income

12	State wages from your Form(s) W-2, box 16	I 12		00
13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	P 13	15,004	00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	I 14		00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	15,004	00
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	I 16		00
17	California adjusted gross income. Combine line 15 and line 16	I 17	15,004	00
18	Enter the larger of <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: I Single or Married/RDP filing separately \$4,129 I Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions </div>	I 18	4,129	00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	P 19	10,875	00

Tax

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	I	<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	I 31	138	00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions	P 32	111	00		
33	Subtract line 32 from line 31. If less than zero, enter -0-	P 33	27	00		
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	I 34		00		
35	Add line 33 and line 34	P 35	27	00		

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	I 40		00
43	Enter credit name <input type="text"/> code <input type="text"/> and amount	I 43		00
44	Enter credit name <input type="text"/> code <input type="text"/> and amount	I 44		00
45	To claim more than two credits, see instructions. Attach Schedule P (540)	I 45		00
46	Nonrefundable renter's credit. See instructions	I 46		00
47	Add line 40 through line 46. These are your total credits	P 47		00
48	Subtract line 47 from line 35. If less than zero, enter -0-	P 48	27	00

Other Taxes

61	Alternative minimum tax. Attach Schedule P (540)	I 61		00
62	Mental Health Services Tax. See instructions	I 62		00
63	Other taxes and credit recapture. See instructions	I 63		00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	I 64	27	00

Your name:

KEUN SOOK YOO

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Payments	71	California income tax withheld. See instructions	71	<input type="text"/>	<input type="text" value="00"/>
	72	2016 CA estimated tax and other payments. See instructions	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions	76	<input type="text" value="0"/>	<input type="text" value="00"/>

Use Tax Overpaid Tax/Tax Due	91	Use Tax. See instructions	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	92	<input type="text"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	94	<input type="text"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2017 estimated tax	95	<input type="text"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94	96	<input type="text"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	97	<input type="text" value="27"/>	<input type="text" value="00"/>



Your name:

KEUN SOOK

YOO

Your SSN or ITIN:

602-31-3906

Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	I 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	I 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	I 403	<input type="text"/> .00
California Breast Cancer Research Fund	I 405	<input type="text"/> .00
California Firefighters' Memorial Fund	I 406	<input type="text"/> .00
Emergency Food for Families Fund	I 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	I 408	<input type="text"/> .00
California Sea Otter Fund	I 410	<input type="text"/> .00
California Cancer Research Fund	I 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund	I 419	<input type="text"/> .00
School Supplies for Homeless Children Fund	I 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	I 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	I 424	<input type="text"/> .00
Keep Arts in Schools Fund	I 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	I 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	I 431	<input type="text"/> .00
Revive the Salton Sea Fund	I 432	<input type="text"/> .00
California Domestic Violence Victims Fund	I 433	<input type="text"/> .00
Special Olympics Fund	I 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	I 435	<input type="text"/> .00
110 Add code 400 through code 435. This is your total contribution	I 110	<input type="text"/> .00

Your name: KEUN SOOK YOO

Your SSN or ITIN: 602-31-3906

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.**

Amount
You Owe

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 27.00

Pay online – Go to ftb.ca.gov 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 27.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

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

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

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

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

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. 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

X

Date

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

X

**Sign
Here**

Your email address. Enter only one email address.

Preferred phone number

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

02/15/17

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

JAMES Y. LEE & CO. A.C.

Firm's address

2855 MICHELLE STE 200
IRVINE

CA 92606-1011

PTIN

P00286392

FEIN

20-3987295

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

Joint tax
return?
(See
instructions)

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

☒ Yes ☐ No

Print Third Party Designee's Name

JAMES Y LEE

Telephone Number

714-669-1400

CA Asset Report

SNACK SHOP

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<u>Prior MACRS:</u>								
2	MACHINE & EQUIPMENT	11/09/07	1,083	1,083	1,083	0	0	0
3	LEASEHOLD IMPROVEMENT	11/09/07	10,000	10,000	2,083	257	257	0
			<u>11,083</u>	<u>11,083</u>	<u>3,166</u>	<u>257</u>	<u>257</u>	<u>0</u>
<u>Listed Property:</u>								
1	AUTOMOBILE	11/09/07	0	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Amortization:</u>								
4	GOODWILL	11/09/07	50,000	50,000	27,222	3,334	3,334	0
5	COVENANT NOT TO COMPETE	11/09/07	4,000	4,000	2,178	266	266	0
			<u>54,000</u>	<u>54,000</u>	<u>29,400</u>	<u>3,600</u>	<u>3,600</u>	<u>0</u>
Grand Totals			65,083	65,083	32,566	3,857	3,857	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>65,083</u>	<u>65,083</u>	<u>32,566</u>	<u>3,857</u>	<u>3,857</u>	<u>0</u>