

GOLDEN STATE ACCOUNTING INC.
1221 BRIDGEWAY SUITE 2
SAUSALITO, CA 94965
415-331-9900

May 31, 2024

Abbas Jones
1431 Mercado Way
San Jose, CA 95131

Dear Abbas,

Your 2023 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of \$12,768, of which \$12,768 has been applied to your 2024 estimated tax.

Your 2023 California Individual Income Tax Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of \$3,298, of which \$3,298 has been applied to your 2024 estimated tax.

Your 2024 estimated tax payment schedule is listed below. If not paying electronically, mail your payments to the address shown on your estimated tax payment vouchers.

Due Date	Federal
4/15/24	\$ 0
6/17/24	0
9/16/24	1,032
1/15/25	4,600

	\$ 5,632

Please be sure to call if you have any questions.

Sincerely,

David Haase, CPA

ABBAS JONES

	2023	2022	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	381,847	350,221	31,626
INTEREST INCOME.....	3,421	0	3,421
DIVIDEND INCOME.....	6	193	-187
CAPITAL GAIN OR LOSS.....	-3,000	0	-3,000
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	7,228	-40,457	47,685
TOTAL INCOME.....	389,502	309,957	79,545
ADJUSTMENTS TO INCOME			
IRA DEDUCTION.....	0	6,000	-6,000
TOTAL ADJUSTMENTS.....	0	6,000	-6,000
ADJUSTED GROSS INCOME.....	389,502	303,957	85,545
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	10,000	0
TOTAL ITEMIZED DEDUCTIONS.....	10,000	10,000	0
TAX COMPUTATION			
STANDARD DEDUCTION.....	13,850	12,950	900
LARGER OF ITEMIZED OR STANDARD DEDUCTION	13,850	12,950	900
TAXABLE INCOME.....	375,652	291,007	84,645
TAX BEFORE CREDITS.....	103,373	75,605	27,768
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	103,373	75,605	27,768
OTHER TAXES			
OTHER TAXES.....	1,664	1,359	305
TOTAL TAX.....	105,037	76,964	28,073
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD.....	97,143	86,577	10,566
ESTIMATED TAX PAYMENTS.....	9,000	15,210	-6,210
EXCESS FICA AND RRTA TAX WITHHELD.....	11,662	9,114	2,548
TOTAL PAYMENTS.....	117,805	110,901	6,904
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	12,768	33,937	-21,169
APPLIED TO NEXT YEAR'S ESTIMATED TAX.....	12,768	0	12,768
AMOUNT REFUNDED TO YOU.....	0	33,937	-33,937
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
ORDINARY INCOME TAX BRACKET.....	35.0%	35.0%	0.0%
EFFECTIVE TAX RATE.....	28.0%	26.4%	1.6%

ABBAS JONES

	2023	2022	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	389,502	303,957	85,545
CALIFORNIA SUBTRACTIONS			
RENTS, ROYALTIES, PARTNERSHIPS, TRUSTS.....	0	1,520	-1,520
TOTAL SUBTRACTIONS FROM FEDERAL AGI.....	0	1,520	-1,520
CALIFORNIA ADDITIONS			
RENTS, ROYALTIES, PARTNERSHIPS, TRUSTS.....	1,378	0	1,378
TOTAL ADDITIONS TO FEDERAL AGI.....	1,378	0	1,378
ADJUSTED GROSS INCOME			
ADJUSTED GROSS INCOME.....	390,880	302,437	88,443
ITEMIZED DEDUCTIONS			
CALIFORNIA ITEMIZED DEDUCTIONS.....	0	0	0
CALIFORNIA STANDARD DEDUCTION.....	5,363	5,202	161
TAX COMPUTATION			
TOTAL TAXABLE INCOME.....	385,517	297,235	88,282
TAX.....	32,870	24,396	8,474
NET TAX.....	32,870	24,396	8,474
PAYMENTS			
CALIFORNIA INCOME TAX WITHHELD.....	32,284	30,323	1,961
ESTIMATED TAX PAYMENTS.....	3,884	6,279	-2,395
EXCESS CALIFORNIA SDI WITHHELD.....	0	1,602	-1,602
TOTAL PAYMENTS.....	36,168	38,204	-2,036
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	3,298	13,808	-10,510
APPLIED TO NEXT YEAR'S ESTIMATED TAX.....	3,298	0	3,298
AMOUNT YOU OWE.....	0	0	0
AMOUNT REFUNDED TO YOU.....	0	13,808	-13,808
TAX RATES			
MARGINAL TAX RATE.....	10.3%	9.3%	1.0%
EFFECTIVE TAX RATE.....	8.5%	8.2%	0.3%

Client

Abbas Jones

California Disclosure Statements**Statement: Use of information**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the California Franchise Tax Board, as applicable by law.

An ERO shall not disclose or use any tax return information for a purpose other than preparing, assisting in preparing, obtaining or providing services in connection with the preparation of tax returns. Disclosure among accepted participants in California's e-file Program for preparing and transmitting the return information is permissible.

Statement: Refund Expectations

California Franchise Tax Board is providing a URL about refund processing. Industry partners must use this URL or other method prescribed by the jurisdiction in all products. The messages must be shown to end-users within the software in a way to maximize the likelihood the message is read. For more information, please visit

<https://www.ftb.ca.gov/refund/index.asp>

Statement: Driver's License/ID Card Expectations

California driver's license or state ID card information is not required to e-file a California tax return and tax returns will not be rejected if this information isn't provided. Providing this information will help expedite the tax return process time, as well as combat stolen identity tax fraud. For more information, please visit

<https://www.ftb.ca.gov/file/ways-to-file/online/help-with-filing-online.html>

ABBAS JONES

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 1, SCH 2, SCH 3, 1040-ES, SCH B, SCH D, SCH E P2, 7203
 8879, 8959, 8960, 8995-A, 8995-A SCH C
 CALIFORNIA: 540, SCH CA, SCH D (540), E-FILE INSTRUCTIONS, E-FILE CONSENT
 E-FILE FORM 8879

TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	35.0%	28.0%
CALIFORNIA	10.3%	8.5%

CARRYOVERS TO 2024FEDERAL CARRYOVERS

LONG-TERM CAPITAL LOSS	4,873.
AMT LONG-TERM CAPITAL LOSS	4,873.
TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD (QBI)	33,229.

CALIFORNIA CARRYOVERS

STATE CAPITAL LOSS	4,873.
AMT STATE CAPITAL LOSS	4,873.

ESTIMATES**FEDERAL ESTIMATES**

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/24	4,600.	4,600.	0.
6/17/24	4,600.	4,600.	0.
9/16/24	4,600.	3,568.	1,032.
1/15/25	4,600.	0.	4,600.
TOTAL	<u>\$ 18,400.</u>	<u>\$ 12,768.</u>	<u>\$ 5,632.</u>

CALIFORNIA ESTIMATES

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/24	992.	992.	0.
6/17/24	1,324.	1,324.	0.
9/16/24	0.	0.	0.
1/15/25	982.	982.	0.
TOTAL	<u>\$ 3,298.</u>	<u>\$ 3,298.</u>	<u>\$ 0.</u>

ABBAS JONES

THE TAXPAYER'S 2023 FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN**FORM 1040**

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 FEDERAL INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

OVERPAYMENT

THERE IS AN OVERPAYMENT OF \$12,768, OF WHICH \$12,768 IS BEING APPLIED TO NEXT YEAR'S ESTIMATED TAXES.

AFTER TRANSMISSION OF THE RETURN**RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879

ABBAS JONES

THE TAXPAYER'S 2023 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 540

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 CALIFORNIA INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

CA FORM 8453

IT IS NOT NECESSARY FOR THE TAXPAYER(S) TO SIGN CA FORM 8453 WHEN USING A PAPERLESS E-FILE PIN.

PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ AND, IF APPLICABLE, SIGN THE E-FILE SIGNATURE/CONSENT AUTHORIZATION.
THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

OVERPAYMENT

THERE IS AN OVERPAYMENT OF \$3,298, OF WHICH \$3,298 IS BEING APPLIED TO NEXT YEAR'S ESTIMATED TAXES.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

E-FILE SIGNATURE/CONSENT AUTHORIZATION
FORM 8879

2024

Record of Estimated Tax Payments

PAGE 1

ABBAS JONES

Federal

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	4/15/24	4,600.				
2	6/17/24	4,600.				
3	9/16/24	3,568.	1,032.			
4	1/15/25		4,600.			
5						
6						
7						
8						
Total.....		12,768.	5,632.			

State: _____

State

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
Total.....						

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2024 tax return.

ABBAS JONES

WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	SDI
MATTHEW WETZEL DDS INC	142,425.	36,757.	8,830.	2,065.	12,959.	
ABBAS DOCTOR DDS INC	195,000.	51,846.	9,932.	2,828.	15,845.	
GEN4 PAYROLL CALIFORNIA LLC	44,422.	8,540.	2,832.	662.	3,480.	400.
GRAND TOTAL	<u>381,847.</u>	<u>97,143.</u>	<u>21,594.</u>	<u>5,555.</u>	<u>32,284.</u>	<u>400.</u>

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:	ABBAS DOCTOR DDS INC
TAXPAYER IDENTIFICATION NUMBER:	85-3494108
BUSINESS INCOME.....	7,228.
QUALIFIED BUSINESS INCOME	<u>7,228.</u>

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)	INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$11,000).....	\$ 11,000.	\$ 1,100.
12% ORDINARY TAX BRACKET (\$11,001 - \$44,725).....	33,725.	4,047.
22% ORDINARY TAX BRACKET (\$44,726 - \$95,375).....	50,650.	11,143.
24% ORDINARY TAX BRACKET (\$95,376 - \$182,100).....	86,725.	20,814.
32% ORDINARY TAX BRACKET (\$182,101 - \$231,250).....	49,150.	15,728.
35% ORDINARY TAX BRACKET (\$231,251 - \$578,125).....	144,402.	50,541.

TAXABLE INCOME	<u>\$ 375,652.</u>	
TOTAL TAX USING ORDINARY INCOME RATES		<u>\$ 103,373.</u>

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$202,473
TO BEGIN BEING TAXED IN THE NEXT 37% TAX BRACKET (\$578,126 +)

FEDERAL INCOME TAX WITHHELD

MATTHEW WETZEL DDS INC	36,757.
ABBAS DOCTOR DDS INC	51,846.
GEN4 PAYROLL CALIFORNIA LLC	8,540.
TOTAL	<u>97,143.</u>

ABBAS JONES

**CAPITAL LOSS CARRYOVER WORKSHEET
(IRS PUBLICATION 550)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040NR, LINE 15		375,652.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21		3,000.
3. COMBINE LINES 1 AND 2 (BUT NOT LESS THAN ZERO)		378,652.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
- NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER ZERO ON LINE 5 AND GO TO LINE 9.		
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7		36.
6. ENTER GAIN FROM SCHEDULE D, LINE 15	0.	
7. ADD LINES 4 AND 6		3,000.
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2024. SUBTRACT LINE 7 FROM LINE 5		0.
- NOTE: IF LINE 15 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15		7,837.
10. ENTER GAIN FROM SCHEDULE D, LINE 7	0.	
11. SUBTRACT LINE 5 FROM LINE 4	2,964.	
12. ADD LINES 10 AND 11		2,964.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2024. SUBTRACT LINE 12 FROM LINE 9		<u>4,873.</u>

**FORM 8960, LINE 4B
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS****INCOME (LOSS)
LINE 4A****NON-SEC. 1411
ADJUSTMENT
LINE 4B****SCHEDULE E, PAGE 2.**

S-CORP #1: ABBAS DOCTOR DDS INC

NET INCOME (LOSS).....	\$	7,228.	
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS.....			\$ -7,228.
K-1 SUBTOTAL	\$	<u>7,228.</u>	\$ <u>-7,228.</u>
TOTAL	\$	<u>7,228.</u>	\$ <u>-7,228.</u>

**FORM 8960, LINE 13
MODIFIED ADJUSTED GROSS INCOME WORKSHEET**

1. ENTER YOUR ADJUSTED GROSS INCOME.....	\$	389,502.
2A. FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42).....		0.
2B. DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION.....		0.
3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS.....		0.
3A. ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT).....		0.
4. SUM OF LINES 1, 2A, 2B, 3, AND 3A.....	\$	<u>389,502.</u>

ABBAS JONES

ACTIVITY NAME: ABBAS DOCTOR DDS INC

BEGINNING STOCK BASIS PLUS INCREASES MINUS DISTRIBUTIONS	29,486.
STOCK BASIS AT END OF YEAR	29,397.
BEGINNING DEBT BASIS PLUS RESTORATION MINUS NONTAXABLE REPAYMENT	0.
DEBT BASIS AT END OF YEAR	0.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
NONDEDUCTIBLE EXPENSES	89.		89.	0.
TOTALS	<u>89.</u>	<u>0.</u>	<u>89.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	38,277.
AMT INCOME	7,228.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	45,505.
LOSS ALLOWED BY AMT BASIS	89.
AMT FINAL BASIS	45,416.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT NONDEDUCTIBLE EXPENSES	89.	0.
TOTALS	<u>89.</u>	<u>0.</u>

ABBAS JONES

ACTIVITY NAME: ABBAS DOCTOR DDS INC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	<u>7,228.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>7,228.</u>
NET INCOME (LOSS)	<u>7,228.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>7,228.</u>
TOTAL SCHEDULE E PAGE 2	<u>7,228.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>7,228.</u>
NONDEDUCTIBLE EXPENSES	89.							89.

ABBAS JONES

ABBAS DOCTOR DDS INC
85-3494108

S CORPORATION
NONPASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)	7,228.					
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)	7,228.					7,228.
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						7,228.
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251.

ABBAS JONES

CAPITAL LOSS CARRYOVER WORKSHEET

1. LOSS FROM SCHEDULE D, LINE 11.	3,000.
2. AMOUNT FROM FORM 540 OR FORM 540NR, LINE 17.	390,880.
3. AMOUNT FROM FORM 540 OR FORM 540NR, LINE 18.	5,363.
4. SUBTRACT LINE 3 FROM LINE 2.	385,517.
5. COMBINE LINE 1 AND LINE 4.	388,517.
6. LOSS FROM SCHEDULE D, LINE 8.	7,873.
7. ENTER THE SMALLER OF LINE 1 OR LINE 5.	3,000.
8. SUBTRACT LINE 7 FROM LINE 6.	
THIS IS YOUR CAPITAL LOSS CARRYOVER TO 2024.	4,873.

EXEMPTION CREDITS WORKSHEET (FORM 540, LINE 32)

A. ENTER THE AMOUNT FROM FORM 540, LINE 13	389,502.
B. IF YOUR FILING STATUS IS:	
SINGLE OR MFS	237,035
MFJ OR QUALIFYING SURVIVING SPOUSE	474,075
HEAD OF HOUSEHOLD	355,558
ENTER THAT AMOUNT HERE	237,035.
C. SUBTRACT LINE B FROM LINE A	152,467.
D. DIVIDE LINE C BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATE)	61.
E. MULTIPLY LINE D BY \$6	366.
F. ADD THE NUMBERS FROM THE BOXES ON FORM 540, LINE 7, 8, AND 9	1.
G. MULTIPLY LINE E BY LINE F	366.
H. ENTER THE TOTAL AMOUNT FROM FORM 540, LINE 7, 8, AND 9	144.
I. SUBTRACT LINE G FROM LINE H	0.
J. ENTER THE NUMBER FROM THE BOX ON FORM 540 LINE 10 (NOT THE AMOUNT)	0.
K. MULTIPLY LINE E BY LINE J	0.
L. ENTER THE AMOUNT FROM FORM 540, LINE 10	0.
M. SUBTRACT LINE K FROM LINE L	0.
N. ADD LINE I AND LINE M. ENTER RESULT HERE AND ON FORM 540, LINE 32	0.

INDIVIDUAL SHARED RESPONSIBILITY PENALTYSTEP 1 ALL FILERS

1. CAN SOMEONE CLAIM YOU AS A DEPENDENT?
- NO. CONTINUE.
2. DID YOU, AND EVERYONE IN YOUR APPLICABLE HOUSEHOLD, HAVE MEC FOR EVERY MONTH OF THIS TAX YEAR?
- YES. STOP. YOU DO NOT OWE AN INDIVIDUAL SHARED RESPONSIBILITY PENALTY.

CALIFORNIA COPY - CALIFORNIA AMOUNTS
**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder	Identifying number
ABBAS JONES	
A Name of S corporation	B Employer identification number
ABBAS DOCTOR DDS INC	85-3494108

- C Stock block (see instructions): _____
- D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____
- E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year.	1	41,013.
2	Basis from any capital contributions made or additional stock acquired during the tax year.	2	
3a	Ordinary business income (enter losses in Part III)	3a	8,606.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m.	4	8,606.
5	Stock basis before distributions. Add lines 1, 2, and 4.	5	49,619.
6	Distributions (excluding dividend distributions). Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.	7	49,619.
8a	Nondeductible expenses	8a	89.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c.	9	89.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.	10	49,530.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c).	11	
12	Debt basis restoration (see net increase in instructions for line 23).	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13.	14	0.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-.	15	49,530.

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year.				0.
17 Additional loans (see instructions).				
18 Loan balance before repayment. Add lines 16 and 17.				0.
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18.				0.

Part II Shareholder Debt Basis (continued) ABBAS DOCTOR DDS INC**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year.				0.
22 Enter the amount, if any, from line 17.				
23 Debt basis restoration (see instructions) ...				
24 Debt basis before repayment. Add lines 21, 22, and 23.				0.
25 Divide line 24 by line 18.				
26 Nontaxable debt repayment. Multiply line 25 by line 19.				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. ...				0.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				0.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . .				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C – Gain on Loan Repayment

32 Repayment. Enter the amount from line 19.				
33 Nontaxable repayments. Enter the amount from line 26.				
34 Reportable gain. Subtract line 33 from line 32.				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.					
36 Net rental real estate loss.					
Other net rental loss.					
38 Net capital loss.					
39 Net section 1231 loss.					
40 Other loss.					
41 Section 179 deductions.					
42 Charitable contributions.					
43 Investment interest expense.					
44 Section 59(e)(2) expenditures.					
45 Other deductions.					
46 Foreign taxes paid or accrued.					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	0.	0.	0.	0.	0.

ABBAS JONES

ACTIVITY NAME: ABBAS DOCTOR DDS INC

STOCK BASIS AT BEGINNING OF YEAR	41,013.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS	
CURRENT YEAR INCOME FROM S CORPORATION	8,606.
STOCK BASIS USED FOR BASIS LIMITATION	49,619.
LOSS ALLOWED BY BASIS LIMITATION	89.
LESS INCOME USED TO RESTORE DEBT BASIS	
STOCK BASIS AT END OF YEAR	49,530.

LOAN BALANCE AT BEGINNING OF YEAR	
ADDITIONAL LOANS	
PRINCIPAL PORTION OF DEBT REPAYMENT	
LOAN BALANCE AT END OF YEAR	

DEBT BASIS AT BEGINNING OF YEAR	0.
ADDITIONAL LOANS	
DEBT BASIS RESTORATION	
NONTAXABLE DEBT REPAYMENT	
DEBT BASIS USED FOR BASIS LIMITATION	0.
LOSS ALLOWED BY BASIS LIMITATION	0.
DEBT BASIS AT END OF YEAR	0.

	(A) CURRENT YEAR LOSS OR DEDUCTION	(B) PRIOR YEAR BASIS C/O	(C) LOSS ALLOWABLE BY BASIS LIMITATION	(D) BASIS CARRYOVER
INCOME OR LOSS				
REGULAR TAX	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
DEDUCTIONS				
NONDEDUCTIBLE EXPENSES	<u>89.</u>		<u>89.</u>	
REGULAR TAX	<u>89.</u>	<u>0.</u>	<u>89.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	41,950.
AMT INCOME	8,582.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	50,532.
LOSS ALLOWED BY AMT BASIS	89.
AMT FINAL BASIS	50,443.

	ALT MIN LOSS ALLOWED	ALT MIN TAX BASIS CARRYOVER
ALT MIN TAX NONDEDUCTIBLE EXPENSES	89.	

FTB e-file
Tax Return Signature / Consent to Disclosure

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer'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.

I have provided the taxpayer(s) 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, *2023 e-file Handbook for Authorized e-file Providers*.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 68474294965
(enter EFIN plus 5 Self-Selected numerics)

2023

CA K-1 RECONCILIATION

PAGE 1

ABBAS JONES

ACTIVITY NAME: ABBAS DOCTOR DDS INC

	CURRENT YE AMOUNT	PRIOR YEAR UNALLOWED BASIS LOSS	DISALLOWED BY BASIS LIMITATION	PRIOR YEAR UNALLOWED AT-RISK LOSS	DISALLOWED BY AT-RISK LIMITATION	PRIOR YEAR UNALLOWED PASSIVE LOSS	DISALLOWED PASSIVE LOS LIMITATIONS	STATE AMOUNT	FEDERAL AMOUNT	DIFFERENCE (INCLUDES SOURCING)
ORDINARY BUSINESS INCOME (LOSS)	8,606.							8,606.	7,228.	-1,378.
TOTAL SCHEDULE E PAGE 2	8,606.	0.	0.	0.	0.	0.	0.	8,606.	7,228.	-1,378.

2023

CA K-1 DIFFERENCE SUMMARY

PAGE 2

ABBAS JONES

SUMMARY OF ORDINARY INCOME DIFFERENCES BETWEEN FEDERAL AND STATE

<u>ACTIVITIES</u>	<u>PASSIVE OR NONPASSIVE</u>	<u>AMOUNT</u>	<u>FEDERAL AMOUNT</u>	<u>DIFFERENCE</u>
ABBAS DOCTOR DDS INC	NONPASSIVE	<u>8,606.</u>	<u>7,228.</u>	<u>-1,378.</u>
	TOTAL	<u>8,606.</u>	<u>7,228.</u>	<u>-1,378.</u>

ABBAS JONES

ABBAS DOCTOR DDS INC
85-3494108

S CORPORATION
NONPASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)	8,606.					
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)	8,606.					8,606.
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						8,606.
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86 *	-24.					
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251.

2023

2024 FEDERAL ESTIMATED TAX WORKSHEET

PAGE 1

2024 Estimated Tax Worksheet

ABBAS JONES

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions).....	1	389,502.
2a	Deductions.....	2a	14,600.
	<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. 		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction.....	2b	
c	Add lines 2a and 2b.....	2c	14,600.
3	Subtract line 2c from line 1.....	3	374,902.
4	Tax. Figure your tax on the amount on line 3 by using the 2024 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax.....	4	101,590.
5	Alternative minimum tax from Form 6251	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16.....	6	101,590.
7	Credits (see instructions). Do not include any income tax withholding on this line.....	7	
8	Subtract line 7 from line 6. If zero or less, enter -0-.....	8	101,590.
9	Self-employment tax (see instructions).....	9	
10	Other taxes (see instructions).....	10	1,664.
11a	Add lines 8 through 10.....	11a	103,254.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit.....	11b	
c	Total 2024 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-.....	11c	103,254.
12a	Multiply line 11c by 90% (66-2/3% for farmers and fishermen).....	12a	92,929.
b	Required annual payment based on prior year's tax (see instructions).....	12b	115,541.
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b..... Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.	12c	115,541.
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding).....	13	97,143.
14a	Subtract line 13 from line 12c.....	14a	18,398.
	Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 14b.		
b	Subtract line 13 from line 11c.....	14b	6,111.
	Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 15 to figure your required payment.		
15	Rounded balance.....	15	18,400.
16	Overpayment of estimated tax applied to next tax year.....	16	12,768.
17	Total of estimated tax payments to be mailed with vouchers.....	17	5,632.
18	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order.....	18	

ABBAS JONES

2024 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

<u>INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
WAGES	381,847.	0.	381,847.
INTEREST	3,421.	0.	3,421.
ORDINARY DIVIDENDS	6.	0.	6.
SHORT-TERM CAP. GAIN (LOSS)	-36.	0.	-36.
LONG-TERM CAPITAL GAIN (LOSS)	-2,964.	0.	-2,964.
RENTS, ROYALTIES, ETC.	7,228.	0.	7,228.
TOTAL INCOME	389,502.	0.	389,502.
ESTIMATED ADJUSTED GROSS INCOME			<u><u>389,502.</u></u>

2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAXALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 3 BELOW)	389,502.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	0.
6. ALTERNATIVE MINIMUM TAXABLE INCOME	<u><u>389,502.</u></u>

ALTERNATIVE MINIMUM TAX

7. EXEMPTION	85,700.
8. SUBTRACT LINE 7 FROM LINE 6	303,802.
9. TAX	80,413.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	0.
11. TENTATIVE MINIMUM TAX	80,413.
12. TAX FROM ES WORKSHEET	101,590.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	<u><u>0.</u></u>

ABBAS JONES

2024 ESTIMATED TAX - OTHER TAXES WORKSHEETADDITIONAL MEDICARE TAX ON WAGES AND SE INCOME

1. WAGES & TIPS SUBJECT TO MEDICARE TAX	383,098.
2. THRESHOLD FOR FILING STATUS	200,000.
3. WAGES AND TIPS SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 2 FROM LINE 1)	183,098.
4. ADDITIONAL MEDICARE TAX ON WAGES (LINE 3 X .9%)	1,648.
5. SE MEDICARE INCOME	0.
6. THRESHOLD FOR FILING STATUS	200,000.
7. AMOUNT FROM LINE 1	383,098.
8. REMAINING THRESHOLD (SUBTRACT LINE 7 FROM LINE 6)	0.
9. SE INCOME SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 8 FROM LINE 5)	0.
10. ADDITIONAL MEDICARE TAX ON SE INCOME (LINE 9 X .9%)	0.
11. ADDITIONAL MEDICARE TAX ON RRTA COMPENSATION	0.
12. TOTAL ADDITIONAL MEDICARE TAX (ADD LINES 4, 10, AND 11)	1,648.

NET INVESTMENT INCOME TAX

1. INTEREST	3,421.
2. DIVIDENDS	6.
3. ANNUITIES FROM NONQUALIFIED PLANS	0.
4A. RENTS, ROYALTIES, K-1, SCH C	7,228.
4B. RENTS, ROYALTIES, K-1, SCH C NOT SUBJECT TO NIIT	-7,228.
4C. RENTS, ROYALTIES, K-1, SCH C SUBJECT TO NIIT	0.
5A. NET GAIN (LOSS) FROM DISPOSITIONS	-3,000.
5B. NET GAIN (LOSS) FROM DISPOSITIONS NOT SUBJ. TO NIIT	0.
5C. ADJUSTMENT FROM DISPOSITION OF PASS-THROUGH	0.
5D. NET DISPOSITION GAIN (LOSS) SUBJECT TO NIIT	-3,000.
6. ADJUSTMENT FOR CERTAIN CFCS AND PFICS	0.
7. OTHER MODIFICATIONS TO INVESTMENT INCOME	0.
8. TOTAL INVESTMENT INCOME	427.
9. TOTAL DEDUCTIONS AND MODIFICATIONS	0.
10. NET INVESTMENT INCOME	427.
11. MODIFIED ADJUSTED GROSS INCOME	389,502.
12. THRESHOLD FOR FILING STATUS	200,000.
13. MAGI IN EXCESS OF THRESHOLD	189,502.
14. LESSER OF MAGI OVER EXCESS OR NET INVESTMENT INCOME	427.
15. NET INVESTMENT INCOME TAX (3.8% RATE)	16.

OTHER TAXES

ADDITIONAL MEDICARE TAX ON WAGES	1,648.
NET INVESTMENT INCOME TAX	16.
TOTAL \$	<u><u>1,664.</u></u>

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 4/15/2024

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

FDIA1901L 06/21/23

1032



ABBAS JONES

1431 MERCADO WAY
SAN JOSE, CA 95131

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

WX JUNE 30 0 2024 12 430

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 6/17/2024

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

FDIA1902L 06/21/23

1032



ABBAS JONES

1431 MERCADO WAY
SAN JOSE, CA 95131

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

WX JUNE 30 0 2024 12 430

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 9/16/2024

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	1,032.
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FDIA1904L 06/21/23

1032



ABBAS JONES

1431 MERCADO WAY
SAN JOSE, CA 95131

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

WX JUNE 30 0 2024 12 430

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 802502
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 1/15/2025

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	4,600.
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FDIA1905L 06/21/23

1032



ABBAS JONES

1431 MERCADO WAY
SAN JOSE, CA 95131

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

WX JUNE 30 0 2024 12 430

Form **8879**

(Rev. January 2021)

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

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

ABBAS JONES

Spouse's name

Social security number

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	389,502.
2	Total tax	2	105,037.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	97,143.
4	Amount you want refunded to you	4	
5	Amount you owe	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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GOLDEN STATE ACCOUNTING INC. to enter or generate my PIN 62513 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 _____ to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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.

68474294965
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ► DAVID HAASE, CPA

Date ►

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning _____, ending _____		See separate instructions.
Your first name and middle initial ABBAS JONES		Your social security number
Last name		
If joint return, spouse's first name and middle initial		Spouse's social security number
Last name		
Home address (number and street). If you have a P.O. box, see instructions.		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
1431 MERCADO WAY		
City, town, or post office. If you have a foreign address, also complete spaces below.		
State ZIP code		
SAN JOSE, CA 95131		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

☒ Single ☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

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

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instructions and check here. <input type="checkbox"/>	(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"/>

Income	1 a Total amount from Form(s) W-2, box 1 (see instructions).....	1a	381,847.
	b Household employee wages not reported on Form(s) W-2.....	1b	
	c Tip income not reported on line 1a (see instructions).....	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions).....	1d	
	e Taxable dependent care benefits from Form 2441, line 26.....	1e	
	f Employer-provided adoption benefits from Form 8839, line 29.....	1f	
	g Wages from Form 8919, line 6.....	1g	
	h Other earned income (see instructions).....	1h	
	i Nontaxable combat pay election (see instructions)..... 1i		
	z Add lines 1a through 1h.....	1z	381,847.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2 a Tax-exempt interest..... 2a	b Taxable interest..... 2b	3,421.
	3 a Qualified dividends..... 3a	b Ordinary dividends..... 3b	6.
	4 a IRA distributions..... 4a	b Taxable amount..... 4b	
	5 a Pensions and annuities..... 5a	b Taxable amount..... 5b	
	6 a Social security benefits..... 6a	b Taxable amount..... 6b	
	c If you elect to use the lump-sum election method, check here (see instructions)..... <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here..... <input type="checkbox"/>	7	-3,000.
	8 Additional income from Schedule 1, line 10.....	8	7,228.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	389,502.
	10 Adjustments to income from Schedule 1, line 26.....	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	389,502.	
12 Standard deduction or itemized deductions (from Schedule A).....	12	13,850.	
13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13		
14 Add lines 12 and 13.....	14	13,850.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	375,652.	

Standard Deduction for —

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814			16	103,373.
	2	4972			3	
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	103,373.
	19	Child tax credit or credit for other dependents from Schedule 8812			19	
	20	Amount from Schedule 3, line 8			20	
	21	Add lines 19 and 20			21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-			22	103,373.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	1,664.
	24	Add lines 22 and 23. This is your total tax			24	105,037.
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a	97,143.		
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c	25d	97,143.		
	26	2023 estimated tax payments and amount applied from 2022 return			26	9,000.
	27	Earned income credit (EIC)	27			
	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
Refund	31	Amount from Schedule 3, line 15	31	11,662.		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits			32	11,662.
	33	Add lines 25d, 26, and 32. These are your total payments			33	117,805.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid			34	12,768.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			35a	0.
	b	Routing number		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number				
	36	Amount of line 34 you want applied to your 2024 estimated tax			36	12,768.
	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.				
	38	Estimated tax penalty (see instructions)			38	
Sign Here	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No					
	Designee's name		Phone no.		Personal identification number (PIN)	
	DAVID HAASE, CPA		(415)-331-9900		94965	
	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.)	
				PERIODONTIST		
	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.)	
	Phone no.		Email address			
Paid Preparer Use Only	Preparer's name		Preparer's signature		Date	PTIN
	DAVID HAASE, CPA		DAVID HAASE, CPA			P02153415
	Firm's name		Firm's address		Phone no.	Firm's EIN
	GOLDEN STATE ACCOUNTING INC.		1221 BRIDGEWAY SUITE 2 SAUSALITO, CA 94965		415-331-9900	20-5664372

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

Form 1040 (2023)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

ABBAS JONES

Your social security number

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	7,228.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions) ..	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	7,228.

Part II Adjustments to Income

11	Educator expenses.....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	12	
13	Health savings account deduction. Attach Form 8889.....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.....	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	
16	Self-employed SEP, SIMPLE, and qualified plans.....	16	
17	Self-employed health insurance deduction.....	17	
18	Penalty on early withdrawal of savings.....	18	
19a	Alimony paid.....	19a	
b	Recipient's SSN.....		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction.....	20	
21	Student loan interest deduction.....	21	
22	Reserved for future use.....	22	
23	Archer MSA deduction.....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions).....	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.....	26	0.

Schedule 1 (Form 1040) 2023

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes****Attach to Form 1040, 1040-SR, or 1040-NR.**
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

ABBAS JONES

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	1,648.
12	Net investment income tax. Attach Form 8960.....	12	16.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 2 (Form 1040) 2023**

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation.	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Reserved for future use.	19	
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	1,664.

Schedule 2 (Form 1040) 2023

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

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

ABBAS JONES

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.....	9	
10	Amount paid with request for extension to file (see instructions).....	10	
11	Excess social security and tier 1 RRTA tax withheld.....	11	11,662.
12	Credit for federal tax on fuels. Attach Form 4136.....	12	
13	Other payments or refundable credits:		
a	Form 2439.....	13a	
b	Credit for repayment of amounts included in income from earlier years.....	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i).....	13c	
d	Deferred amount of net 965 tax liability (see instructions).....	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z.....	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	15	11,662.

Schedule 3 (Form 1040) 2023

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **12**

Name(s) shown on return

ABBAS JONES

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	196.	232.		-36.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -36.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	4,955.	12,792.		-7,837.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instrs.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -7,837.

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	-7,873.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
<input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023

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

Your social security number

ABBAS JONES

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	ABBAS DOCTOR DDS INC	S		85-3494108	X	
B						
C						
D						

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				7,228.	
B					
C					
D					
29 a Totals.....				7,228.	
b Totals.....					
30 Add columns (h) and (k) of line 29a.....			30	7,228.	
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	7,228.	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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			
34 a Totals.....			
b Totals.....			
35 Add columns (d) and (f) of line 34a.....		35	
36 Add columns (c) and (e) of line 34b.....		36	()
Total estate and trust income or (loss). Combine lines 35 and 36.....			

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below.....	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.....	41	7,228.
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 AN; 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, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....	43	

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

ABBAS JONES

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

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	ABBAS DOCTOR DDS INC	<input type="checkbox"/>	<input type="checkbox"/>	85-3494108	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions.	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13.	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4	195,000.	
5 Multiply line 4 by 50% (0.50).	5	97,500.	
6 Multiply line 4 by 25% (0.25).	6	48,750.	
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property.	7	11,863.	
8 Multiply line 7 by 2.5% (0.025).	8	297.	
9 Add lines 6 and 8.	9	49,047.	
10 Enter the greater of line 5 or line 9.	10	97,500.	
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10.	11		
12 Phased-in reduction. Enter the amount from line 26, if any.	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12.	13		
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		
16 Total qualified business income component. Add all amounts reported on line 15.	16		

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

Form 8995-A (2023)

Part III **Phased-in Reduction**

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the 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 \$182,100 (\$364,200 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 ln 22 by ln 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			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions.....	28			
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			
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			
33	Taxable income before qualified business income deduction.....	33		375,652.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-.....	35			375,652.
36	Income limitation. Multiply line 35 by 20% (0.20).....	36			75,130.
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.....				
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line.....	38			
39	Total qualified business income deduction. Add lines 37 and 38.....	39			
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.....	40	()

Form 8995-A (2023)

SCHEDULE C
(Form 8995-A)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**Loss Netting and Carryforward****Attach to Form 8995-A.****Go to www.irs.gov/Form8995A for instructions and the latest information.**

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

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

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	ABBAS DOCTOR DDS INC	7,228.	7,228.	0.
2	Qualified business net (loss) carryforward from prior years. See instructions.....	2	40,457.)	
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	40,457.)	
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	7,228.	
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).....	5	7,228.)	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-.....	6	33,229.)	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**Schedule C (Form 8995-A) (Rev. 12-2022)**

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

ABBAS JONES

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . .	1	383,098.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	383,098.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		183,098.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,648.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		1,648.
----	--	----	--	--------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,555.	
20	Enter the amount from line 1	20	383,098.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,555.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax –
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023Attachment
Sequence No. **72**

Name(s) shown on your tax return

ABBAS JONES

Your social security number or EIN

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	3,421.
2	Ordinary dividends (see instructions)	2	6.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	7,228.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-7,228.
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.
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	-3,000.
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	427.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	427.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	389,502.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	189,502.
16	Enter the smaller of line 12 or line 15	16	427.
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	16.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 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	

**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

ABBAS JONES

Identifying number

A Name of S corporation

ABBAS DOCTOR DDS INC

B Employer identification number

85-3494108

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year.	1	22,258.
2	Basis from any capital contributions made or additional stock acquired during the tax year.	2	
3a	Ordinary business income (enter losses in Part III)	3a	7,228.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m.	4	7,228.
5	Stock basis before distributions. Add lines 1, 2, and 4.	5	29,486.
6	Distributions (excluding dividend distributions). Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.	7	29,486.
8a	Nondeductible expenses	8a	89.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c.	9	89.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.	10	29,397.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c).	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13.	14	0.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-.	15	29,397.

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year.				0.
17 Additional loans (see instructions).				
18 Loan balance before repayment. Add lines 16 and 17.				0.
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18.				0.

Part II Shareholder Debt Basis (continued) ABBAS DOCTOR DDS INC**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year.				0.
22 Enter the amount, if any, from line 17.				
23 Debt basis restoration (see instructions) ...				
24 Debt basis before repayment. Add lines 21, 22, and 23.				0.
25 Divide line 24 by line 18.				
26 Nontaxable debt repayment. Multiply line 25 by line 19.				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. ...				0.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				0.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . .				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C – Gain on Loan Repayment

32 Repayment. Enter the amount from line 19.				
33 Nontaxable repayments. Enter the amount from line 26.				
34 Reportable gain. Subtract line 33 from line 32.				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.					
36 Net rental real estate loss.					
Other net rental loss.					
38 Net capital loss.					
39 Net section 1231 loss.					
40 Other loss.					
41 Section 179 deductions.					
42 Charitable contributions.					
43 Investment interest expense.					
44 Section 59(e)(2) expenditures.					
45 Other deductions.					
46 Foreign taxes paid or accrued.					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	0.	0.	0.	0.	0.

TAXABLE YEAR

FORM

2023**California e-file Signature Authorization for Individuals****8879**

Your name

ABBAS JONES

Your SSN or ITIN

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 (AGI). See instructions 1 **390,880.**
- 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, 2023, 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 (SSN) or individual tax identification number (ITIN), 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/registered domestic partner (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 **GOLDEN STATE ACCOUNTING INC.** to enter my PIN **62513**
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 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 ▶ _____

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

☐ I authorize _____ to enter my PIN _____
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 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 ▶ _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

68474294965

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 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, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ **DAVID HAASE, CPA** Date ▶ _____

2023

California Resident
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

ABBAS JONE
JONES

23

1431 MERCADO WY
SAN JOSE CA 95131
12-18-1986

Principal Residence

Enter your county at time of filing (see instructions)

☒ MARINIf your address above is the same as your principal/physical residence address at the time of filing, check this box. ☒

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

Filing
StatusIf your California filing status is different from your federal filing status, check the box here. ☐1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. 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 instr. _____ • 6 ☐

Exemptions

► 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 ☐ 1 x \$144 = ☒ \$ 144.8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 ☐ x \$144 = ☒ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 ☐ x \$144 = ☒ \$

ExemptionsYour name: **ABBAS JONES**

Your SSN or ITIN: _____

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

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instr.			
Dependent's relationship to you			

Total dependent exemptions • 10 ☐ x \$446 = • \$ _____**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. • 11 \$ 144.**Taxable Income**

12 State wages from your federal Form(s) W-2, box 16. • 12 381,847.

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. • 13 389,502.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. • 14 _____

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 389,502.

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. • 16 1,378.

17 California adjusted gross income. Combine line 15 and line 16. • 17 390,880.

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. \$5,363
• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726
If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. • 18 5,363.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. • 19 385,517.

Tax

☐ Tax Table ☒ Tax Rate Schedule

31 Tax. Check the box if from: • ☐ FTB 3800 • ☐ FTB 3803. • 31 32,870.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. • 32 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. • 33 32,870.

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

35 Add line 33 and line 34. • 35 32,870.

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. • 40 _____

43 Enter credit name code • _____ and amount. • 43 _____

44 Enter credit name code • _____ and amount. • 44 _____

Your name: **ABBAS JONES**

Your SSN or ITIN: _____

Special Credits

- 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 _____
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 32,870.

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 _____
- 62 Mental Health Services Tax. See instructions ● 62 _____
- 63 Other taxes and credit recapture. See instructions ● 63 _____
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 32,870.

Payments

- 71 California income tax withheld. See instructions ● 71 32,284.
- 72 2023 California estimated tax and other payments. See instructions ● 72 3,884.
- 73 Withholding (Form 592-B and/or Form 593). See instructions ● 73 _____
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 0.
- 75 Earned Income Tax Credit (EITC). See instructions ● 75 _____
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 _____
- 77 Foster Youth Tax Credit (FYTC). See instructions ● 77 _____
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 36,168.

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions ● 91 0.
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage
If you did not check the box, see instructions. ● ☒
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 _____

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. ● 93 36,168.
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91. ● 94 _____
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ● 95 36,168.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92. ● 96 _____
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. ● 97 3,298.

Your name: **ABBAS JONES**

Your SSN or ITIN: _____

Overpaid Tax/Tax Due

- 98** Amount of line 97 you want applied to your **2024** estimated tax. ● **98** 3,298.
- 99** Overpaid tax available this year. Subtract line 98 from line 97. ● **99** _____
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64. ● **100** _____

Contributions

Code Amount

- California Seniors Special Fund. See instructions. ● **400** _____
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. ● **401** _____
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program. ● **403** _____
- California Breast Cancer Research Voluntary Tax Contribution Fund. ● **405** _____
- California Firefighters' Memorial Voluntary Tax Contribution Fund. ● **406** _____
- Emergency Food for Families Voluntary Tax Contribution Fund. ● **407** _____
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. ● **408** _____
- California Sea Otter Voluntary Tax Contribution Fund. ● **410** _____
- California Cancer Research Voluntary Tax Contribution Fund. ● **413** _____
- School Supplies for Homeless Children Voluntary Tax Contribution Fund. ● **422** _____
- State Parks Protection Fund/Parks Pass Purchase. ● **423** _____
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund. ● **424** _____
- Keep Arts in Schools Voluntary Tax Contribution Fund. ● **425** _____
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund. ● **438** _____
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. ● **439** _____
- Rape Kit Backlog Voluntary Tax Contribution Fund. ● **440** _____
- Suicide Prevention Voluntary Tax Contribution Fund. ● **444** _____
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund. ● **445** _____
- 110** Add amounts in code 400 through code 445. This is your total contribution. ● **110** _____

Your name: **ABBAS JONES**

Your SSN or ITIN: _____

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** _____

Pay Online — Go to ftb.ca.gov/pay for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** _____

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** _____

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

Refund and Direct Deposit **115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** _____ **0.**

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

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

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

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

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

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

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions. ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● ☐ Yes ☒ No

Sign your tax return on Page 6

Your name: ABBAS JONES Your SSN or ITIN: _____

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

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

☐ Your email address. Enter only one email address.

☐ Preferred phone number _____

Sign Here

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

DAVID HAASE, CPA

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

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

GOLDEN STATE ACCOUNTING INC.

● PTIN

P02153415

Firm's address

1221 BRIDGEWAY SUITE 2
SAUSALITO, CA 94965

● Firm's FEIN

205664372

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

DAVID HAASE CPA

Telephone Number

(415) - 331 - 9900

2023 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

ABBAS JONES

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
1a Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 381,847.	<input type="radio"/>	<input type="radio"/>
b Household employee wages not reported on federal Form(s) W-2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instrs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Nontaxable combat pay election. See instructions			<input type="radio"/>
z Add line 1a through line 1i	<input checked="" type="radio"/> 381,847.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input type="radio"/> _____	<input checked="" type="radio"/> 3,421.	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> _____	<input checked="" type="radio"/> 6.	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	
7 Capital gain or (loss). See instructions	<input checked="" type="radio"/> -3,000.	<input type="radio"/>	<input type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes	<input type="radio"/>	<input type="radio"/>	
2 a Alimony received. See instructions	<input type="radio"/>		<input type="radio"/>
3 Business income or (loss). See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. ST. 1.	<input checked="" type="radio"/> 7,228.	<input type="radio"/>	<input type="radio"/> 1,378.
6 Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation	<input type="radio"/>	<input type="radio"/>	

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss.	8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling.	8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt.	8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555.	8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853.	8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889.	8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends.	8g	<input type="radio"/>		
h Jury duty pay.	8h	<input type="radio"/>		
i Prizes and awards.	8i	<input type="radio"/>		
j Activity not engaged in for profit income.	8j	<input type="radio"/>		
k Stock options.	8k	<input type="radio"/>		<input type="radio"/>
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property.	8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money.	8m	<input type="radio"/>		
n IRC Section 951(a) inclusion.	8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion.	8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment.	8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account.	8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2.	8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d.	8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan.	8t	<input type="radio"/>		
u Wages earned while incarcerated.	8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____	8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a	Total other income. Add lines 8a through 8z . . . 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1	Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>	
b2	NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3	NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a, in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	<input type="radio"/> 389,502.	<input type="radio"/>	<input type="radio"/> 1,378.

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

11	Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14	Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15	Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>	
16	Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17	Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	
18	Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a	Alimony paid 19a	<input type="radio"/>		<input type="radio"/>
b	Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20	IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22	Reserved for future use 22			
23	Archer MSA deduction 23	<input type="radio"/>		

Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay.....	24a	<input type="radio"/>		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....	24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	24c	<input type="radio"/>	<input type="radio"/>	
d Reforestation amortization and expenses....	24d	<input type="radio"/>	<input type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974.....	24e	<input type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans.....	24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans.....	24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims.....	24h	<input type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	<input type="radio"/>	<input type="radio"/>	
j Housing deduction from federal Form 2555.....	24j	<input type="radio"/>	<input type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041).....	24k	<input type="radio"/>		
z Other adjustments. List type and amount.				
<input type="radio"/>	24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Total other adjustments. Add line 24a through line 24z.....	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions.....	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions.....	27	<input type="radio"/> 389,502.	<input type="radio"/>	<input type="radio"/> 1,378.

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses. <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> _____ 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> _____ 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/> 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 37,771. <input checked="" type="radio"/> 37,771.			
b State and local real estate taxes 5b <input checked="" type="radio"/>			
c State and local personal property taxes. 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 37,771.			
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 37,771. <input checked="" type="radio"/> 27,771.			
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>			<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 37,771. <input checked="" type="radio"/> 27,771.			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Reserved for future use. 8d			
e Add line 8a through line 8c. 8e <input checked="" type="radio"/>			<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>			<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>			<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11	Gifts by cash or check.....	11		
12	Other than by cash or check.....	12		
13	Carryover from prior year.....	13		
14	Add line 11 through line 13.....	14		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.....	15		
Other Itemized Deductions				
16	Other—from list in federal instructions.....	16		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..	17	10,000.	37,771.

18 **Total.** Combine line 17 column A less column B plus column C. 18

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

21 Other expenses: investment, safe deposit box, etc. List type. 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11. 23

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 0.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 0.

26 **Total Itemized Deductions.** Add line 18 and line 25 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27 28

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.....	\$237,035
Head of household.....	\$355,558
Married/RDP filing jointly or qualifying surviving spouse/RDP.....	\$474,075

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

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions.....	\$5,363
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP.....	\$10,726

Transfer the amount on line 30 to Form 540, line 18 30 5,363.

TAXABLE YEAR

SCHEDULE

2023**California Capital Gain or Loss Adjustment****D (540)**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

ABBAS JONES

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> 21.593 FIDELITY INFLAT-PROTECTOR INDEX	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	<input checked="" type="radio"/>	<input checked="" type="radio"/> 196.	<input checked="" type="radio"/> 232.	<input checked="" type="radio"/> 36.	<input checked="" type="radio"/>
c	<input checked="" type="radio"/> FIDELITY - LT COVERED	<input checked="" type="radio"/> 4,955.	<input checked="" type="radio"/> 12,792.	<input checked="" type="radio"/> 7,837.	<input checked="" type="radio"/>
d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
l	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
m	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
r	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
s	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
t	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
u	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
v	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

- 2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568) 2 ☒ ☒
- 3 Capital gain distributions (federal Form 1099-DIV, box 2a) ☒ 3
- 4 Total 2023 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☒ 4
- 5 2023 loss. Add column (d) amounts of line 1 and line 2 ☒ 5 (7,873.)
- 6 California capital loss carryover from 2022, if any. See instructions ☒ 6 ()
- 7 Total 2023 loss. Add line 5 and line 6 ☒ 7 (7,873.)

CAIA6401L 10/19/23

ABBAS JONES

- 8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10. ☒ 8 -7,873.
- 9 If line 8 is a loss, enter the smaller of: **a** the loss on line 8.
b \$3,000 (\$1,500 if married/RDP filing separate). See instructions. ☒ 9 (3,000.)
- 10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7. ☒ 10 -3,000.
- 11 Enter the California gain from line 8 or (loss) from line 9. ☒ 11 -3,000.
- 12a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A,
line 7, column B. ☒ 12a _____
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A,
line 7, column C. ☒ 12b _____

2023

CALIFORNIA STATEMENTS

PAGE 1

ABBAS JONES

STATEMENT 1
SCHEDULE CA, PART I, SECTION B, LINE 5
RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC.

PARTNERSHIP/S-CORPORATION INCOME ADJUSTMENT.....	\$	1,378.
TOTAL	\$	<u>1,378.</u>