Form 1040 2004 U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. For the year Jan 1 - Dec 31, 2004, or other tax year beginning 2004, ending 20 OMB No. 1545-0074 Your first name Last name Your social security number Label (See instructions.) KAMALA D HARRIS If a joint return, spouse's first name MI Last name Spouse's social security number Use the IRS label. Otherwise. Home address (number and street). If you have a P.O. box, see instructions. Apartment no. Important! please print You must enter your social or type. State ZIP code security number(s) above. City, town or post office. If you have a foreign address, see instructions. **Presidential** Election You Spouse Campaign Note: Checking 'Yes' will not change your tax or reduce your refund. (See instructions.) Yes X No Yes Do you, or your spouse if filing a joint return, want \$3 to go to this fund?. No Head of household (with qualifying person). (See X 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's 3 Married filing separately, Enter spouse's SSN above & full name here Check only one box. Qualifying widow(er) with dependent child (see instructions) Boxes checked Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a..... 1 b Spouse. No. of children (3) Dependent's (4) √ if (2) Dependent's lived c Dependents: social security relationship qualifying lived child for child with you number to you did not (1) First name Last name (see instrs) live with you due to divorce or separation (see instrs). Dependents If more than four dependents, see instructions. Add numbers d Total number of exemptions claimed...... above. 7 Wages, salaries, tips, etc. Attach Form(s) W-2..... 142,462. Income 8a Taxable interest. Attach Schedule B if required...... 8a 82. 9a Ordinary dividends. Attach Schedule B if required..... 9a 76. Attach Form(s) W-2 here. Also b Qualfd divs (see instrs) 9b attach Forms Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 2,109. W-2G and 1099-R 11 if tax was withheld. Business income or (loss). Attach Schedule C or C-EZ...... 12 If you did not 25. 13 get a W-2. Other gains or (losses). Attach Form 4797. 14 see instructions b Taxable amount (see instrs). 15 b 15a IRA distributions..... 15a 16a Pensions and annuities.... 16a b Taxable amount (see instrs)... 16 b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Enclose, but do not attach, any Unemployment compensation 19 payment, Also, 20 b 20 a Social security benefits b Taxable amount (see instrs). please use Form 1040-V. 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 144,754. Educator expenses (see instructions) Adjusted Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Gróss Income 25 25 IRA deduction (see instructions)..... Student loan interest deduction (see instructions)..... 26 26 27 Tuition and fees deduction (see instructions)..... 27 28 Health savings account deduction. Attach Form 8889. 28 29 29 Moving expenses. Attach Form 3903..... 30 One-half of self-employment tax. Attach Schedule SE.... 30 31 Self-employed health insurance deduction (see instrs)..... 31 32 Self-employed SEP, SIMPLE, and qualified plans..... 32 33 Penalty on early withdrawal of savings..... 33 34a Alimony paid b Recipient's SSN Add lines 23 through 34a..... Subtract line 35 from line 22. This is your adjusted gross income

Department of the Treasury - Internal Revenue Service

Form 1040 (2004)	KAMALA D HARRIS	Page 2
Tax and	37 Amount from line 36 (adjusted gross income)	37 144,754.
Credits	38a Check You were born before January 2, 1940, Blind. Total boxes	(27.9)
Cituits	if: Spouse was born before January 2, 1940, Blind. checked ▶ 38a	
Standard	b If your spouse itemizes on a separate return, or you were a dual-status	till a
Deduction	alien, see instructions and check here	Terti
for – ● People who	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36, 524.
checked any box	40 Subtract line 39 from line 37	40 108, 230.
on line 38a or 38b or who can	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed	(FECTO
be claimed as a	on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41 3,038.
dependent, see	42 Taxable income. Subtract line 41 from line 40.	42 105, 192.
instructions.		
All others:		
	()	44 0.
Single or Married filing separately,	1 1 1 1 1 1 1 1 1 1	45 24,075.
\$4,850	46 Foreign tax credit. Attach Form 1116 if required	
	47 Credit for child and dependent care expenses. Attach Form 2441	
Married filing jointly or	48 Credit for the elderly or the disabled. Attach Schedule R 48	
Qualifying	49 Education credits. Attach Form 8863	
widow(er),	50 Retirement savings contributions credit. Attach Form 8880 50	200
\$9,700	51 Child tax credit (see instructions)	Part of
Head of	52 Adoption credit. Attach Form 8839	03.7
household, \$7,150	53 Credits from: a Form 8396 b Form 8859 53	
\$7,150	54 Other credits. Check applicable box(es): a Form 3800	Mic II
		EE
		55
		56 24,075.
		57
Other		58
Taxes		59
		60
		61
		62 24,075.
Payments	63 Federal income tax withheld from Forms W-2 and 1099 63 33,823.	61
If you have a	64 2004 estimated tax payments and amount applied from 2003 return	t-7 ()
qualifying	65a Earned income credit (EIC) 65a	82 h
child, attach Schedule EIC.	b Nontaxable combat pay election ► 65 b	6
	66 Excess social security and tier 1 RRTA tax withheld (see instructions) 66	
	67 Additional child tax credit. Attach Form 8812	68.0
	68 Amount paid with request for extension to file (see instructions)	(100)
	OD CARGO DIRECTION A TOTAL COOL D	CT And
		70 33,823.
Refund	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71 9,748.
Direct deposit?	72a Amount of line 71 you want refunded to you	72a 9,748.
See instructions	▶ b Routing number	8-3-3
and fill in 72b, 72c, and 72d.	► d Account number	1201
720, and 720.	73 Amount of line 71 you want applied to your 2005 estimated tax 73	No.
Amount	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions.	74
You Owe	75 Estimated tax penalty (see instructions)	AC AMPRICA STREET
		olete the following. No
Third Party	Paginney's Phone	ersonal identification
Designee		umber (PIN)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bestief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	it of my knowledge and earer has any knowledge.
Here	Your signature Date Your occupation	Daytime phone number
Joint return?	ATTORNEY	
See instructions	Spouse's signature. If a joint return, both must sign, Date Spouse's occupation	CERT REPORT FOR A STATE OF
Keep a copy for your records.	aposses a agricultural in a form retaining seem most signs	
.c. your rooolus.	Date	Preparer's SSN or PTIN
	Preparer's	Liebatet 2 gold of Little
Paid		
Preparer's	Firm's name (or yours if	
Use Only	(or yours if self-employed). EIN address, and	
	ZIP code	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040). OMB No. 1545-0074
2004
07

Name(s) shown on F				Yours	ocial securi	ty number
KAMALA D	HAR					
Medical		Caution. Do not include expenses reimbursed or paid by others.	HEIRE			
and Dental		Medical and dental expenses (see instructions)	1		162.0	
Expenses		Enter amount from Form 1040, line 37 2			. 77	
		Multiply line 2 by 7.5% (.075)	3		ME G	
		Subtract line 3 from line 1, If line 3 is more than line 1, enter -0-			4	0.
	5	State and local (check only one box):	_	10 062		
T V		a X Income taxes, or	5	10,962.	347.5	
Taxes You Paid	_	b General sales taxes (see instructions)		2 001	211	
		Real estate taxes (see instructions)	7	3,901.		
(See instructions.)	8	Personal property taxes	V	434.		
iristructions.)	٥	Other taxes. List type and amount >	HORE		62	
	Q	Add lines 5 through 8	8		9	15 207
Interest	10	Home mtg interest and points reported to you on Form 1098.	10	17,339.	9	15,297.
You Paid			10	11,339.		
	• • •	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see	100		t 184	
		instructions and show that person's name, identifying number,	15.25		A = 1	
1800		and address •				
(See instructions.)			0.00		SIL "	
,					33 116	
Note			11		ule to	
Note. Personal	12	Points not reported to you on Form 1098. See instrs for spcl rules	11 12			
interest is		Investment interest. Attach Form 4952 if required.	12		tecori i	
not deductible	13	(See instrs.).	13			
deddolibie	14	Add lines 10 through 13			14	17,339.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,			200	21,70031
Charity	15	see instructions	15	2,400.	7.4	
If you made	16		19,374	2) 1001		
a gift and	10	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
got a benefit for it, see		over \$500	16	1,550.	7 100	
instructions.	17	Carryover from prior year	17		196	
		Add lines 15 through 17.		*******	18	3,950.
Casualty and						
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		*******	19	0.
Job Expenses	20	Unreimbursed employee expenses – job travel, union dues.				
and Most Other		Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if	1 48			
Miscellaneous		required. (See instructions.)	The state of			
Deductions						
			20			
	21	Tax preparation fees	21	420.	(A)	
(See	22	Other expenses - investment, safe deposit box, etc. List				
instructions.)		type and amount				
			22		36	
	23	Add lines 20 through 22	23	420.		
	24	Enter amount from Form 1040, line 37 24 144, 754.				
	25	Multiply line 24 by 2% (.02)	25	2,895.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, ente			26	0.
Other	27	Other – from list in the instructions. List type and amount				-
Miscellaneous					ER	
Deductions					27	0.
Total	28	Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?		Reduction	-/	0.
Itemized	20	13.7 OTHE 1040, THE 37, OVER \$142,700 (OVER \$71,300 II WII 3)!		-62.		
Deductions		No. Your deduction is not limited. Add the amounts in the fa	ar right colu			
		for lines 4 through 27. Also, enter this amount on Form			28	36,524.
		X Yes. Your deduction may be limited. See instructions for the	amount to	enter,	10.15	

Form **8283**

Department of the Treasury Internal Revenue Service

Noncash Charitable Contributions

 Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.
 See separate instructions. OMB No. 1545-0908

55

Identifying number

Name(s) shown on your income tax return

KAMALA	Γ	TIADDTC	٠
N AIVIA LA	1.7	HARKIS	٩.

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions). Part I Information on Donated Property — If you need more space, attach a statement. (a) Name and address of the (b) Description of donated property donee organization GOODWILL INDUSTRIES 1500 MISSION STREET Α SAN FRANCISCO CA 94103 CLOTHING В C D Ε Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f). (c) Date of the contribution Date acquired by How acquired by donor (f) Donor's cost or adjusted basis (g) Fair market Method used to determine the fair market value donor (mo, yr) Α Various Various Purchase 8,000 1,550. Thrift Shop Value В C D Ε Part II Other Information - Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I. If, during the year, you contributed less than the entire interest in the property, complete lines a - e. a Enter the letter from Part I that identifies the property . If Part II applies to more than one property, attach a separate statement. **b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year..... For any prior tax years..... c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above): Name of charitable organization (donee) Address (number, street, and room or suite no.) City or town State ZIP code d For tangible property, enter the place where the property is located or kept e Name of any person, other than donee organization, having actual possession of the property ► 3 If conditions were attached to any contribution listed in Part I, answer questions a - c and attach the required statement No (see instructions): Yes a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?.... b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property

including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person

c Is there a restriction limiting the donated property for a particular use?...

having such income, possession, or right to acquire?.....

For Privacy Act Notice, get form FTB 1131.
California Resident
Income Tax Return 200 2004

CAIA3912L

540 C1 Side 1

APE						FEDERAL I	RETURN AT	TACHMENT RE	QUIRED:
			117.	ND.			INO		9
	K	AMALA	HAF D	K HARRIS		04			AC
									A
									R
									RP
-				505 00WDUT					
				FOR COMPUTE		E ONLY			
01 06		1	37	8861	55	0			
09		0	38 39	10962 0	56 57	0 0			
10		Ö	40	ŏ	58	ŏ			
12	1	42462	41	0	59	0			
14		2109	42	0	60	0			
16 17	1.	0 42645	43 44	0 0	61 62	0 0			
18		25334	45	0	63	ő			
20		8934	47	2101	64	0			
23		0	48	0	65	0			
28 29		0	49 50	2101 0	66 67	2101 0			
30		Ö	51	Ö	69	Ŏ			
31		0	52	0					
35 36		0 0	53	0					
30		U	54	0					
Step 2	1	X Single	CI:						
Filing Status	2 3	$\overline{}$		ven if only one spous er spouse's SSN above and					
Check only one.	4	H-1		ying person). STOP. See in:		5 Qualifying widow(e spouse died	er) with depender	nt child. Enter year	. 6
Step 3	6	If someone car	claim you (or you	spouse, if married) as a o	lependent on t	their tax return, check the box h		6	
Exemptions	,			or 4 above, enter 1 in the bo				\$85 = \$	85.
Enclose, but do not	8 9			spouse) are visually impair spouse) are 65 or older le		both, enter 2		\$85 = \$ \$85 = \$	
staple, any payment.	10					yourself or your spouse		, , , , , , , , , , , , , , , , , , ,	
Dependent						· · · · · · · · · · · · · · · · · · ·			
Exemptions	- 11	Ftion				ependent exemptions • 10		265 = \$	0.5
Stop 4	11					ne 21	12,462.	\$	85.
Step 4 Taxable	13	Enter adjust	ed gross incom	ne from your 2004 fed	deral return		13	144	754.
Income	14					(540), line 36, column B			2,109.
Do not attach any withholding forms here. Use	15 16					ses. See instructions		142	2,645.
here. Use Schedule W, California W-2	17	California a	djusted gross ir	come. Combine line	15 and line	16	• 17		2,645.
California W-2 Attachment,	18	-				temized deductions	• 18	25	,334.
	19	If less than	zero, enter -0		ie income,		19	117	,311.
Step 5	20	Tax. Check if fr			\square	3803		{	3,934.
Tax	21 22					nter amount from line 11.			73.
	23			: Schedule G-1		form FTB 5870A			, 001.
	24							8	8,861.

Your Name: KAMA				Your SSN or ITIN:			
Step 6		Amount from Side 1, line 24.					8,861.
Special	28	Enter credit name	code no.	& amount > 28			
Credits	29	Enter credit name	code no.	& amount ▶ 29			
and	30	To claim more than two credit					
Nonrefundable Renter's	31	Nonrefundable renter's credit.	See instructions for "	Step 6' • 31			
Credit	33	Add line 28 through line 31. T	hese are your total cre	edits		33	
	_	Subtract line 33 from line 25.					0.001
		If less than zero, enter -0 Alternative minimum tax. Atta				34	8,861.
Step 7	35	Alternative minimum tax. Atta	ch Schedule P (540)		• • • • • • • • • • • • • • • • • • • •	35	
Other Taxes	36	Other taxes and credit recaptu	ire.				
		See instructions					0.061
		Add line 34 through line 36. T	nis is your total tax	= 20	10,9		8,861.
Step 8	38	California income tax withheld 2004 California estimated tax and othe	. See Instructions		10,5		
Payments	39	Real estate withholding. (Form(s) 592-	P FOR P and FOAL Con inch	rustions = 40			
	40 41	Excess SDI. To see if you qua					
To view your 2004 estimated		Id and Dependent Care Expens				0.	
payments, go to www.ftb.ca.gov			• 43		B \$500,		
ATTOCKET OF THE OWNER		*	¥ 43	■ 45			
		Add line 38, line 39, line 40, li	ne 41, and line 45.				
	40	These are your total payments				46	10,962.
Ctor O	47	Overpaid tax. If line 46 is mor					2,101.
Step 9	48	Amount of line 47 you want a	,				
Overpaid Tax/	49	Overpaid tax available this ye					2,101.
Tax Due	50	Tax due. If line 46 is less than					
Step 9a							
Use Tax	51	Use Tax. This is not a total lin	e. See instructions	• 51		0.0	
Step 10	CA S	Seniors Special Fund.		CA Firefighters' Memoria	Fund ● 58		
Contributions	See	instructions		CA Firefighters' Memoria Emergency Food Assista Program Fund	nce a 59		
Contributions	Alzh Diso	eimer's Disease/Related rders Fund	3	CA Peace Officer Memor	ial		
	CA F	und for Senior Citizens		Foundation Fund. V. 1	● 60 _		
	Para	and Englandered Species		Asthma and Lung Diseas Research Fund	se 61		
		ervation Program		OA Minimus Franchis	A 62		
	the F	Children's Trust Fund for Prevention of Child Abuse	5	CA Military Family Relief	Fund • 63		
		Breast Cancer Research Fund • 57					
0. 11		Add line 52 through line 64. T REFUND OR NO AMOUNT DU				65	
Step 11	90	FRANCHISE TAX BOARD, PO	BOX 942840, SACRA	MENTO CA 94240-00	009	66	2,101.
Refund or Amount	67	AMOUNT YOU OWE. See inst	ructions. Mail to:				
You Owe		FRANCHISE TAX BOARD, PO	BOX 942867, SACRA	MENTO CA 94267-00	09 ■	67	
Step 12	68	Interest, late return penalties,	and late payment per	nalties <u></u>	********	68	
Interest and	69	Underpayment of estimated tax. Check	box: FTB 5805 a	tached FTB 580	F attached 🔳	69	
Penalties	70	Total amount due. See instruc	tions. Enclose, but do	not staple, any payr	ment	70	
					•	71 4	
Step 13	Do n	ot attach a voided check or a d	eposit slip. See instru	ctions			
Step 13	Com	plete this section to have your	refund directly deposit	ed. Routing num	ber		•
Direct Deposit		unt Type:			_		
(Refund Only)		king ● X Savings●		t number			
	IMPOR exami	RTANT: See the instructions to find out if y ned this return, including accompanying s	ou should attach a copy of yo	our complete federal return,	Under penalties of perjue and belief, it is true, o	ry, I declare orrect, and co	that I have omplete. 6
Sign	_	ignature		signature (if filing jointly, bo			phone number (optional)
Here							
It is unlawful to						Date	
forge a spouse's signature.	X		X				
Joint return?		reparer's signature (declaration of prepare		of which preparer has any k	nowledge)	Р	aid Preparer's SSN/PTIN
See instructions.							
	Firm's	name (or yours if self-employed)	Firm's addre	55		F	EIN
						•1	

2004 California Adjustments – Residents

CA (540)

	rtant: Attach this schedule directly behind Form 540, Side 2.		_			Contain annual		
,	s) as shown on return					Social securit	y nun	iber
Part	ALA D HARRIS I Income Adjustment Schedule on A – Income		A	Federal Amounts (taxable amounts from your federal return)	В	Subtractions See instructions	c	Additions See instructions
8 9 10 11 12 13 14 15 16 17 18 19 20 21 a b	Wages, salaries, tips, etc. See instructions before making an entry in column B or C. Taxable interest income. Ordinary dividends. See instructions (b) 19. Taxable refunds, credits, offsets of state and local income taxes. Alimony received. Business income or (loss). Capital gain or (loss). See instructions. Other gains or (losses). Total IRA distributions. See instructions. (a) Total pensions and annuities. See instructions (a) Rental real estate, royalties, partnerships, S corporations, trusts, etc. Farm income or (loss). Unemployment compensation. Enter the same amount in column A and column B. Social security benefits. Other income. California lottery winnings Penson FTB 3805V other (describe) NOL carryover from FTB 3805V	8 (a) 10 11 12 13 14 (b) (b) 17 18 19 (b)		82. 76. 2,109.		2,109.	a lb c ld	
Secti	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B on B — Adjustments to Income Educator expense					2,109.		
24 25 26 27 28 29 30 31 32 33 34 a	Certain business expenses of reservists, performing artists, and fee-basis government officials. IRA deduction. Student loan interest deduction. Tuition and fees deduction. Health savings account deduction. Moving expenses. One-half of self-employment tax. Self-employed health insurance deduction. Self-employed SEP, SIMPLE, and qualified plans. Penalty on early withdrawal of savings. Alimony paid. Recipient's: SSN	24 25 26 27 28 29 30 31 32						
35	Add line 23 through line 34a in columns A, B, and C.	34 a						
36	Total. Subtract line 35 from line 22 in columns A, B, and C. See instructions	36	_	144,754.		2,109.	<u> </u>	

KAMALA D HARRIS

Part II Adjustments to Federal Itemized Deductions

37	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	37	36,586.
38	Enter total of federal Schedule A (Form 1040), line 5 (state and local income tax and State Disability Insurance), or General Sales Tax and line 8 (foreign taxes only). See instructions	38	10,962.
39	Subtract line 38 from line 37.	39	25,624.
40	Other adjustments including California lottery losses. See instructions. Specify	40	
41	Combine line 39 and line 40	41	25,624.
42	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Reductions or married filing separately — \$139,921 Head of household — \$209,885 Married filing jointly or qualify. No. Transfer the amount on line 41 to line 42. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 42	ying v	
43	Enter the larger of the amount on line 42 or your standard deduction listed below		
	Single or married filing separately — \$3,165 Married filing jointly, head of household, or qualifying widow(er) — \$6,330 Transfer the amount on line 43 to Form 540, line 18	43	25,334.

1040	Dep	tment of the Treasury — Internal Revenue Service		200	_			
Form 1040		S. Individual Income Tax I					Do not v	write or staple in this space.
		ar Jan 1 - Dec 31, 2005, or other tax year beginning	ig , Last name	2005, en	ding	, 20	Yours	OMB No. 1545-0074
Label	Your firs	THE	Last name				MAN	ocial security Hamber
(See instructions.)		A D HARRIS					6.000	e's social security number
Use the	If a joint	eturn, spouse's first name MI I	Last name				Spous	se 5 social security number
IRS label.						Anadouset		/ou must enter your
Otherwise, please print	Home a	Iress (number and street). If you have a P.O. box, s	see instructions,			Apartment no.	l at	ou must enter your social security
or type.					DI.	e ZIP code	A	number(s) above.
	City, tow	or post office. If you have a foreign address, see i	nstructions.		Stat	e ZIP code	Check	ing a box below will not
Presidential Election							-	e your tax or refund.
Campaign	Che	k here if you, or your spouse if filing jointly, want	\$3 to go to this fund	d? (see ir	nstructions)	- ∐ Y	ou Spouse
Filing Status	1	X Single		4	Head o	f household (with qu	alifying	person). (See
Filing Status	2	Married filing jointly (even if only one had in	come)	_	instruc	tions.) If the qualifyin your dependent, ent	g perso	on is a child child's
Observation	3	Married filing separately, Enter spouse's SSN				here.	(01 1111)	orilla 5
Check only one box.		name here ►		5	Qualifyir	ng widow(er) with depender	nt child (see instructions)
	6a	X Yourself. If someone can claim you	ı as a denender	t do n	ot check	c hox 6a	\neg	Boxes checked
Exemptions	b	Spouse.						on 6a and 6b
			(2) Depen				√if	on 6c who:
	C	Dependents:	social sec	curity	re	abild	lifying for child	lived with you
		(1) First name Last name	numb	er		to you tax	credit instrs)	did not live with you
	-	Thought be a second of the sec			1			due to divorce
	_				1		\dashv	or separation (see instrs).
If more than	-			_			\vdash	Dependents on 6c not
four dependents,	_				 		 	entered above.
see instructions.	_	Control March 199						Add numbers on lines
		Total number of exemptions claimed						145,952.
Income		Wages, salaries, tips, etc. Attach Form				* : * * : * * * * * * * * * * * * * * *	7 8a	145,952.
moomo		Taxable interest, Attach Schedule B if r Tax-exempt interest, Do not include on					- Oa	177.
100 - 1 F (-)		Ordinary dividends. Attach Schedule B					000000000	190.
Attach Form(s) W-2 here, Also	b	Qualfd divs (see instrs)	ii roquii ou siissi		96	32.		
attach Forms	10	Taxable refunds, credits, or offsets of state and lo	cal income taxes (se	ee instru				2,101.
W-2G and 1099-R if tax was withheld.	11	Alimony received					11	
15 15 1	12	Business income or (loss). Attach Sche	dule C or C-EZ			<u></u>	12	
If you did not get a W-2,	13	Capital gain or (loss). Att Sch D if reqd. If not req	d, ck here			<u> </u>	13	59.
see instructions.	14	Other gains or (losses). Attach Form 47	797		********		14	
		IRA distributions		_		amount (see instrs)	15b	
		Pensions and annuities						
5 1 1 1 1 1	18	Rental real estate, royalties, partnershi Farm income or (loss). Attach Schedule	ps, s corporatio	nis, tru	SIS, EIG.	Attach Schedule L.	18	
Enclose, but do not attach, any		Unemployment compensation						
payment. Also,	20 a	Social security benefits 20 a		b T		amount (see instrs)		
please use Form 1040-V.	21	Other income					21	
	22	Add the amounts in the far right column	n for lines 7 thro	ugh 21	l. This is	your total income.	22	148,443.
■ 0************************************	23	Educator expenses (see instructions)			23		4	
Adjusted Gross	24	Certain business expenses of reservists, performing overnment officials. Attach Form 2106 or 2106-E2	ig artists, and fee-ba 7	asis	24			
Income	25	Health savings account deduction. Atta						
moonio		Moving expenses. Attach Form 3903						
		One-half of self-employment tax. Attach						
	28	Self-employed SEP, SIMPLE, and qual	ified plans	9000	28			i i
	29	Self-employed health insurance deduction (see ins						
	30	Penalty on early withdrawal of savings.			30			
	31 a	Alimony paid b Recipient's SSN ▶						
	32	IRA deduction (see instructions)			32			
	33	Student loan interest deduction (see ins						
		Tuition and fees deduction (see instruct Domestic production activities deduction. Attach F						
	35 36	Add lines 23 - 31a and 32 - 35	01111 0000				36	0.
		Subtract line 36 from line 22. This is yo					37	148,443.

Form 1040 (2005)	KAMALA D HARRIS	Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38 148,443.
Credits	39a Check You were born before January 2, 1941, Blind. Total boxes	
Orcuits	if: Spouse was born before January 2, 1941, Blind. checked ▶ 39 a	
Standard	b If your spouse itemizes on a separate return, or you were a dual-status	
Deduction for -	alien, see instructions and check here	00 277
 People who 	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40 29,377.
checked any box	41 Subtract line 40 from line 38	41 119,066.
on line 39a or 39b or who can	42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see	42 3,136.
be claimed as a	instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	
dependent, see instructions.	If line 42 is more than line 41, enter -0-	43 115,930.
ii isti uctionis.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972	26,955.
All others:		45 0.
Single or Married		46 26,955.
filing separately, \$5,000	47 Foreign tax credit. Attach Form 1116 if required	
\$5,000	1 1 1	
Married filing		
jointly or	is strainter the state of	
Qualifying widow(er),	50 Education credits, Attach Form 8863	
\$10,000	51 Retirement savings contributions credit, Attach Form 8880	
Lload of	52 Child tax credit (see instructions). Attach Form 8901 if required	
Head of household,	53 Adoption credit. Attach Form 8839	
\$7,300	54 Credits from: a Form 8396 b Form 8859	
	55 Other credits. Check applicable box(es): a Form 3800	
	b Form c 55	
	56 Add lines 47 through 55. These are your total credits	56
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57 26,955.
in the second	58 Self-employment tax. Attach Schedule SE	58
Other	55 Goodal Goodality dila Modificate tax on tip Modification to trope to a supersystem.	59
Taxes	7 Additional tax off fit to, other qualified retrieves plants, ever retain to the course of the cour	60
	7 (didino callica interime tradition and an experimental and an ex	61
	62 Household employment taxes. Attach Schedule H	62
	OS Add illies of Oth Hills is jour total tax.	63 26,955.
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64 34,763.	
If you have a	65 2005 estimated tax payments and amount applied from 2004 return	
qualifying	66a Earned income credit (EIC)	
child, attach	b Nontaxable combat pay election ▶ 66b	
Schedule EIC.	67 Excess social security and tier 1 RRTA tax withheld (see instructions)	
	68 Additional child tax credit. Attach Form 8812 68	
	69 Amount paid with request for extension to file (see instructions)	
	70 Payments from: a Form 2439 b Form 4136 c Form 8885 70	
	71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments.	71 34,763.
Refund	72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid.	72 7,808.
Direct deposit?		73a 7,808.
See instructions	▶ b Routing number	
and fill in 73b,	▶ d Account number	
73c, and 73d.	74 Amount of line 72 you want applied to your 2006 estimated tax	
Amount		75
You Owe	76 Estimated tax penalty (see instructions)	
		olete the following. No
Third Party	Phone	ersonal identification
Designee	name Freparer no no.	umper (Pliv)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	eparer has any knowledge.
Here	Your signature Date Your occupation	Daytime phone number
Joint return?	DISTRICT ATTORNEY	
See instructions.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	
Keep a copy for your records.	Shown a differential to a batter toward heart times side.	
ior your records.	Date	Preparer's SSN or PTIN
	Preparer's Y	
Paid .	Signature 7	
Preparer's	Firm's name (or yours if	
Use Only	self-employed), address, and	

SCHEDULE A (Form 1040)

Itemized Deductions

► Attach to Form 1040.

OMB No. 1545-0074

Attachment Sequence No. Department of the Treasury Internal Revenue Service See Instructions for Schedule A (Form 1040). Your social security number Name(s) shown on Form 1040 KAMALA D HARRIS Caution. Do not include expenses reimbursed or paid by others. Medical and 1 Dental Enter amount from Form 1040, line 38. 2 Expenses Multiply line 2 by 7.5% (.075)..... 3 0. Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 State and local (check only one box): 5 11,255 a X Income taxes, or Taxes You b General sales taxes (see instructions) 3,724 Paid 6 Real estate taxes (see instructions)..... 7 Personal property taxes..... (See Other taxes, List type and amount ▶ instructions.) 8 15,224. 9 Add lines 5 through 8 ... 10.277 10 Home mtg interest and points reported to you on Form 1098 . . . Interest Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid 11 from whom you bought the home, see instructions and show that person's name, identifying number, and address (See instructions.) 11 Note. 12 Personal 12 Points not reported to you on Form 1098. See instrs for spcl rules ... interest is 13 Investment interest. Attach Form 4952 if required. not 13 deductible. 10,277. Add lines 10 through 13..... 14 15a Total gifts by cash or check. If you made any gift of \$250 or Gifts to Charity 15a 1,951 more, see instrs..... b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified If you made contributions (see instructions) a gift and Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if got a benefit for it, see 2,000 instructions. 16 over \$500..... 17 Carryover from prior year..... 3,951. 18 Add lines 15a, 16, & 17...... Casualty and 0. 19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) Theft Losses 19 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if Job Expenses and Certain Miscellaneous required. (See instructions.) Deductions 370 21 Tax preparation fees..... 22 Other expenses - investment, safe deposit box, etc. List (See instructions.) type and amount 22 370. 23 Add lines 20 through 22 . . . 23 Enter amount from Form 1040, line 38. 24 24 25 2.969 25 0. Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-.. 26 Other - from list in the instructions. List type and amount Other Miscellaneous **Deductions** 27 0. Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)? Reduction Total Itemized -75. Deductions Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. 29,377. 28 X Yes. Your deduction may be limited. See instructions for the amount to enter,

If you elect to itemize deductions even though they are less than your standard deduction, check here

Form **8283** (Rev December 2005)

Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.
 See separate instructions.

OMB No. 1545-0908

Identifying number

Attachment Sequence No. 155

Name(s) shown on your income tax return

KAMALA D HARRIS

Department of the Treasury Internal Revenue Service

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).

F-70			Duamants			h					
	rt I Informatio		Property — If you nee	d mol	e space, attac						
1		(a) Name and add donee organi			(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage)						
	GOODWILL IN										
Α	1500 MISSION										
	SAN FRANCISC	CO CA 94103			CLOTHING						
В											
_											
С											
D											
Ε											
Not	at If the emount you	Lolaimad as a dad	action for an item is \$500	or les	s valudo pot	have to complete or	nlumns (d) (e) and (f)				
	c) Date of the contribution	(d) Date	(e) How acquired by donor	(f) E	Conor's cost or djusted basis	(g) Fair market value	(h) Method used to determin market value	e the fair			
Α	Various	donor (mo, yr) Various	Purchase		10,000.	(see instructions) 2,000.	Thrift Shop Val	ue			
В	VALIOUS	Valious	rarenabe		10,000.	2,000.	Initite onep var				
C											
D											
Ε											
Pa	a property lis	sted in Part I Comp	tricted Use Property plete lines 3a through 3c if equired statement (see in	conc	litions were niz	2a through 2e if you aced on a contributi	u gave less than an entire on	interes	st in		
			ifies the property for which			n an entire interest.					
			operty, attach a separate								
			for the property listed in			is tax year	*******				
						ny prior tax years					
	c Name and addres the donee organiz	ss of each organizat zation above):	tion to which any such cor	ntribu	tion was made	in a prior year (cor	nplete only if different from	m			
	Name of charitable org	anization (donee)									
	Address (number, stree	et, and room or suite no.)									
	City or town						State ZIP code				
			property is located or kept 🕨								
	e Name of any pers	son, other than done	ee organization, having ad	ctual p	possession of	the property -					
								Yes	No		
_	- la #saus	ion sikhou komunisti	u ar narmananat an the d	anca!	e right to use :	or dienose of the de	nated property?		140		
			y or permanent, on the do								
	zation in coopera	tive fundraising) the	e donee organization or a right to the income from curities, to acquire the pr right to acquire?	the d	onated proper v by purchase	ty or to the possess or otherwise, or to	ion of the property, designate the person				
	c Is there a restrict	ion limiting the dona	ated property for a particu	lar us	se?	*****	**********				

For Privacy Act Notice, get form FTB 1131.

California Resident

Income Tax Return 20 2005

Income T	ax	Return	2005					540 C1 Side 1
APE						FEDERAL	RETURN AT	TACHMENT REQUIRED:

	72	7. 3. 6. 7. T. 7.		RR		05		
	r	AMALA	D	HARRIS				AC
								A R
								RP
0				FOR COMPUT	TERIZED USE	ONLY		
01		1	36	0	54	0		
06		Ō	37	9837	55	Ö		
09		Ö	38	11255	56	0		
10		0	39	0	57	0		
12	1	45952	40	0	58	0		
14		2101	41	0	59	0		
16		0	42	0	60	0		
17	14	46342	43	0	63	0		
18	:	17921	44	0	64	0		
20		9912	45	0	65	0		
23		0	47	1418	66	0		
28		0	48	0	67	0		
29		0	49	1418	68	0		
30		0	50	0	69	1418		
31		0	51	0	70	0		
34		0	52	0	72	0		
35		0	53	0				1
Filing	1	X Single						
Status	2	_		ven if only one spous				
Check only one.	3			ter spouse's SSN above an		- Qualifying widov	(er) with depende	ent child. Enter year
	4			fying person). STOP. See i	THE RESERVE AND ADDRESS OF THE PARTY OF THE	er transport og er		100
Exemptions	<u>6</u> 7	Personal: If you	claim you (or you	above enter 1 in the box.	dependent on the	or 5, enter 2		\$87 = \$ 87.
Enclose, but	-	in the box. If yo	u checked the box	above, enter 1 in the box. on line 6, see instructions	rad outer 1: if he	th anter 2		\$87 = \$
do not staple, any payment.	8			spouse) are visually impai r spouse) are 65 or older, e				\$87 = \$ \$87 = \$
Dependent	9 10					ourself or your spouse		707 - Y
Exemptions	10	Dependents	. Linter Harrie	and relationship. Do	not melade y	ourself or your spouse	•	
					Total dep	endent exemptions • 1	0x	\$272 =\$
	11	Exemption amo	ount: Add line 7 th	rough line 10. Transfer thi	s amount to line		1	\$ 87.
Tavabla	12	-		-2, box 16, or CA Sch. W-2			45,952.	
Taxable Income	13					ne 21; Form 1040EZ, line 4		148,443.
	14					(540), line 37, column B		2,101. 146,342.
	15 16					s. See instructions D), line 37, column C		140,342.
	17				-	16,		146,342.
	18					mized deductions		17,921.
	19	Subtract line	18 from line	7. This is your taxab	le income.			128,421.
	20	Tax Check box				B 3800 or FTB 3803		9,912.
Tax	21					than \$143,839, see instrs		75.
Do not attach any withholding forms	22							9,837.
here. See Schedule W-2 CG, Wage and Withholding Summary.	23		ctions. Check box i			rm FTB 5870A,		
Withholding Summary	24							9,837.

Your Name: KAM	ALA	D HARRIS Your SSN or ITIN:	-	
2.02	25	Amount from Side 1, line 24		
Special Credits	28	Enter credit name code no & amount ▶ 28		
and	29	Enter credit name code no & amount ▶ 29		
Nonrefundable	30	To claim more than two credits, see instructions • 30		
Renter's	31	Nonrefundable renter's credit. See instructions		
Credit	32	Add line 28 through line 31. These are your total credits.	3	32
	33	Subtract line 32 from line 25.		
		If less than zero, enter -0-	3	9,837
Other Taxes	34		• 3	34
outer runes	35	Mental Health Services Tax. See instructions	. • 3	<u></u>
	36			
	-	See instructions	. • 36	
	37	Add line 33 through line 36. This is your total tax.	• 3	9,837
Payments	38		.,255	
,	39	2005 California estimated tax and other payments. See instructions		
	40	Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions 40		
To view your 2005	41	Excess SDI. To see if you qualify, see instructions 41		0.
estimated	Chi	ild and Dependent Care Expenses Credit. See instructions, attach form FTB 3506.		_
payments, go to www.ftb.ca.gov	• 42	<u> </u>		
]	44	■ 45		
	46	Add line 38, line 39, line 40, line 41, and line 45.		
		See instructions	. 46	11,255
Overpaid Tax/	47	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46		4 444
Tax Due	48	Amount of line 47 you want applied to your 2006 estimated tax		.8
	49	Overpaid tax available this year, Subtract line 48 from line 47		
	50	Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions.		
Use Tax	51	Use Tax. This is not a total line. See instructions • 51		00
Contributions		Seniors Special Fund. Emergency Food Assistance		
Continuations	See	instructions Program Fund Program Fund	59	
	Alzh Diso	eimer's Disease/Related CA Peace Officer Memorial Foundation Fund	60	
	CA F	Fund for Senior Citizens • 54 CA Military Family Relief Fund •	63	
		and Endangered Species	64	
		a Children's Trust Fund for Veterans' Quality of Life Fund	65	
		Prevention of Child Abuse • 56 CA Sexual Violence Victim		
		Breast Cancer Research Fund • 57 Services Fund	66	
	CA F	Firefighters' Memorial Fund • 58 CA Colorectal Cancer Prev Fund •	67	
	68	Add line 52 through line 67. These are your total contributions	a 61	8
Refund or	03	REFUND OR NO AMOUNT DUE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	■ 69	9 1,418
Amount You Owe		AMOUNT YOU OWE. See instructions. Mail to:		
		FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009	= 70	0
Interest and	71	Interest, late return penalties, and late payment penalties.	71	1
Penalties	72	Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached	3 72	2
	73	Total amount due. See instructions. Enclose, but do not staple, any payment	73	3
	, ,	Total amount door ood mondoon of Endood, but do not display any paymon amount		4 4
!!	D	at attack a validad abasis as a deposit alia. Can instructions		1 72
Direct Deposit		ot attach a voided check or a deposit slip. See instructions, plete this section to have your refund directly deposited. Routing number		•
(Refund Only)		ount Type:		0.000.0000
		eking ● X Savings● Account number		
			200000	L declare that I ferrie
Cian	exami	RTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of ned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is t	rue, corr	rect, and complete.
Sign	Your s	signature Spouse's signature (if filing jointly, both must sign)		Daytime phone number (optional)
Here				
It is unlawful to				Date
forge a spouse's signature.	X	X		
Joint return?	Paid p	reparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN
See instructions.				•
	Firm's	name (or yours if self-employed) Firm's address		FEIN
				-1

SCHEDULE

2005 California Adjustments — Residents

CA (540)

	rtant: Attach this schedule directly behind Form 540, Side 2.				la er	_	
	s) as shown on return				Social security	/ num	iber
	ALA D HARRIS		Faland Amazonta	_			A 1 1111
Part Secti	I Income Adjustment Schedule on A – Income	,	A (taxable amounts from your federal return)	В	Subtractions See instructions	c	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	145,952.				
8	Taxable interest income		141.			!	
9	Ordinary dividends. See instructions (b) 32.						
10	Taxable refunds, credits, offsets of state and local income taxes.		2,101.		2,101.		
11	Alimony received					1	
12	Business income or (loss)	-					
13	Capital gain or (loss), See instructions		59.				
14	Other gains or (losses)	14					
15	Total IRA distributions. See instructions (a)	(b)_				_	
16	Total pensions and annuities. See instructions (a)	(b)_				<u>L</u>	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17				_	
18	Farm income or (loss)	18					
19	Unemployment compensation. Enter the same amount in column A and column B	19					
20	Social security benefits						
	Other income.	(-/_		a		a	
	California lottery winnings • NOL from FTB 3805D, 3805Z,			b		b	
	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21		c 🔤		c	
C	Federal NOL (Form 1040, line 21) f Other (describe)			d_		d	
d	NOL carryover from FTB 3805V			e_		e	
				f _		f_	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22 _	148,443.		2,101.		
	on B – Adjustments to Income					*****	
	Educator expenses.	23 _		_			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.	24					
25	Health savings account deduction	25					
26	Moving expenses						
27	One-half of self-employment tax	27					
28	Self-employed SEP, SIMPLE, and qualified plans	28 _					
29	Self-employed health insurance deduction	29 _					
30	Penalty on early withdrawal of savings	30 _					
31 a	Alimony paid.				Observe .		
b	Recipient's: SSN				100		
						l i	
	Last name	31 a_					
32	IRA deduction.						
33	Student loan interest deduction						
34	Tuition and fees deduction	34 _					
35	Domestic production activities deduction	35 _					
36	Add line 23 through 31a and 32 through 35 in columns A, B, and C. See instrs.	36					
37	Total. Subtract line 36 from line 22, columns A, B, and C. See	==					
3/	instructions	37 _	148,443.		2,101.		

KAMALA D HARRIS

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	38	29,452.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions	39	11,255.
40	Subtract line 39 from line 38	40	18,197.
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41	42	18,197.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married filing separately\$143,839 Head of household\$215,762 Married filing jointly or qualifying widow(er)\$287,682	tio	n –276.
	No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	17,921.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married filing separately	1	
	Married filing jointly, head of household, or qualifying widow(er) \$6,508 Transfer the amount on line 44 to Form 540, line 18	44	17,921.

Form 1040 2006 U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space OMB No. 1545-0074 For the year Jan 1 - Dec 31, 2006, or other tax year beginning 2006, ending 20 Your social security number Your first name Label (See instructions.) KAMALA D HARRIS Spouse's social security number If a joint return, spouse's first name Last name Use the IRS label. You **must** enter your Otherwise, Home address (number and street). If you have a P.O. box, see instructions. Apartment no. please print social security or type. number(s) above. City, town or post office. If you have a foreign address, see instructions. State ZIP code Checking a box below will not **Presidential** change your tax or refund. Election Spouse Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions). You Campaign Head of household (with qualifying person), (See Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's name here 3 Married filing separately. Enter spouse's SSN above & full Check only . Qualifying widow(er) with dependent child (see instructions) name here . . one box. Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a Exemptions 6a Spouse..... No. of children (2) Dependent's (3) Dependent's (4) If lived c Dependents: social security relationship qualifying lived with you. number to you tax credit did not (1) First name Last name (see instrs) live with you due to divorce or separation (see instrs). Dependents on 6c not If more than entered above four dependents, Add numbers see instructions. d Total number of exemptions claimed above . 052 7 Wages, salaries, tips, etc. Attach Form(s) W-2nd process and process and process and process and process and process are process. Income 8a Taxable interest. Attach Schedule B if required. 296. 9a Ordinary dividends. Attach Schedule B if required..... 9a Attach Form(s) W-2 here. Also attach Forms 10 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions).... W-2G and 1099-R 11 Alimony received..... if tax was withheld. 12 If you did not 156 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 13 get a W-2. 14 14 Other gains or (losses). Attach Form 4797. see instructions. b Taxable amount (see instrs) 15b 15a IRA distributions 15a b Taxable amount (see instrs) ... 16b 16a Pensions and annuities 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Enclose, but do 19 not attach, any Unemployment compensation payment, Also, 20 a 20 b 20 a Social security benefits..... b Taxable amount (see instrs) please use Form 1040-V. 1,000. Other income CITY & COUNTY SF 21 155,527. This is your total income. 22 Add the amounts in the far right column for lines 7 through 21 Archer MSA deduction. Attach Form 8853..... 23 23 Adjusted Certain business expenses of reservists, performing artists, and fee-basis 24 government officials. Attach Form 2106 or 2106-EZ Gross Health savings account deduction. Attach Form 8889..... 25 Income 26 Moving expenses. Attach Form 3903..... 27 One-half of self-employment tax. Attach Schedule SE.... 27 Self-employed SEP, SIMPLE, and qualified plans..... 28 28 29 29 Self-employed health insurance deduction (see instructions)..... 30 30 Penalty on early withdrawal of savings...... 31 a 31 a Alimony paid b Recipient's SSN ... 32 32 IRA deduction (see instructions) 33 33 Student loan interest deduction (see instructions)...... Jury duty pay you gave to your employer..... 36 Subtract line 36 from line 22. This is your adjusted gross income . .

Department of the Treasury - Internal Revenue Service

Form 1040 (2006)	KAMALA D HARRIS		Page 2
Tax and	38 Amount from line 37 (adjusted gross income).	. 38	155,527.
Credits	39 a Check You were born before January 2, 1942, Blind. Total boxes		
Standard	if: Spouse was born before January 2, 1942, Blind. checked ▶ 39a	-	
Deduction	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here. ▶ 39 b]	00 F10
for - ■ People who	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	29,510.
checked any box	41 Subtract line 40 from line 38.	. 41	126,017.
on line 39a or 39b or who can	42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	42	3,168.
be claimed as a	43 Taxable income Subtract line 42 from line 41.		
dependent, see instructions.	If line 42 is more than line 41, enter -0-	. 43	122,849.
instructions.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972.		28,704.
• All others:	45 Alternative minimum tax (see instructions). Attach Form 6251	45	151.
Single or Married	46 Add lines 44 and 45	46	28,855.
filing separately, \$5,150	47 Foreign tax credit. Attach Form 1116 if required		
\$5,150	48 Credit for child and dependent care expenses. Attach Form 2441		
Married filing	49 Credit for the elderly or the disabled. Attach Schedule R 49		
jointly or	50 Education credits, Attach Form 8863		
Qualifying widow(er),	51 Retirement savings contributions credit. Attach Form 8880 51		
\$10,300	52 Residential energy credits. Attach Form 5695		
Head of	53 Child tax credit (see instructions). Attach Form 8901 if required		
household,	54 Credits from: a Form 8396 b Form 8839 c Form 8859 54		
\$7,550	55 Other credits. Check applicable box(es): a Form 3800		
	b Form c Form 55		
	56 Add lines 47 through 55. These are your total credits	56	
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	28,855.
	58 Self-employment tax. Attach Schedule SE	58	
Other	59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		
Taxes	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.		
	61 Advance earned income credit payments from Form(s) W-2, box 9		
	62 Household employment taxes. Attach Schedule H	62	28,855.
	63 Add lines 57-62. This is your total tax	_	20,055.
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64 37,004.	4	
If you have a	65 2006 estimated tax payments and amount applied from 2005 return. 65 66a Earned income credit (EIC). 66a	1	
qualifying child, attach	b Nontaxable combat pay election 66b	1	
Schedule EIC,	67 Excess social security and tier 1 RRTA tax withheld (see instructions)		
	68 Additional child tax credit. Attach Form 8812		
	69 Amount paid with request for extension to file (see instructions)		
	70 Payments from: a Form 2439 b Form 4136 c Form 8885 70		
	71 Credit for federal telephone excise tax paid. Attach Form 8913 if required		
	72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	37,034.
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	8,179.
Direct deposit?	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here >	74a	8,179.
See instructions	▶ b Routing number. Savings ▶ c Type: X Checking Savings		
and fill in 74b, 74c, and 74d or	▶ d Account number		
Form 8888.	75 Amount of line 73 you want applied to your 2007 estimated tax		
Amount	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions.	76	
You Owe	77 Estimated tax penalty (see instructions)		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?		he following. No
Designee	Designee's Preparer Phone no.	Personal number (identification PIN)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which I	best of m	y knowledge and
Here	To the second		me phone number
Joint return?	Your signature Date Your occupation		ne priorie namber
See instructions.	Spouse's signature. If a joint return, both must sign. Date Date Spouse's occupation		
Keep a copy for your records.	opouse a signature, it a joint retain, worth must significant to the company of t		
- Journage da	Date	Prep	arer's SSN or PTIN
B.14	Preparer's signature Check if self-employed X		
Paid	signature		
Preparer's Use Only	Firm's name (or yours if self-employed) EIN		
USC Offiny	self-employed), address, and Phone r	20	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

Attachment Sequence No. 07

Name(s) shown on I	orm 1	040		Yours	ocial sec	unity number
KAMALA D	HAR	RIS				
Medical		Caution. Do not include expenses reimbursed or paid by others:				
and	1	Medical and dental expenses (see instructions)	1			
Dental Expenses	2	Enter amount from Form 1040, line 38				
шхропосо	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-,		45.466	4	0.
Taxes You	5	State and local income taxes	5	15,406.		
Paid	6	Real estate taxes (see instructions)		3,816.		
(See	7	Personal property taxes	7	210.		
instructions.)	8	Other taxes. List type and amount ▶				
			8			10 422
	9	Add lines 5 through 8		0.040	9	19,432.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	8,849.		
rou raid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,				
		identifying number, and address ►				
(See						
instructions.)						
Note.			11			
Personal	12	Points not reported to you on Form 1098. See instrs for spcl rules	12			
interest is not	13	Investment interest. Attach Form 4952 if required.				
deductible.		(See instrs.).	13			0.040
		Add lines 10 through 13.			14	8,849.
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or	15	830.		
If you made		more, see instrs	13	030.		
a gift and	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
got a benefit for it, see		over \$500.	16	500.		
instructions.	17	Carryover from prior year.	-			
	18	Add lines 15 through 17.	2011/2011		18	1,330.
Casualty and	-10					
Theft Losses	19				19	0.
Job Expenses	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if				
and Certain Miscellaneous		required. (See instructions.)				
Deductions			1			
			20			
	21	Tax preparation fees	21	840.		
	22					
(See instructions.)		type and amount				
in loca doctron long			22			
	23	Add lines 20 through 22	23	840.		
	24	Enter amount from Form 1040, line 38 24 155, 527.				
	25	Multiply line 24 by 2% (.02)	25	3,111.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter	-0		26	0.
Other	27	Other - from list in the instructions. List type and amount ▶				
Miscellaneous						
Deductions					27	0.
Total	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if		Reduction		
Itemized Deductions		married filling separately)?	ar right o	<u>-1</u> 01.		
		No. Your deduction is not limited. Add the amounts in the far for lines 4 through 27. Also, enter this amount on Form	1040, lin	e 40. - ▶	28	29,510.
		X Yes. Your deduction may be limited. See instructions for the				
	29	If you elect to itemize deductions even though they are less than your standard dedu	uction, chec	k here ►		

FDIA0301L 11/07/06

Form 6251

Alternative Minimum Tax - Individuals

OMB No. 1545-0074 2006

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or Form 1040NR

 See separate instructions. Attach to Form 1040 or Form 1040NR. Attachment Sequence No

Your social security number

KAMALA D HARRIS Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on 126,017. Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)..... 1 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38..... 19,432 3 Taxes from Schedule A (Form 1040), line 9..... 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions 5 Miscellaneous deductions from Schedule A (Form 1040), line 26..... If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the Instructions for Schedule A (Form 1040)....... -1016 7 Tax refund from Form 1040, line 10 or line 21. Investment interest expense (difference between regular tax and AMT) and an amount of the control of the contro 8 9 Depletion (difference between regular tax and AMT) 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount...... 10 10 11 Interest from specified private activity bonds exempt from the regular tax..... 11 12 Qualified small business stock (7% of gain excluded under section 1202)..... Exercise of incentive stock options (excess of AMT income over regular tax income)..... 13 13 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)..... 14 14 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)..... 15 15 16 Disposition of property (difference between AMT and regular tax gain or loss)..... 16 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)..... 17 17 Passive activities (difference between AMT and regular tax income or loss) . . . 18 18 19 Loss limitations (difference between AMT and regular tax income or loss)...... 19 Circulation costs (difference between regular tax and AMT). 20 20 21 Mining costs (difference between regular tax and AMT)..... 22 22 Research and experimental costs (difference between regular tax and AMT)..... 23 23 24 Income from certain installment sales before January 1, 1987....... 24 25 25 Intangible drilling costs preference..... Other adjustments, including income-based related adjustments..... 26 Alternative tax net operating loss deduction..... 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 28 145,348. is more than \$200,100, see instructions.) Alternative Minimum Tax 29 Exemption. (If this form is for a child under age 18, see instructions.) AND line 28 is THEN enter on line 29 . . . IF your filing status is . . . not over . . . \$112,500.... \$42,500 62,550 29 34,288. 31,275 Married filing separately If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II 111,060. 30 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter- If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if 28,855. 31 necessary), complete Part III on page 2 and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately) multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 32 32 Alternative minimum tax foreign tax credit (see instructions). 28,855. 33 Tentative minimum tax, Subtract line 32 from line 31....... Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions). 28,704. 34 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on 151. 35 Form 1040, line 45.

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	111,060.
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). 37		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions).		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)		
40	Enter the smaller of line 36 or line 39	40	192.
41	Subtract line 40 from line 36	41	110,868.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	28,826.
43	Enter: • \$61,300 if married filing jointly or qualifying widow(er), • \$30,650 if single or married filing separately, or • \$41,050 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0		
45	Subtract line 44 from line 43. If zero or less, enter -0		
46	Enter the smaller of line 36 or line 37		
47	Enter the smaller of line 45 or line 46		
48	Multiply line 47 by 5% (.05)	48	
49	Subtract line 47 from line 46		
50	Multiply line 49 by 15% (.15)	50	29.
51	Subtract line 46 from line 40		
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	28,855.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	28,876.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	28,855.

APE

KAMALA

Filing Status

Exemptions

Taxable Income

Tax

HARR

D

X Single

CAIA3912L 02/05/07 540 C1 Side 1 Yes - ATTACH FEDERAL RETURN AC HARRIS Α R RP Head of household (with qualifying person). (See instructions) Qualifying widow(er) with dependent child. Enter year spouse died. Married filing jointly (see instructions). Married filing separately. Enter spouse's SSN or ITIN above and full name here. If someone can claim you (or your spouse) as a dependent, check the box here (see instructions). Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, do not enter amount on line 7........... \$91 = \$ 91. x x \$91 = \$ х \$91 = \$ Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2..... Dependents: Enter name and relationship. Do not include yourself or your spouse. Total dependent exemptions ... • 10 x \$285 = \$Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. \$ 91. 154,052. 155,527. California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. 14 155,527. California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C 155,527. California adjusted gross income, Combine line 15 and line 16..... • 17 13,918. Subtract line 18 from line 17. This is your taxable income. 141,609. If less than zero, enter -0-11,041. X Tax Rate Schedule FTB 3800 or FTB 3803 Tax. Check box if from: Tax Table 79. 10,962. Subtract line 21 from line 20. If less than zero, enter -0-.....

10,962

Tax. (See instructions) Check box if from: Schedule G-1

24 Add line 22 and line 23. Continue to Side 2

Your Name: KAM	ALA	D HARRIS Your SSN or ITIN:	ě	
	Amo	unt from Side 1, line 24	<u></u>	10,962.
Special	25	Credit Code amount ▶ 25		
Credits	26	Credit Code amount		
	27	To claim more than two credits (see instructions) • 27		
	28	Nonrefundable renter's credit (see instructions) • 28		
	29	Add line 25 through line 28. These are your total credits.	29	
	30	Subtract line 29 from line 24. If less than zero, enter -0-		10,962.
Other Taxes	31	Alternative minimum tax. Attach Schedule P (540) • 31		
Other Tuxes	32	Mental Health Services Tax (see instructions) 32		
	33	Other taxes and credit recapture		
	-	(see instructions). • 33		
	34	Add line 30, line 31, line 32, and line 33. This is your total tax	34	10,962.
Payments	36	California income tax withheld (see instructions)	46.	
. ayını onu	37	2006 CA estimated tax and other payments (see instructions)		
	38	Real estate withholding. (Form(s) 592-B, 593-B, and 594) (See instructions)		
	39	Excess SDI (see instructions).	0.	
		and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506.		
		·		
	• 40		—	
	44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments	44	11 016
		(see instructions)	44	11,946.
Overpaid Tax/	45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44	45	984.
Tax Due	46	Amount of line 45 applied to 2007 estimated tax.	46	
	47	Overpaid. Subtract line 46 from line 45		984.
	48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34	48	
Use Tax	49	Use Tax. This is not a total line (see instructions). 49	0	0
Contributions	CA Se	niors Special Fund (see instructions) • 50 Emergency Food Assistance Program Fu	ind • 5	57
		mer's Disease/Related Disorders Fund • 51 CA Peace Officer Memorial Foundation F	und. • 5	8
	CA F	nd for Senior Citizens	• F	59
	Deres	and Endangered Species Veterans' Quality of Life Fund	● €	50
	Prese	Vation Program		
	State the Pi	Children's Indist Fund for Services Fund		·
		east Cancer Research Fund	1000 €	52
		efighters' Memorial Fund • 56 CA Sea Otter Fund	• 6	3
				-
	64	Add line 50 through line 63. These are your total contributions	64	
Amount	65	AMOUNT YOU OWE, Add line 48, line 49, and line 64 (see instructions). Mail to:	, _	
You Owe	-	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009	65	
	66	Interest, late return penalties, and late payment penalties	66	
	67	Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached	67	
	68	Total amount due (see instructions). Enclose, but do not staple, any payment.	68	
	-	, , , , , , , ,	_	
Refund and	69	REFUND OR NO AMOUNT DUE. Subtract line 48, and line 64 from line 47 (see instructions). Mail to:		
Direct Deposit	00	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	69	984.
	Have	your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip (see inst	ructions).	
		r portion of total refund (line 69) you want to direct deposit:		
	7 111 0	X Checking		
		Savings	984.	
	•			to direct deposit
		aining portion of total refund (line 69) you want to direct deposit:	ou want	to direct doposit
	Rem			
		Checking		
		Savings		
				to direct deposit
	IMPO	RTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of per ned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,	jury, I decl	are that I have
Sign			Davi	me phone number (optional)
Here	Tour:	ignature Spouse's signature (if filing jointly, both must sign)	Dayti	The phone manner (opaoner)
			2	
It is unlawful to forge a spouse's			Date	
signature.	Χ	X		
Joint return?	Paid	reparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN
See instructions.			•	
	Firm's	name (or yours if self-employed) Firm's address		FEIN

CAIA3912L

02/05/07

2006 California Adjustments — Residents

CA (540)

	ortant: Attach this schedule directly behind Form 540, Side 2.					Tool: ITH		
	(s) as shown on return					SSN or ITIN		
_	MALA D HARRIS		_	Federal Amounts	_	S 14 4		0.1.111
Par Sect	I Income Adjustment Schedule		A	(taxable amounts from your federal return)	В	Subtractions See instructions	C	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7		154,052.			į	
0	Taxable interest income	1.7		23.	\vdash		i	
0					⊢			
10	Ordinary dividends. See instructions (b) 36.				\vdash		1	
	Taxable refunds, credits, offsets of state and local income taxes.						1	
11	Alimony received				-		+	
12	Business income or (loss)	12	_	156.	\vdash		1	
13 14	Capital gain or (loss). See instructions. Other gains or (losses)				\vdash		i-	
15	Total IRA distributions. See instructions (a)							
16	Total pensions and annuities. See instructions (a)	(b)			Н		i –	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17					1	
	Farm income or (loss)						Ť	
	FARAGE SEE TO SEE THE							
19	Unemployment compensation. Enter the same amount in column A and column B	19					1	
20	Social security benefits	1.00						
	Other income.	(~)			a		a	
	California lottery winnings e NOL from FTB 3805D, 3805Z				b		lb	
	, , , , , , , , , , , , , , , , , , , ,	21		1,000.	c]c	
	Federal NOL (Form 1040, line 21) f Other (describe)	-		f-1	ď		id	
	NOL carryover from FTB 3805V				e]e	F1384584 (B) (B) (B) (B) (B)
					f		if.	
					=		ᅳ	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B.	00		155 507			i	
	through line 21 in column B and column C. Go to Section B	22		155,527.	_		_	
Secti	on B — Adjustments to Income							
23	Archer MSA deduction	23 _						
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.	24						
25	Health savings account deduction	25						
		26						
27	One-half of self-employment tax.	27						
28		-						
29		29					i	
30		30						
31 a	Alimony paid.	-						
b	Recipient's:						i	
	SSN							
							1	
32	######################################	32 _						
33	o stantisticani estada e	33			-			
34	, ,,,,,		_					
35	Domestic production activities deduction	35 _	_		_			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.							
55	-	36						
		-					_	
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37		155,527.				
	OOV HIGH MONOTORY THE PROPERTY OF THE PROPERTY	-/ -	-	200,0271			_	

KAMALA D HARRIS

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	38	29,611.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, Voluntary Plan Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions	39	15,406.
40	Subtract line 39 from line 38	40	14,205.
41	Other adjustments including California lottery losses. See instructions.	41	
42	Combine line 40 and line 41	42	14,205.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married filing separately	tion	-287.
	No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	13,918.
44	Enter the larger of the amount on line 43 or your standard deduction listed below	-	
	Single or married filing separately. \$3,410 Married filing jointly, head of household, or qualifying widow(er). \$6,820 Transfer the amount on line 44 to Form 540, line 18.		13,918.

Side 2 Schedule CA (540) 2006 051 7732064 CAIA4012L 01/08/07

Form 1040 2007 U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. For the year Jan 1 - Dec 31, 2007, or other tax year beginning 2007, ending OMB No. 1545-0074 Your first name Last name Your social security number Label (See instruct ons.) KAMALA D HARRIS If a joint return, spouse s first name Last name Spouse's social security number Use the IRS label. Otherwise Home address (number and street). If you have a P.O. box, see nstructions Apartment no. You **must** enter your please print social security or type. number(s) above. City, town or post office. If you have a foreign address, see instructions. State ZP code Checking a box below will not **Presidential** change your tax or refund. Election Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) Campaign You Spouse Head of household (with qualifying person). (See 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's 3 Married filing separately. Enter spouse's SSN above & full name here Check only name here . . -Qualifying widow(er) with dependent child (see instructions) one box. Boxes checked on 6a and 6b . . **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a...... No. of children on 6c who: **(4)** √ if (2) Dependent's (3) Dependent's c Dependents: lived social security relationship qualifying child for child tax cred t with you number to you did not (1) First name Last name (see nstrs) live with you due to dive (see instrs) Dependents If more than on 6c not entered above four dependents, see instructions. Add numbers on lines **d** Total number of exemptions claimed... above 182 7 Wages, salaries, tips, etc. Attach Form(s) W-2..... 7 297. Income 62. **8a Taxable** interest. Attach Schedule B if required..... 8a b Tax-exempt interest. Do not include on line 8a..... ٨h 312. 9a Ordinary dividends. Attach Schedule B if required 9a Attach Form(s) W-2 here. Also 9b attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). . . . 984. 10 W-2G and 1099-R Alimony received 11 if tax was withheld. Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not 152 13 get a W-2, 14 Other gains or (losses). Attach Form 4797..... 14 see instructions. **b** Taxable amount (see instrs)... 15b 16a Pensions and annuities..... 16a **b** Taxable amount (see instrs)... 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E... 17 **18** Farm income or (loss). Attach Schedule F..... 18 Enclose, but do not attach, any 19 payment. Also, 20 a Social security benefits. 20 a **b** Taxable amount (see instrs)... 20 b please use Form 1040-V. Other income 21 Add the amounts in the far right column for lines 7 through 21. This is your total income 183,807 22 23 Educator expenses (see instructions)..... **Adjusted** Certain business expenses of reservists, performing artists, and fee-basis 24 Gross Income Health savings account deduction. Attach Form 8889 25 Moving expenses. Attach Form 3903..... 26 27 One-half of self-employment tax. Attach Schedule SE...... 27 28 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see instructions)..... 29 Penalty on early withdrawal of savings 30 30 31 a 31 a Alimony paid **b** Recipient's SSN.... **32** IRA deduction (see instructions)..... 32 **34** Tuition and fees deduction. Attach Form 8917..... 36 Subtract line 36 from line 22. This is your adjusted gross income 37

Department of the Treasury - Internal Revenue Service

Form 1040 (2007)	KAMALA D HARRIS		Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	183,807.
Credits	39a Check You were born before January 2, 1943, Blind. Total boxes		
TO THE RESIDENCE OF THE PARTY.	II: Spouse was born before January 2, 1943, Blind. checked ▶ 39a		
Standard	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here > 39b		
Deduction	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	28,613.
for — ● People who	41 Subtract line 40 from line 38	41	155,194.
checked any box	42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions	40	2 001
on line 39a or 39b or who can	claimed on line 6d. If line 38 is over \$117,300, see the instructions	42	2,901.
be claimed as a	If line 42 is more than line 41, enter -0-	43	152,293.
dependent, see instructions.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972		
iristructions.	c Form(s) 8889	44	36,729.
All others:	45 Alternative minimum tax (see instructions). Attach Form 6251.	45	411.
Single or Married	46 Add lines 44 and 45	46	37,140.
filing separately,	47 Credit for child and dependent care expenses. Attach Form 2441	100	
\$5,350	48 Credit for the elderly or the disabled. Attach Schedule R 48	90	
Married filing	49 Education credits. Attach Form 8863	ψ- 	
jointly or Qualifying	50 Residential energy credits. Attach Form 5695		
widow(er),	51 Foreign tax credit. Attach Form 1116 if required		
\$10,700	52 Child tax credit (see instructions). Attach Form 8901 if required		
Head of	53 Retirement savings contributions credit. Attach Form 8880 53		
household,	54 Credits from: a Form 8396 b Form 8859 c Form 8839 54	200 900	
\$7,850	55 Other credits: a Form 8801 C Form 55		
	56 Add lines 47 through 55. These are your total credits.	56	,
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	37,140.
	58 Self-employment tax. Attach Schedule SE.	58	
Other	59 Unreported social security and Medicare tax from: a Form 4137 b Form 8919	59	
Taxes	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	61 Advance earned income credit payments from Form(s) W-2, box 9		
	62 Household employment taxes. Attach Schedule H	62	27 140
N2(2)	63 Add lines 57-62. This is your total tax.	63	37,140.
Payments	Federal income tax withheld from Forms W-2 and 1099 64 45, 583.	4	
If you have a	65 2007 estimated tax payments and amount applied from 2006 return	77.5	
qualifying child, attach	b Nontaxable combat pay election ▶ 66b	-	
Schedule EIC.	67 Excess social security and tier 1 RRTA tax withheld (see instructions)		
	68 Additional child tax credit. Attach Form 8812		
	69 Amount paid with request for extension to file (see instructions)	200 200	
	70 Payments from: a Form 2439 b Form 4136 c Form 8885. 70		
	71 Refundable credit for prior year minimum tax from Form 8801, line 27		
9	72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	45,583.
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	8,443.
Direct deposit?	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here •	74a	8,443.
See instructions and fill in 74b,	▶ b Routing number	3	
74c, and 74d or	► d Account number		
Form 8888.	75 Amount of line 73 you want applied to your 2008 estimated tax		
Amount You Owe	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
Tou Owe	77 Estimated tax penalty (see instructions)		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?		he following. No identification
Designee	name Preparer no.	number ((PIN)
Sign	Under penalt es of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declarat on of preparer (other than taxpayer) is based on all information of which property of the		
Here	Your signature Date Your occupat on	Dayti	me phone number
Joint return? See instructions.	DISTRICT ATTORNEY		200
Keep a copy	Spouse s signature. If a joint return, both must sign. Date Spouse s occupation		
for your records.	E 100 March 100		
	Date	The second second	arer's SSN or PTIN
Paid	Preparer's signature Check if self-employed X		
Preparer's	F rm s name	997	***
Use Only	(or yours if self-employed),		
	address, and ZP code Phone r	10.	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040). OMB No. 1545-0074

2007

Attachment

Name(s) shown on Form 1040 Your social security number KAMALA D HARRIS Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) . . . 1 Dental Enter amount from Form 1040, line 38 2 Expenses 3 4 0. Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): Paid X Income taxes, or 5 14,508. а General sales taxes. h 6 944 Real estate taxes (see instructions). Personal property taxes..... 7 206 (See instructions.) Other taxes. List type and amount > 8 9 Add lines 5 through 8. 9 18,658. Interest 10 10 8,753 Home mtg interest and points reported to you on Form 1098..... You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address > 11 Points not reported to you on Form 1098. See instrs for spcl rules 12 Note. 13 **13** Qualified mortgage insurance premiums (see instructions).... Personal interest Investment interest. Attach Form 4952 if required. is not 14 deductible. 8,753. 15 Add lines 10 through 14..... 15 Gifts to Gifts by cash or check. If you made any gift of \$250 or Charity 16 1,750 If you made 17 Other than by cash or check. If any gift of \$250 or a gift and more, see instructions. You must attach Form 8283 if got a benefit 17 over \$500..... for it, see 18 instructions. 18 Carryover from prior year..... 19 Add lines 16 through 18. 19 1,750. Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) 0. 20 20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ $\,$ if required. (See instructions.) Union & Professional Dues 21 65 22 Tax preparation fees. 460. Other expenses - investment, safe deposit box, etc. List (See instructions.) type and amount 23 24 Add lines 21 through 23..... 525 Enter amount from Form 1040, line 38 25 26 Multiply line 25 by 2% (.02)..... Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-0. Other - from list in the instructions. List type and amount ▶ Other Miscellaneous **Deductions** 28 Is Form 1040, line 38, over \$156,400 (over \$78,200 if Total 29 Reduction -548. Itemized married filing separately)? **Deductions** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 28,613. 29 X Yes. Your deduction may be limited. See instructions for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

FDIA0301L 11/07/07

Form **625**1

Alternative Minimum Tax – Individuals

► See separate instructions.
► Attach to Form 1040 or Form 1040NR.

2007 Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

Attach to Form 1040 or Form 1040NR. Sequence No.

Your social security number

KAN	MALA D HARRIS		,	
Par		ch I	ine.)	
	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)		1	155,194.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0		2	100,101,
3	Taxes from Schedule A (Form 1040), line 9.	_	3	18,658.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions		4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.		5	
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the Instructions for Schedule A (Form 1040)		6	-548.
7	Tax refund from Form 1040, line 10 or line 21.	[7	-984.
8	Investment interest expense (difference between regular tax and AMT)	_	8	
9	Depletion (difference between regular tax and AMT)		9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		10	
11	Interest from specified private activity bonds exempt from the regular tax		11	
12	Qualified small business stock (7% of gain excluded under section 1202)		12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income).		13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	-	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	-	15	
16	Disposition of property (difference between AMT and regular tax gain or loss).	—	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	-	17	
18	Passive activities (difference between AMT and regular tax income or loss)	-	18	
19	Loss limitations (difference between AMT and regular tax income or loss).	-	19	
20	Circulation costs (difference between regular tax and AMT)	-	20	
21	Long-term contracts (difference between AMT and regular tax income)	-	21	
22	Mining costs (difference between regular tax and AMT)	-	22	
23	Research and experimental costs (difference between regular tax and AMT)	-	23	
24	Income from certain installment sales before January 1, 1987.	—	24	
25	Intangible drilling costs preference.	-	25	
26	Other adjustments, including income-based related adjustments.	-	26	
27	Alternative tax net operating loss deduction	-	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions.).		28	172,320.
Par				2:2/0201
	Exemption. (If this form is for a child under age 18, see instructions.)			
23				
	AND line 28 is THEN enter on not over line 29			
	Single or head of household			
	Married filing jointly or qualifying widow(er)	[29	29,395.
	Married filing separately			,
	If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II		30	142,925.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	· · · ·	30	142, 723.
31	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.		31	37,140.
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			.,,====
32	Alternative minimum tax foreign tax credit (see instructions).	[32	
33	Tentative minimum tax. Subtract line 32 from line 31	_	33	37,140.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured			<u> </u>
	without using Schedule J (see instructions).	· · ·	34	36,729.
	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45.		35	411.
	For Denominal Padriction Act Notice are consists instructions		_	orm 62E1 (2007)

Par	Tax Computation Using Maximum Capital Gains Rates				
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ line 3 of the worksheet in the instructions.	, enter tl	ne amount from	36	142,925.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	37	181.		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	38	0.		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter	39	181.		
40	Enter the smaller of line 36 or line 39			40	181.
41	Subtract line 40 from line 36			41	142,744.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filithe result	ing sepa	rately) from	42	37,113.
43	Enter: • \$63,700 if married filing jointly or qualifying widow(er), • \$31,850 if single or married filing separately, or • \$42,650 if head of household.	43	31,850.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	152,112.		
45	Subtract line 44 from line 43. If zero or less, enter -0	45	0.		
46	Enter the smaller of line 36 or line 37	46	181.		
47	Enter the smaller of line 45 or line 46	47			
48	Multiply line 47 by 5% (.05)		>	48	
49	Subtract line 47 from line 46	49	181.		
50	Multiply line 49 by 15% (.15)		>	50	27.
51	Subtract line 46 from line 40	51			
52	Multiply line 51 by 25% (.25)			52	
53	Add lines 42, 48, 50, and 52			53	37,140.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filit the result	ing sepa	rately) from	54	37,161.
55	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2 enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instance.	555 or 2	555-EZ, do not	55	37.140.

California Resident Income Tax Return

540 C1 Side 1 APE ATTACH FEDERAL RETURN Р HARR AC KAMALA HARRIS A R RP Filing Status X Single Head of household (with qualifying person). (see instructions) Married/RDP filing jointly (see instructions). Qualifying widow(er) with dependent child. Enter year spouse/RDP died . Married/RDP filing separately. Enter spouse's SSN/RDP's or ITIN above and full name here. If your California filing status is different from your federal filing status, check the box here If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions) • Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, do not enter amount on line 7. Exemptions x \$94 = \$Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both, enter 2 x \$94 =Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2..... \$94 = \$10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. x \$294 = \$Total dependent exemptions . . • 10 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. \$ 94. Taxable Income State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line 3 • 12 183,807. Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4...... California adjustments — subtractions, Enter the amount from Schedule CA (540), line 37, column B. • 14 984. 182,823. 12,950. Subtract line 18 from line 17. This is your taxable income. 169,873 If less than zero, enter -0-Tax X Tax Rate Schedule FTB 3800 or Tax. Check box if from: Tax Table FTB 3803.... 13,604. 22. Subtract line 21 from line 20. If less than zero, enter -0-. 13,582. Tax. (see instructions) Check box if from: Schedule G-1 Add line 22 and line 23. Continue to Side 2

Your Name: KAM				Your SSN or ITIN:		
		unt from Side 1, line 24.			******	13,582.
Special		Credit	Code	amount ▶ 25	8	
Credits	26	Credit	Code	amount ▶ 26	Ø	_
	27			ons) • 27	2	_
	28			ns)	·	<u></u>
	29	V - 7	2.71	total credits		3
	30			(5.10)		13,582.
Other Taxes	31			(540)	u.	
	32) • 32	0 <u>-</u>	<u></u>
	33	Other taxes and credit recapt (see instructions)	ure	• 33		
	34			s is your total tax	• 34	13,582.
Payments	36			ons) • 36	14,508	
TO THE STATE OF TH	37			ons) • 37		_
	38	Real estate withholding. (For	m(s) 592-B, 593-B, and 594)) (see instructions) • 38	32	
	39	Excess SDI (see instru	ictions)	• 39	0	
	Chile	d and Dependent Care E	xpenses Credit (see in	nstructions). Attach form FTE	3506.	
	• 40	<u> </u>			6	
	44			43. These are your total page	=)	
Overpaid Tax/	45	Overpaid tax. If line 44	is more than line 34,	subtract line 34 from line 44	45	926.
Tax Due	46			tax		
	47			e 46 from line 45		
TI	48			act line 44 from line 34		100000
Use Tax	49	Use Tax. This is not a			2000 10	00
Contributions		eniors Spec al Fund (see instruc	man Pilli	N 100 100 100 100 100 100 100 100 100 10	Memor al Fund	THE RESIDENCE OF THE PERSON OF
		imer's Disease/Related Disorder			d Assistance Program Fund .	
		ind for Sen or Citizens and Endangered Species	• 52	Name and the same	er Memorial Foundation Fund	
	Prese	rvation Program	• 53 <u> </u>		ily Rel ef Fund und	
	State the Pr	Children's Trust Fund for revent on of Child Abuse	• 54	CA Sea Otter Fi	una	
		east Cancer Research Fund				
			<u> 3</u> .			
	61	Add line 50 through lin	o 60. Those are your t	total contributions	a 61	
Amount				nd line 61 (see instructions).		
You Owe				SACRAMENTO CA 94267-00		
Interest and	63	Interest, late return pe	nalties, and late paym	ent penalties		
Penalties	64	Underpayment of estimated t	ax. Check box: FT	FTB 5805 attached FTB 580	05F attached • 64	(S) (A)
	65	Total amount due (see	instructions). Enclose	e, but do not staple, any pay	ment 65	/ 6 A
-						
Refund and Direct Deposit	66	REFUND OR NO AMO	UNT DUE. Subtract line 4	9 and line 61 from line 47 (see instr SACRAMENTO CA 94240-00	ructions). Mail to:	926.
Direct Deposit				into one or two accounts. Do not atta		
		you verified the routing and ac			acii a voidea ciieck oi a depo	or only (see mod decions).
				for direct deposit into the account sl	hown below:	
			Checking			
		9	Savings		92	6.
	•	Routing number T	ype Accoun	t number	 67 Direct deposit 	amount
	The r	emaining amount of my r <u>efun</u> d	(line 66) is authorized for di	irect deposit into the account shown	below:	
			checking			
			Savings			
	•	Routing number T	ype • Accoun	t number	 68 Direct deposit 	amount
Sign	IMPO	RTANT: See the instruct ons to	find out if you should attach a	a copy of your complete federal return ments, and to the best of my knowle	n. Under penalties of perjury,	I declare that I have
Here	100	signature	ipanying scriedules and state	Spouse s/RDP's signature (if a joint	<u> </u>	Daytime phone number (optional)
TICIC	Tour .	signaturo		Spouse ships a signature (if a joint	return, both must signy	Daytime phone number (optional)
It is unlawful to forge a						Date
spouse s/RDP s signature.	Y			X		
V200000 10 12	Paid r	preparer s s gnature (declaration	of preparer is based on all i	information of which preparer has an	v knowledae)	Paid Preparer's SSN/PTIN
Joint return? (See instruct ons.)	- unu		Free 12 massa sil all l		,	a de la companya de l
	- Eiron -	name (or yours if self-employe	d) F:-	rm s address		• FEIN
	riim S	manic (or yours it self-employe	I	in a dudicas		T E II Y
			<u> </u>	<u>~</u>		
						200
						•

2007 California Adjustments – Residents

CA (540)

	rtant: Attach this schedule directly behind Form 540, Side 2.				-			
Name(s) as shown on return								
KAM	MALA D HARRIS			_				
Parl Secti	I Income Adjustment Schedule on A – Income	Α	Federal Amounts (taxable amounts from your federal return)	В	Subtractions See instructions	С	Additions See instructions	
7	Wages, salaries, tips, etc. See instructions before making an		400 000					
	entry in column B or C	645	182,297.	⊢				
	Taxable interest income.	2000	62.	⊢		<u>i —</u>		
	Ordinary dividends. See instructions (b) 29.		AV. 200 to 100 t	⊢	004			
10	Taxable refunds, credits, offsets of state and local income taxes		984.	L	984.			
11	Alimony received			Н				
12	Business income or (loss)		1.50	⊢		<u> </u>		
13	Capital gain or (loss). See instructions.		152.	-		_		
14	Other gains or (losses).			⊢		H		
15	Total IRA distributions. See instructions (a)	150_		⊢		-		
16	Total pensions and annuities. See instructions (a)	17		⊢		 		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc			\vdash		H		
18	railli income or (loss)	18		\vdash				
19	Unemployment compensation. Enter the same amount in column A and column B.	19				į		
20	Social security benefits (a)	20 b		Г				
21	Other income.			а		а		
а	California lottery winnings e NOL from FTB 3805D, 3805Z,			b		ib		
b	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21		С		С		
C	Federal NOL (Form 1040, line 21) f Other (describe)			d_		ld		
d	NOL carryover from FTB 3805V			e		e		
	<u>e</u>			f _		If _		
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B \dots	22 _	183,807.		984.	I I L		
Section B — Adjustments to Income								
	Educator Expense	23						
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.	24				 		
25	Health savings account deduction	25				i		
26	Moving expenses.	26						
27	One-half of self-employment tax	27				<u> </u>		
28	Self-employed SEP, SIMPLE, and qualified plans	28				_		
29	Self-employed health insurance deduction			ᆫ				
30	Penalty on early withdrawal of savings	30		_		_		
31 a	Alimony paid.					1		
b	Recipient's: SSN							
	Last name							
32	IRA deduction.	32		L				
33	Student loan interest deduction	() ()		H				
34	Tuition and fees deduction			⊢		<u> </u>		
35	Domestic production activities deduction	35		\vdash				
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.					l I		
- CON-CO	See instrs	36				L		
37	Total. Subtract line 36 from line 22 in columns A, B, and C.	27	103 007		984.	l		
	See instructions	37	183,807.	ட	984.			

KAMALA D HARRIS

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28.	38	29,161.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions	39	14,508.
40	Subtract line 39 from line 38	40	14,653.
41	Other adjustments including California lottery losses. See instructions.		
	Specify	41	
42	Combine line 40 and line 41.	42	14,653.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately. \$155,416 Head of household. \$233,129 Married/RDP filing jointly or qualifying widow(er). \$310,837 No. Transfer the amount on line 42 to line 43.	tion	-1,703.
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	12,950.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately. \$3,516 Married/RDP filing jointly, head of household, or qualifying widow(er). \$7,032 Transfer the amount on line 44 to Form 540, line 18	44	12,950.
		F-02-91	

Side 2 Schedule CA (540) 2007 051 7732074 CAIA4012L 02/25/08

Form **1040** 2008 U.S. Individual Income Tax Return (99)IRS Use Only - Do not write or staple in this space For the year Jan 1 - Dec 31, 2008, or other tax year beginning 2008, ending 20 OMB No. 1545-0074 Your first name Last name Your social security number Label (See instruct ons.) KAMALA D HARRIS If a joint return, spouse s first name Last name Spouse's social security number Use the IRS label. Otherwise Home address (number and street). If you have a P.O. box, see instructions. Apartment no. You **must** enter your please print social security or type. number(s) above. City, town or post off ce. If you have a foreign address, see instructions. State ZP code Checking a box below will not **Presidential** change your tax or refund. Election You Campaign Spouse Head of household (with qualifying person). (See 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's 3 Married filing separately. Enter spouse's SSN above & full name here Check only name here . . -Qualifying widow(er) with dependent child (see instructions) one box. Boxes checked on 6a and 6b . . **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a..... No. of children on 6c who: **(4)** √ if (2) Dependent's (3) Dependent's c Dependents: lived social security relationship qualifying lived child for child with you number to you tax cred t did not (1) First name Last name (see nstrs) live with you due to divord (see instrs) Dependents If more than entered above four dependents, see instructions. Add numbers on lines **d** Total number of exemptions claimed. above 204 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 864. Income 38. 8a Taxable interest. Attach Schedule B if required. . . 8a **b Tax-exempt** interest. **Do not** include on line 8a..... Яh 9a Ordinary dividends. Attach Schedule B if required 9a Attach Form(s) W-2 here. Also 9b attach Forms 10 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). . . W-2G and 1099-R if tax was withheld. Alimony received 11 Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not 13 get a W-2. see instructions. 14 Other gains or (losses). Attach Form 4797..... 14 15a IRA distributions 15a **b** Taxable amount (see instrs)... 15b **b** Taxable amount (see instrs)... **16a** Pensions and annuities..... **16a** 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E... 17 **18** Farm income or (loss). Attach Schedule F..... 18 Enclose, but do not attach, any 19 Unemployment compensation 19 payment. Also, 20 a Social security benefits. 20 a **b** Taxable amount (see instrs)... 20 b please use Form 1040-V. Other income 21 Add the amounts in the far right column for lines 7 through 21. This is your total income 204,902. 22 22 23 Educator expenses (see instructions)..... **Adjusted** Certain business expenses of reservists, performing artists, and fee-basis 24 Gross Income Health savings account deduction. Attach Form 8889 25 Moving expenses. Attach Form 3903..... 26 27 27 One-half of self-employment tax. Attach Schedule SE...... 28 28 29 Self-employed health insurance deduction (see instructions)..... 29 Penalty on early withdrawal of savings 30 30 31 a 31 a Alimony paid **b** Recipient's SSN.... 32 **32** IRA deduction (see instructions)..... 33 Student loan interest deduction (see instructions). Tuition and fees deduction. Attach Form 8917..... 35 Domestic production activities deduction. Attach Form 8903. 36 Subtract line 36 from line 22. This is your adjusted gross income 37

Department of the Treasury - Internal Revenue Service

Form 1040 (2008)	KAMALA D HARRIS		Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	204,902.
Credits	39a Check You were born before January 2, 1944, Blind. Total boxes		
o i cuito	if: Spouse was born before January 2, 1944, Blind. checked ▶ 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39b		
Standard Deduction	c Check if standard deduction includes real estate taxes or disaster loss (see instructions) 39c	1	
for —	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,439.
 People who 	T41 Subtract line 40 from line 38	41	174,463.
checked any box on line 39a, 39b,	42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions.		
or 39c or who	Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	3,080.
can be claimed	43 Taxable income. Subtract line 42 from line 41.	42	171 202
as a dependent, see instructions.	If line 42 is more than line 41, enter -0-	43	171,383.
The last appropriate the array state of the last of	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814		40 207
All others:	b Form 4972	44	42,307.
Single or Married	45 Alternative minimum tax (see instructions). Attach Form 6251	45	1,623.
filing separately.	46 Add lines 44 and 45	46	43,930.
\$5,450	47 Foreign tax credit. Attach Form 1116 if required	4	
Married filing	48 Credit for child and dependent care expenses. Attach Form 2441		
jointly or	49 Credit for the elderly or the disabled. Attach Schedule R 49		
Qualifying widow(er),	50 Education credits. Attach Form 8863	1	
\$10,900	51 Retirement savings contributions credit. Attach Form 8880 51		
District Commencers	52 Child tax credit (see instructions). Attach Form 8901 if required		
Head of household,	53 Credits from Form: a 8396 b 8839 c 5695 53	1	
\$8,000		7	
		-	9
	J 55 Add lines 47 through 54. These are your total credits.	55	40.000
	56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	43,930.
8 <u>-</u> /21	57 Self-employment tax. Attach Schedule SE.	57	
Other	58 Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59	ė.
	60 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H	60	10.000
	61 Add lines 56-60. This is your total tax.	61	43,930.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 52,536.	4	
If you have a	63 2008 estimated tax payments and amount applied from 2007 return	4	
gualifying	64a Earned income credit (EIC) 64a	-	
child, attach Schedule EIC.	b Nontaxable combat pay election ▶ 64b		
Scriedule Lic.	65 Excess social security and tier 1 RRTA tax withheld (see instructions) 65		
	66 Additional child tax credit. Attach Form 8812	_	
	67 Amount paid with request for extension to file (see instructions)	_	
	68 Credits from Form: a 2439 b 4136 c 8801 d 8885. 68	4	
	69 First-time homebuyer credit. Attach Form 5405		
	70 Recovery rebate credit (see worksheet)		
	71 Add lines 62 through 70. These are your total payments	71	52,536.
Refund	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid.	72	8,606.
Direct deposit?	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here.	73a	8,606.
See instructions	▶ b Routing number Savings		
and fill in 73b,	► d Account number		
73c, and 73d or Form 8888.	74 Amount of line 72 you want applied to your 2009 estimated tax		
Amount	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
You Owe	2 20 1	/5	
Tou Owc	76 Estimated tax penalty (see instructions) 76		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?		the following. No
Designee	name Preparer no.	number	
Sign	Under penalt es of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declarat on of preparer (other than taxpayer) is based on all information of which performs the property of the pro	best of	my knowledge and
Here		The same of	
Joint return?	Your signature Date Your occupation	Day	time phone number
See instructions.	DISTRICT ATTORNEY		
Keep a copy	Spouse s signature. If a joint return, both must sign. Date Spouse s occupation		
for your records.	<u>P</u>		
	Preparer s Date	Prep	parer's SSN or PTIN
Paid	Preparer's signature Check if self-employed X		
Preparer's	F rm s name (or yours if	100	-
Use Only			
8.5	self-employed), address, and 7 P code		

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

2008

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

Name(s) shown on F	orm 1	040		Your	social se	curity number
KAMALA D	HAR:	RIS				
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and Dental	1	Medical and dental expenses (see instructions)	1			
Expenses	2	Enter amount from Form 1040, line 38 2				
•	3	Multiply line 2 by 7.5% (.075)	3			_
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0.
Taxes You	5	State and local (check only one box):				
Paid	a	X Income taxes, or				
	ŀ		5	16,467.		
	6	Real estate taxes (see instructions)	6	4,122.		
(See	7	Personal property taxes	7	28.		
instructions.)	8	Other taxes. List type and amount ►				
	_		_8_			00.617
	9	Add lines 5 through 8			9	20,617.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	8,572.	_	
Tou Faiu	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,				
		identifying number, and address \blacktriangleright				
			11			
	12	Points not reported to you on Form 1098. See instrs for spcl rules	12		_	
Note. Personal	13	Qualified mortgage insurance premiums (see instructions)	13		-	
interest		Investment interest. Attach Form 4952 if required.	13		_	
is not deductible.	14	(See instrs.)	14			
deductible.	15	Add lines 10 through 14.			15	8,572.
C:4- t-		Gifts by cash or check. If you made any gift of \$250 or			13	0,372.
Gifts to Charity	16	more, see instrsgin so the control of the con	16	1,600.		
If you made	17	•	10	1,000.	_	
a gift and	''	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
got a benefit for it, see		over \$500		100.		
instructions.		Carryover from prior year				
	19	Add lines 16 through 18			19	1,700.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses	21	Unreimbursed employee expenses — job travel, union dues,				<u> </u>
and Certain	۷,	job education, etc. Attach Form 2106 or 2106-EZ if				
Miscellaneous		required. (See instructions.)				
Deductions			21			
	22	Tax preparation fees	22			
(See	23	Other expenses — investment, safe deposit box, etc. List				
instructions.)		type and amount				
·			23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 25				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter			27	0.
	28	Other — from list in the instructions. List type and amount ►	0		_,	<u> </u>
Other Miscellaneous						
Deductions					28	0.
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if		Reduction		J .
Itemized	_5	married filing separately)?		-450.		
Deductions		No. Your deduction is not limited. Add the amounts in the fa	r right			
		for lines 4 through 28. Also, enter this amount on Form	1040, I	ine 40.	29	30,439.
		X Yes. Your deduction may be limited. See instructions for the	amour	nt to enter.		
	30	If you elect to itemize deductions even though they are less than your standard dedu	ction, ch	eck here ►		

Alternative Minimum Tax — Individuals

See separate instructions. Attach to Form 1040 or Form 1040NR. OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR Your social security number KAMALA D HARRIS Alternative Minimum Taxable Income (See instructions for how to complete each line. If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)..... 1 174,463. Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-..... 2 20,617. Taxes from Schedule A (Form 1040), line 9..... 3 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions... 4 5 5 Miscellaneous deductions from Schedule A (Form 1040), line 27..... If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the Instructions for Schedule A (Form 1040)..... 6 -450. If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount 7 Tax refund from Form 1040, line 10 or line 21..... 8 8 Investment interest expense (difference between regular tax and AMT)..... 9 10 10 Depletion (difference between regular tax and AMT)..... 11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount...... 11 12 12 Interest from specified private activity bonds exempt from the regular tax..... 13 13 14 14 Exercise of incentive stock options (excess of AMT income over regular tax income)..... 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)..... 16 Disposition of property (difference between AMT and regular tax gain or loss)..... 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)..... 18 18 19 19 Passive activities (difference between AMT and regular tax income or loss)..... 20 20 21 Circulation costs (difference between regular tax and AMT)..... 21 22 Long-term contracts (difference between AMT and regular tax income)...... 22 23 Mining costs (difference between regular tax and AMT)..... 23 24 Research and experimental costs (difference between regular tax and AMT)..... 24 25 Income from certain installment sales before January 1, 1987. 25 26 Intangible drilling costs preference. 26 Other adjustments, including income-based related adjustments..... 27 27 28 Alternative tax net operating loss deduction 28 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see instructions.). 29 194,630. Part II Alternative Minimum Tax **30** Exemption. (If you were under age 24 at the end of 2008, see instructions.) AND line 29 is THEN enter on IF your filing status is . . . not over . . . line 30 . . . \$112,500 \$46,200 Married filing jointly or qualifying widow(er)..... 150,000 69,950 30 25,667. 75,000 Married filing separately..... 34.975 If line 29 is **over** the amount shown above for your filing status, see instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II 31 168,963. • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if 43,930. necessary), complete Part III on page 2 and enter the amount from line 55 here. 32 All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. Alternative minimum tax foreign tax credit (see instructions)..... 33 43,930. Tentative minimum tax. Subtract line 33 from line 32 34 34

without using Schedule J (see instructions).....

Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured

36 AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45.

35 36 42,307.

1,623.

15.643.

15,643.

15,643.

Tax

CAIA3912L 12/05/08 **FORM** C1 Side 1 APE ATTACH FEDERAL RETURN P HARR AC KAMALA D HARRIS A R RP PREPARER PH Filing Status X Single Head of household (with qualifying person). (see instructions) Married/RDP filing jointly (see instructions). Qualifying widow(er) with dependent child. Enter year spouse/RDP died . Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here..... If your California filing status is different from your federal filing status, check the box here. If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions) . Whole dollars only Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. Exemptions If you checked the box on line 6, see the instructions x \$99 = \$Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2... x \$99 = \$Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2...... x \$99 =Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. Total dependent exemptions ● 10 x \$309 = \$Exemption amount: Add line 7 through line 10. Transfer this amount to line 21..... \$ 99. Taxable Income State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line 3. 12 204,864. 204,902. California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 204,902. California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 California adjusted gross income. Combine line 15 and line 16. 204,902 11,919. 192,983. Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. .

Tax. Check box if from:

Tax. (see instructions) Check box if from: 24 Add line 22 and line 23. Continue to Side 2 . . .

Tax Table X Tax Rate Schedule FTB 3800

Schedule G-1

Subtract line 21 from line 20. If less than zero, enter -0-

FTB 3803.....

Your Name: KAM	ALA	D HARRIS		Your SSN or ITIN:		
Special	25	Credit	Code	amount ▶ 25	70 St	<u>-</u>
Credits	26	Credit	Code	amount ▶ 26	(%	
	27	To claim more	than two credits (see instruc	tions) • 27		<u> </u>
	28	Nonrefundable	renter's credit (see instruction	ons) • 28	200	_
	29	Add line 25 thr	ough line 28. These are your	total credits		78.
	30	Subtract line 29 fro	m line 24. If less than zero, enter -0			15,643.
Other Taxes	31	Alternative min	imum tax. Attach Schedule F	P (540) • 31		
	32	Mental Health	Services Tax (see instruction	s) • 32	198	_
	33	Other taxes and cre		- 22		
	24	(see instructions) .	e 31, line 32, and line 33. Th	• 33		15 6/3
Daymanta			ne tax withheld (see instructi		CANADA CONTRACTOR CONTRACTOR	15,643.
Payments	36				(A)	<u>1</u>
	37		tax and other payments (see instruct			<u> </u>
	38		ding. (Form(s) 592-B, 593, and 594)		- 1/2"	-
	39		ee instructions)			a_ i
	40	and Dependent	t Care Expenses Credit (see	12.1		
	44	Add line 36 lin	e 37, line 38, line 39, and lin			<u></u>
	44		ns)			16,467.
O	45		f line 44 is more than line 34			824.
Overpaid Tax/ Tax Due	46	The state of the s	45 applied to 2009 estimated	• Operation and the contraction is the property of the second contraction of the second contract		024.
	47		vailable this year. Subtract lir			824.
	48		44 is less than line 34, subtr			024.
Use Tax	49		is not a total line (see instruc			00
Contributions	43	OSC TOX. TITIS	Code	Amount		Code Amount
Contributions	CA Se	niors Spec al Fund (s	ee instruct ons) > 400	CA Peace Office	er Memorial Foundation Fund	408
	Alzhei	mer s Disease/Related	d Disorders Fund > 401	The second secon		409
		nd for Sen or Citizens		CA Sea Otter F		410
	Rare a	and Endangered Spectroation Program	ies ► 403		und	411
	State	Children s Trust Fund	for > 404		Ticci rescarcii i una	412
		event on of Child Abu			ber open recuter rung	413
		east Cancer Research	- 40C	CA Cancer Res	search runu	+ 414
		ef ghters Memor al F		ALS/Lou Gehr	s Disease Research Fund	414
		pency Food For Famil		your total contributions	a 61	
Amount	61	AMOUNT YOU	through code 414. These are OWE. Add line 48, line 49, a	and line 61 (see instructions)	Mail to:	
You Owe	UL		AX BOARD, PO BOX 942867,			
Interest and	63	Interest, late re	eturn penalties, and late payn	nent penalties	63	
Penalties	64	Underpayment of e	stimated tax. Check box:	TB 5805 attached FTB 58	805F attached • 64	
	65	Total amount d	ue (see instructions). Enclos	e, but do not staple, any pay	yment 65	
						NA .
Refund and	66		O AMOUNT DUE. Subtract line			004
Direct Deposit	Till is		AX BOARD, PO BOX 942840,			824.
			uthorize direct deposit of your refund routing and account numbe		ttacii a voided check of a depos	it sub (see instructions).
		(ATT)	mount of my refund (line 66)	(5/4)	sit into the account show	n helow:
	7111 0	the following di	X Checking Savino		Sit into the decount show	824.
	• Ro	outing number	• Type	Account number	• 67	Direct deposit amount
			nt of my refund (line 66) is a	uthorized for direct deposit in		to the second se
		omaning amoun	Checking Saving			
	• Ro	outing number	• Type	Account number	• 68	Direct deposit amount
0:	77.31F-31.37A-7		350 3 MARKOW N		rn. Under penalties of perjury, I	7 March 2010 Control & 200 Ft Control Control Control
Sign		ned this return, nclud ur signature	uct ons to f nd out if you should attach ling accompanying schedules and stat			
Here	10	ur signature		Spouse sindings	ignature (if a joint return, both n	iust s gri)
It is unlawful to	O management		Average and	Wasan		
forge a spouse s/RDP s	5.5	ne phone number (op		Date	Income and an about	D. I D. COMPTIN
signature.	Paid r	renarer's signature (r	leclaration of preparer is based on all	information of which preparer has a	ny knowledge)	Paid Preparer's SSN/PTIN
Joint return?	Firme	name (or yours if sel	f-employed) F	irm s address		FEIN
(See instruct ons.)	rim s	name (or yours if sel	r-employeu)	mms address		LEUN
			i i			
	Do voi	u want to allow anoth	er person to discuss this return with u	s (see instructions)?		• X Yes No
	200	PARER				
	11	Third Party Des onees	Name		<u> </u>	Telephone Number

TAXABLE YEAR

SCHEDULE

2008 California Adjustments – Residents

CA (540)

	rtant: Attach this schedule behind Form 540, Side 2 as a supporti	ing Cali	fornia schedule.				
Name(s) as shown on return				SSN or ITIN		
KAM	MALA D HARRIS						
	t I Income Adjustment Schedule on A – Income	Α	Federal Amounts (taxable amounts from your federal return)	В	Subtractions See instructions	C	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an		02 00000 to 02 kg			ŀ	
1850	entry in column B or C	7 _	204,864.			<u>î</u>	
8	Taxable interest income	8	38.			1	
9	Ordinary dividends. See instructions (b)	9a_				<u> </u>	
10	Taxable refunds, credits, offsets of state and local income taxes						
11	Alimony received					Ĺ	
12	Business income or (loss)						
13	Capital gain or (loss). See instructions	13				Ĭ.	
14	Other gains or (losses)					ŀ	
15	Total IRA distributions. See instructions (a)	15b				Ĭ.	
16	Total pensions and annuities. See instructions (a)	16b				1	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17				ì	
18	Farm income or (loss)	18	,			1	
19	Unemployment compensation. Enter the same amount in	9.					
20	column A and column B.	100000000000000000000000000000000000000					
20 21	Social security benefits(a)Other income.	200_		_			
				a_		Ib Ib	
	1000 mm (4)	21		-		c_	
		21		c_			
	Federal NOL (Form 1040, line 21) f Other (describe)			u_		Id_ le	
a	NOL carryover from FTB 3805V			e_			
				<u> </u>		if_	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B \dots	22 _	204,902.			ļ L	
	on B — Adjustments to Income			_			
23	Educator expenses	23	1				
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.	24				ì	
25	Health savings account deduction					i	
26	Moving expenses.	98.				1	
27	One-half of self-employment tax	27				i	
	Self-employed SEP, SIMPLE, and qualified plans						
29	Self-employed health insurance deduction					i	
30	Penalty on early withdrawal of savings	30				1	
31 a	Alimony paid.	<u> </u>				į	
h	Recipient's:					ŀ	
-	SSN					į	
						ŀ	
	Last name	31 a					
32	IRA deduction.						
33	Student loan interest deduction	33					
34	Tuition and fees deduction						
35	Domestic production activities deduction	35					
						ì	
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.					ļ	
	See instrs	36 _				ŀ	
37	Total. Subtract line 36 from line 22 in columns A, B, and C.		15 VACC 91 STORE			ŀ	
	See instructions.	37	204,902.	Щ		ì	

KAMALA D HARRIS

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	38	30,889.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions.	39	16,467.
40	Subtract line 39 from line 38.	40	14,422.
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41.	42	14,422.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately. \$163,187 Head of household. \$244,785 Married/RDP filing jointly or qualifying widow(er). \$326,379	TION	-2,503.
	No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	11,919.
-	50. 18 90 N AND 505 N DC 18 DC 18 AL ADDR ST REI WEST N	45	11,919.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately		
	Married/RDP filing jointly, head of household, or qualifying widow(er). \$7,384	1980-20	
	Transfer the amount on line 44 to Form 540, line 18	44	11,919.

Side 2 Schedule CA (540) 2008 059 7732084 CAIA4012L 12/12/08

Form 1040 2009 U.S. Individual Income Tax Return (99)IRS Use Only - Do not wr te or staple n this space For the year Jan 1 - Dec 31, 2009, or other tax year beginning 2009, ending 20 OMB No. 1545-0074 Your first name Last name Your social security number Label (See nstructions.) KAMALA D HARRIS Last name If a jo nt return, spouse s first name Spouse's social security number Use the IRS label. Otherwise. Home address (number and street). If you have a P.O. box, see instruct ons. You **must** enter your Apartment no please print social security or type. number(s) above. C ty, town or post off ce. If you have a foreign address, see instructions. State ZIP code Checking a box below will not **Presidential** change your tax or refund. Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)...... You Spouse Head of household (with qualifying person). (See Filing Status instructions.) If the qualifying person is a child but not your dependent, enter this child's 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name here Check only name here. . one box. Qualifying widow(er) with dependent child (see instructions) Boxes checked on 6a and 6b. . . **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a..... Spouse. No. of children on 6c who: (2) Dependent's (3) Dependent's **(4)** √ if c Dependents: lived social security relationship qualifying child for child tax cred t • did not number to you did not (1) First name Last name (see nstrs) live with you due to divorce or separation If more (see instrs). than four Dependents dependents. on 6c not entered above see instructions and check here ► Add numbers on lines **d** Total number of exemptions claimed. above 206 7 Wages, salaries, tips, etc. Attach Form(s) W-2..... 7 439. Income 8a Taxable interest. Attach Schedule B if required..... 8a 41. **b Tax-exempt** interest. **Do not** include on line 8a..... 45. 9a Ordinary dividends. Attach Schedule B if required..... 9a Attach Form(s) W-2 here. Also **b** Qualified dividends (see instrs)..... attach Forms 10 **10** Taxable refunds, credits, or offsets of state and local income taxes (see instructions). . . W-2G and 1099-R if tax was withheld. Alimony received..... 11 Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not Capital gain or (loss). Att Sch D if read. If not read. ck here..... 13 get a W-2. 14 Other gains or (losses). Attach Form 4797..... see instructions. 14 15a IRA distributions...... 15a **b** Taxable amount (see instrs). 15 b **16a** Pensions and annuities **16a b** Taxable amount (see instrs). 3,750. 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 Farm income or (loss). Attach Schedule F..... 18 Enclose, but do Unemployment compensat on in excess of \$2,400 per recipient (see nstruct ons). not attach, any 19 payment, Also. **20 a** Social security benefits **b** Taxable amount (see instrs). 20 b please use Form 1040-V. Other income MANUS ASSOCIATES .750 21 Add the amounts in the far right column for lines 7 through 21. This is your total income. . 223,025 22 23 Educator expenses (see instructions)..... Adjusted Certain business expenses of reservists, performing artists, and fee-basis 24 Gross government officials. Attach Form 2106 or 2106-EZ...... Income Health savings account deduction. Attach Form 8889. 25 Moving expenses. Attach Form 3903..... 27 27 One-half of self-employment tax. Attach Schedule SE...... 28 28 Self-employed SEP, SIMPLE, and qualified plans..... Self-employed health insurance deduction (see instructions)..... 29 29 Penalty on early withdrawal of savings..... 30 30 31 a Alimony paid **b** Recipient's SSN 31 a **32** IRA deduction (see instructions)..... 32 Student loan interest deduction (see instructions)..... Tuition and fees deduction. Attach Form 8917..... 35 36 Subtract line 36 from line 22. This is your adjusted gross income. 37

Department of the Treasury - Internal Revenue Service

Form 1040 (2009)	KAMALA D HARRIS	Page 2
Tax and	38 Amount from line 37 (adjusted gross income).	38 223,025.
Credits	39 a Check You were born before January 2, 1945, Blind. Total boxes	
Chandand	if: Spouse was born before January 2, 1945, Blind. checked ▶ 39a	
Standard Deduction	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39 b	
for -	40 a Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40a 31,001.
 People who check any box 	b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions)	
on line 39a, 39b,	41 Subtract line 40a from line 38.	41 192,024.
or 40b or who	42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced	132/0211
can be claimed as a dependent,	individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42 3,090.
see instructions.	43 Taxable income. Subtract line 42 from line 41.	188,934.
All others:	If line 42 is more than line 41, enter -0-	45 100, 934.
All others.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814	44 47,483.
Single or Married	b Form 4972	44 47,483. 45 2,616.
filing separately, \$5,700	46 Add lines 44 and 45	46 50,099.
	47 Foreign tax credit. Attach Form 1116 if required	30,033.
Married filing	48 Credit for child and dependent care expenses. Attach Form 2441	
jointly or Qualifying	49 Education credits from Form 8863, line 29	
widow(er),	50 Retirement savings contributions credit. Attach Form 8880 50	
\$11,400	51 Child tax credit (see instructions)	
Head of	52 Credits from Form: a 8396 b 8839 c 5695 52	
household,		
\$8,350		
	54 Add lines 47 through 53. These are your total credits	54
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 50,099.
0.11	56 Self-employment tax. Attach Schedule SE.	56
Other	57 Unreported social security and Medicare tax from Form: a 4137 b 8919.	57
Taxes	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H	59
	60 Add lines 55-59. This is your total tax.	60 50,099.
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61 52, 665.	
	62 2009 estimated tax payments and amount applied from 2008 return	
If you have a	63 Making work pay and government retiree credit. Attach Schedule M	
qualifying	64a Earned income credit (EIC) 64a	
child, attach Schedule EIC.	b Nontaxable combat pay election • 64b	
	65 Additional child tax credit. Attach Form 8812	
	66 Refundable education credit from Form 8863, line 16 66	
	67 First-time homebuyer credit. Attach Form 5405	
	68 Amount paid with request for extension to file (see instructions)	
	70 Credits from Form: a 2439 b 4136 c 8801 d 8885. 70	
	2 2 2 3 3 4 4 5 4 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6	F0 665
	71 Add Ins 61-63, 64a, & 65-70. These are your total pmts.	71 52,665.
Refund	72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid.	72 2,566.
Direct deposit?	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a 2,566.
See instructions and fill in 73b,	▶ b Routing number	
73c, and 73d or	► d Account number	
Form 8888.	74 Amount of line 72 you want applied to your 2010 estimated tax	
Amount	75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions.	75
You Owe	76 Estimated tax penalty (see instructions)	
Third Party		plete the following. No
Designee		Personal identification number (PIN)
Sign	Under penalt es of perjury, I declare that I have exam ned this return and accompanying schedules and statements, and to the be	
Here	belief, they are true, correct, and complete. Declarat on of preparer (other than taxpayer) is based on all information of which pre	
Joint return?	Your s gnature Date Your occupation	Daytime phone number
See instructions.	DISTRICT ATTORNEY	
Keep a copy	Spouse s signature. If a joint return, both must sign. Date Spouse s occupation	
for your records.	<u></u>	
	Preparer s Date	Preparer s SSN or PTIN
Paid	S gnature Check if self-employed X	
Preparer's	Firm's name (or yours if	<u></u>
Use Only	self-employed), EIN	
	address, and ZIP code Phone no.	45

Form 1040 (2009)

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Serv ce (99)

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

200	9
Attachment	07

Name(s) shown on F	orm 1	040		Your	social se	curity number
KAMALA D I	HAR	RIS				
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and Dental	1	Medical and dental expenses (see instructions)	1			
Expenses	2	Enter amount from Form 1040, line 38 2				
•	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You	5	State and local (check only one box):				
Paid	а	X Income taxes, or				
	b	General sales taxes	5	17,079.		
	6	Real estate taxes (see instructions)	6	4,337.		
(See	7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b.	7			
instructions.)	8	Other taxes List type and amount >				
,		Personal Property Taxes 138.	8	138.		
	9	Add lines 5 through 8			9	21,554.
Interest	10	Home mtg interest and points reported to you on Form 1098	10	8,409.		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►		,		
			11			
	10		11		-	
Note.		Points not reported to you on Form 1098. See instrs for spcl rules	12		-	
Personal interest	13	Qualified mortgage insurance premiums (see instructions)	13			
is not	14	Investment interest. Attach Form 4952 if required.				
deductible.		(See instrs.).	14			
		Add lines 10 through 14			15	8,409.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	1,600.		
If you made	17					
a gift and got a benefit		Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
for it, see		over \$500	17			
instructions.		Carryover from prior year				
	19	Add lines 16 through 18			19	1,600.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses	21	Unreimbursed employee expenses – job travel, union dues,			20	0.
and Certain Miscellaneous		job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►				
Deductions		Union & Professional Dues 470.	21	470.		
	22	Tax preparation fees	22	460.		
(\$00	23	• •		100.		
(See instructions.)		type and amount				
,			23			
	24	Add lines 21 through 23	24	930.		
	25	Enter amount from Form 1040, line 38 25 223, 025.				
	26	Multiply line 25 by 2% (.02)	26	4,461.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter	r -0		27	0.
Other Miscellaneous	28	Other – from list in the instructions. List type and amount ►				
Deductions					28	0.
Total	29	Is Form 1040, line 38, over \$166,800 (over \$83,400 if		Reduction		<u> </u>
Itemized Deductions		married filing separately)?		<u>-5</u> 62.		
Deductions		No. Your deduction is not limited. Add the amounts in the f	ar right co	olumn		
		for lines 4 through 28. Also, enter this amount on Form			29	31,001.
		X Yes. Your deduction may be limited. See instructions for the				
	30	If you elect to itemize deductions even though they are less than your standard ded	uction, chec	k here 🟲 📗		

Alternative Minimum Tax — Individuals

► See separate instructions. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. **32**

Your social security number

Department of the Treasury Internal Revenue Serv ce Name(s) shown on Form 1040 or Form 1040NR

KAN	MALA D HARRIS		
Par	Alternative Minimum Taxable Income (See instructions for how to complete each	line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)		192,024.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line		<u> </u>
3	38. If zero or less, enter -0		21,554.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions		21,334.
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	· — - +	
6	If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the Instructions for Schedule A (Form 1040)		-562.
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule		
8	Tax refund from Form 1040, line 10 or line 21.	. 8	
9	Investment interest expense (difference between regular tax and AMT)	. 9	
10	Depletion (difference between regular tax and AMT)	. 10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		
12	Alternative tax net operating loss deduction	. 12	
13	Interest from specified private activity bonds exempt from the regular tax		
14	Qualified small business stock (7% of gain excluded under section 1202)		
15	Exercise of incentive stock options (excess of AMT income over regular tax income)		
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		
18	Disposition of property (difference between AMT and regular tax gain or loss)		
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
20	Passive activities (difference between AMT and regular tax income or loss)		
21	Loss limitations (difference between AMT and regular tax income or loss)		
22	Circulation costs (difference between regular tax and AMT)		
23	Long-term contracts (difference between AMT and regular tax income)		
24 25	Mining costs (difference between regular tax and AMT)		
26	Income from certain installment sales before January 1, 1987.	-	
27	Intangible drilling costs preference.		
28	Other adjustments, including income-based related adjustments		
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.).	. 29	213,016.
Par	t II Alternative Minimum Tax		
30	Exemption. (If you were under age 24 at the end of 2009, see instructions.)		
	AND line 29 is THEN enter on not over line 30		
	Single or head of household		
	Married filing jointly or qualifying widow(er)	. 30	21,571.
	Married filing separately		,
31	If line 29 is over the amount shown above for your filing status, see instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II.		191,445.
32	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	. 31	171,443.
32	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.	. 32	50,099.
	• All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		
33	Alternative minimum tax foreign tax credit (see instructions).	. 33	
34	Tentative minimum tax. Subtract line 33 from line 32	. 34	50,099.
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions).	. 35	47,483.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0 Enter here and on Form 1040, line 45	. 36	2,616.
-50	7 Gastract into 35 from time 3-t. it 2010 of 1035, Citical V. Enter field and off Form 1040, fille 40	. 50	2,010.

Par	t III Tax Computation Using Maximum Capital Gains Rates				
37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-E line 3 of the worksheet in the instructions	Z, ent	er the amount from	37	191,445.
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	38	44.		
39	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	39	0.		
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	40	44.		
41	Enter the smaller of line 37 or line 40			41	44.
42	Subtract line 41 from line 37			42	191,401.
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multip Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married file result.	ly line filing s	42 by 26% (.26). eparately) from	43	50,092.
	Enter: • \$67,900 if married filing jointly or qualifying widow(er), • \$33,950 if single or married filing separately, or • \$45,500 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax	44	33,950.		
40	Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-		188,890.		
46	Subtract line 45 from line 44. If zero or less, enter -0	46	0.	-	
47	Enter the smaller of line 37 or line 38	47	44.	-	
48	Enter the smaller of line 46 or line 47	48		-	
49	Subtract line 48 from line 47.	49	44.		
50	Multiply line 49 by 15% (.15)			50	7.
51	Subtract line 47 from line 41	51			
52	Multiply line 51 by 25% (.25)		>	52	
53	Add lines 43, 50, and 52			53	50,099.
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multip Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married file result	filing s	eparately) from	54	50,105.
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the in	2555 nstruct	or 2555-EZ, do not ions	55	50,099.
					Form 6251 (2009)

FORM

540 C1 Side 1 APE ATTACH FEDERAL RETURN Р HARR AC D HARRIS KAMALA A R RP APE FS SCHG1 5870A 5805 5805F DESIGNEE TPID

J	IMPORTANT: See the instruct ons to find out if you return, including accompanying schedules and state	should attach a copy of your complete federal return. Under penalties of perjury ements, and to the best of my knowledge and belief, it is true, correct, and comp	I declare that I have examined this plete.
1200	► Your s gnature	Spouse s/RDP s s gnature (if a jo nt return, both must sign)	
Sign	Daytime phone number (opt onal)	Date	19
Here	Paid preparer's signature (declaration or preparer	is based on all information of which preparer has any knowledge)	Pa d Preparer s SSN/PT N
It is unlawful to forge a spouse s/RDP s s gnature.	Firm s name (or yours if self-employed)	Firm s address	FEIN
Joint return? (See nstructions.)	Do you want to allow another person to discuss this PREPARER	s return with us (see instruct ons)?	● X Yes No
	Print Third Party Designee's Name		Te ephone Number

Your Name: KAMA	LA	D HARRIS Your SSN or ITIN:	_			
Filing Status	1	X Single				
	2	Married/RDP filing jointly. (see instructions)				
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here				
	4	Head of household (with qualifying person). (see instructions)				
	5	Qualifying widow(er) with dependent child. Enter year spouse/RDP died	_			
		If your California filing status is different from your federal filing status, check the box here				
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions)	•	6		
Exemptions	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.	2000			hole dollars onl
		If you checked the box on line 6, see the instructions	0.00	x \$98 =	70.0	98.
	8	Control of the Contro		x \$98 =	20.	
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9	>	x \$98 =	\$	
	10	Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP.				
		Total dependent		400	^	
		exemptions • 10	,	x \$98 =	\$	0.0
Tavabla luaama	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 State wages from your Form(s) W-2, box 16. 206, 43	0		Ş	98.
i axable income			Tari Gardina	93 93	20	23 025
		Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4			42	23,025.
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions).			22	23,025.
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C		08	44	.5,025.
	17	California adjusted gross income. Combine line 15 and line 16			22	23,025.
	18	Enter the larger of your CA standard deduction OR your CA itemized deductions				10,747.
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-		Ü.		12,278.
Тах	31		9) 31			18,003.
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739 (see instrs)	A SUNTABLE OF			0.
		Subtract line 32 from line 31. If less than zero, enter -0-			1	18,003.
			34	US.		
		Add line 33 and line 34	. 35		1	18,003.
Special Credits	41	New jobs credit, amount generated (see nstructions) ● 41				
	42	New jobs credit, amount claimed (see instructions) 42		_		
	43	Credit Code amount ▶ 43		2		
	44	Credit Code amount ▶ 44				
	45	To claim more than two credits (see instructions)				
	46	Nonrefundable renter's credit (see instructions)				
	47	Add line 42 through line 46. These are your total credits	47			2545 143540
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48			18,003.
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540) 61				
	62	Mental Health Services Tax (see instructions)				
	63	Other taxes and credit recapture				
		(see instructions). • 63				10 002
Daymanta		Add line 48, line 61, line 62, and line 63. This is your total tax.				18,003.
Payments		California income tax withheld (see instructions).		(8)		17,079.
		2009 CA estimated tax and other payments (see instructions) Real estate and other withholding (see instructions)		(s)		
		Excess SDI (or VPDI) withheld (see instructions)		(s)		0.
		d and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506.	/-	(6)		0.
		Qualifying person's social security number				
		Qualifying person's social security number		2		
		Enter the amount from form FTB 3506, Part III, line 8 • 77		2		
		Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12	78	2		
		Add line 71, line 72, line 73, line 74, and line 78. These are your total payments	- serverit	(8)		
	-	(see instructions)	79			17,079.
Overpaid Tax/	91	Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79	91			
Tax Due		Amount of line 91 you want applied to your 2010 estimated tax	92	(8)		
		Overpaid tax available this year. Subtract line 92 from line 91		.01		
	94	Tax due. If line 79 is less than line 64, subtract line 79 from line 64	94	31		924.
Use Tax	95	Use Tax. This is not a total line (see instructions) 95		00		

Your Name: KAMALA	D	HARRIS	Your SSN or ITIN:	

		Code	Amount							
Contributions	California Seniors Special Fund.	• 400								
	Alzheimer's Disease/Related Disorders Fund.	• 401								
	California Fund for Senior Citizens	• 402								
	Rare and Endangered Species Preservation Program	• 403								
	State Children's Trust Fund for the Prevention of Child Abuse	• 404								
	California Breast Cancer Research Fund	• 405								
	California Firefighters' Memorial Fund	• 406								
	Emergency Food For Families Fund.	• 407								
	California Peace Officer Memorial Foundation Fund	• 408								
	California Military Family Relief Fund	• 409								
	California Sea Otter Fund									
	California Ovarian Cancer Research Fund	WW. 7.220								
	Municipal Shelter Spay-Neuter Fund	• 412								
	California Cancer Research Fund									
	ALS/Lou Gehrig's Disease Research Fund.									
Amount	110 Add code 400 through code 414. This is your total contribution	0000000								
You Owe	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009		924.							
Interest and	112 Interest, late return penalties, and late payment penalties.									
Penalties	113 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached.	COLORES DANS CHESTON	004							
	114 Total amount due (see instructions). Enclose, but do not staple, any payment	114	924.							
Refund and Direct Deposit	115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see instructions). Mail FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009		0.							
	Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided cl	heck 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	pelow:							
	Checking Savings									
	● Routing number	• 116 Dire	ct deposit amount							
	The remaining amount of my refund (line 115) is authorized for direct deposit into the acc	ount shown belo	v:							
	Checking Savings									
	● Routing number ● Type ● Account number	• 117 Dire	et deposit amount							

CAIA3912L 11/28/09 059 3103096 Form 540 C1 2009 **Side 3**

2009 California Adjustments – Residents

CA (540)

Impo	ortant: Attach this schedule behind Form 540, Side 3 as a suppor	ting Ca	alifornia schedule.							
Name(s) as shown on return										
KAN	MALA D HARRIS				1					
Par Sect	I Income Adjustment Schedule ion A – Income	Д	Federal Amounts (taxable amounts from your federal return)	В	Subtractions See instructions	С	Additions See instructions			
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7 _	206,439.							
8	Taxable interest		41.							
9	Ordinary dividends. See instructions (b) 44.	9a	45.							
10	Taxable refunds, credits, offsets of state and local income taxes	10								
11	Alimony received	44								
12	Business income or (loss)	12								
13	Capital gain or (loss). See instructions	- 97								
14	Other gains or (losses)									
15	IRA distributions. See instructions . (a)	15b_								
16	Pensions and annuities. See instructions (a)		3,750.							
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17								
18	Farm income or (loss).	18								
19	Unemployment compensation in excess of \$2,400 per recipient									
20	Social security benefits (a)	20b_		L						
	Other income.			a_		a				
	California lottery winnings e NOL from FTB 3805D, 3805Z,		range ranges	b_		b_				
	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21 _	12,750.	c		c_				
	Federal NOL (Form 1040, line 21) f Other (describe):			d_		d_				
C	NOL carryover from FTB 3805V			e_		e_				
	<u>(2</u>			<u> </u>		Ι_				
22	Total. Combine line 7 through line 21 in column A. Add line 7									
	through line 21f in column B and column C. Go to Section B	22	223,025.	乚						
Sect	ion B – Adjustments to Income									
	Educator expenses	23								
	Certain business expenses of reservists, performing artists,	65								
OF.	and fee-basis government officials.			\vdash						
25 26	Health savings account deduction. Moving expenses.	_								
	One-half of self-employment tax									
	Self-employed SEP, SIMPLE, and qualified plans	97.075								
29	Self-employed health insurance deduction	18.								
30	Penalty on early withdrawal of savings.									
	Alimony paid.	_				Г				
	Recipient's: SSN					l				
	Last name	31 a								
32	IRA deduction.									
33	Student loan interest deduction.	- 55								
34	Tuition and fees deduction									
35	Domestic production activities deduction	35								
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.									
	See instrs.	36								
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.	37	223,025.							
		0.	220,020.	_		_				

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	38	31,563.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign income taxes only). See instructions	39	17,079.
40	Subtract line 39 from line 38.	40	14,484.
41	Other adjustments including California lottery losses. See instructions.		
	Specify	41	
42	Combine line 40 and line 41	42	14,484.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?	TION	-3,737.
	Single or married/RDP filing separately. \$160,739		
	Head of household. \$241,113		
	Married/RDP filing jointly or qualifying widow(er)	Jr.	7
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	10,747.
	Total Complete the Remized Boddedina from Shock in the institutions for Confedence of (Groy), line 45		10/14/
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. \$3,637		-
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$7,274	52(2)	10 747
	Transfer the amount on line 44 to Form 540, line 18	44	10,747.

Side 2 Schedule CA (540) 2009 7732094 CAIA4012L 01/07/10

Form 1040	U	.S. Individual Inco	me Tax Re	turn ZU	110	(99) IRS Use	Only —	Do not v	wr te or staple n t	his space.
Name,	For the	year Jan 1 - Dec 31, 2010, or othe	r tax year beginning	, 201	0, ending	, 20			OMB No. 1545-0	0074
Address,	Your fr	st name	MI Last	name				Your s	ocial security nu	mber
and SSN	KAMA	ALA D HARRIS								
	If a jo n	t return, spouse s first name	MI Last	name				Spous	e's social securit	y number
See separate										
instructions.	Home a	address (number and street). If you h	nave a P.O. box, see ir	struct ons.		Apartment r	10.		ake sure the bove and on	
									are correc	
Donald autici	C ty, to	wn or post off ce. If you have a foreig	gn address, see instruc	ctions.	St	ate ZIP code		Checki	ing a box below v	will not
Presidential Election								change	e your tax or refu	nd.
Campaign	Ch	eck here if you, or your spouse if f	iling jointly, want \$3 t	to go to this fund?			►	Y	ou Spo	ouse
Filing Status	1	X Single		4	Head	of household (w	ith qua	lifying	person). (Se	ee
J	2	Married filing jointly (even	if only one had incom	e)	but n	ictions.) If the qu ot your depender	anıyınç nt, ente	g perso er this	child's	
Check only	3	Married filing separately. E	nter spouse's SSN ab		name	e here				
one box.		name here ►		5		ifying widow(er) v				
Exemptions	6a							<u> </u>	on 6a and 6b	1
	t	Spouse		(2) Depender			(Δ)	J if	No. of children on 6c who:	
	(Dependents:		social secur) Dependent's relationship	child age qualify	under	lived	
		/1) First resure	1 1	number		to you .	qualify child (see	ng for tax cr	with you	
	_	(1) First name	Last name				(see	nstrs)	live with you due to divorce	
16 11 6							<u> </u>		or separation (see instrs).	
If more than four dependents, see							<u> </u>	-	Dependents on 6c not	
instructions and							├	+	entered above	
check here ►		Total number of exemptic	ans alaimad						Add numbers on lines	1
		Total number of exemption Wages, salaries, tips, etc.						7	above 2 n	$\frac{1}{2,233}$.
Income		a Taxable interest. Attach S						, 8a		123.
		b Tax-exempt interest. Do i								
Attach Form(s)		a Ordinary dividends. Attacl						9a		
W-2 here. Also attach Forms		b Qualified dividends								
W-2G and 1099-R		Taxable refunds, credits,						10		
if tax was withheld.		Alimony received Business income or (loss)						11 12		
If you did not		Capital gain or (loss). Att Sch D						13		
get a W-2, see instructions.		Other gains or (losses). A						14		
		a IRA distributions			1	amount		15 b		
	16 a	a Pensions and annuities	16a			amount		16 b	6	0,521.
	17	Rental real estate, royaltic	es, partnerships,	S corporations	s, trusts, et	tc. Attach Schedu	ıle E.	17		
Enclose, but do		Farm income or (loss). At						18		
not attach, any payment. Also,		Unemployment compensa			1			19		
please use Form 1040-V.	20 a	a Social security benefits Other income	20 a		b raxable	amount		20 b 21		
1 01111 1040-V.	22	Combine the amounts in the far	right column for lines	7 through 21 This	is your total		<u>-</u>	22	26	2,877.
	23					moonio.				
Adjusted	24	Certain business expenses of res	ervists, performing a	rtists, and fee-basi	s					
Gross Income	25	government officials. Attach Forr								
income	25 26	Health savings account do Moving expenses. Attach								
	27	One-half of self-employm								
	28	Self-employed SEP, SIMPLE, and qualified plans 28								
	29	Self-employed health insurance deduction								
	30									
		a Alimony paid b Recipient's SSN	l▶		31 a					
	32	IRA deduction								
	33	Student loan interest ded								
	34 35	Tuition and fees. Attach F Domestic production activities de								
	36	Add lines 23 - 31a and 32 - 35						36		0.
	37	Subtract line 36 from line						37	26	2,877.

Department of the Treasury — Internal Revenue Service

Form 1040 (2010)	KAMALA D HARRIS		Page 2
Tax and	38 Amount from line 37 (adjusted gross income).	38	262,877.
Credits	39 a Check You were born before January 2, 1946, Blind. Total boxes		
Ground	if: Spouse was born before January 2, 1946, Blind. checked ▶ 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, check here ▶ 39 b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	34,820.
	41 Subtract line 40 from line 38	41	228,057.
	42 Exemptions. Multiply \$3,650 by the number on line 6d.	42	3,650.
	43 Taxable income. Subtract line 42 from line 41.		EXCENSION DESCRIPTION
	If line 42 is more than line 41, enter -0-	43	224,407.
	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814	53920	
	b Form 4972	44	59,171.
	45 Alternative minimum tax (see instructions). Attach Form 6251.	45 46	4,677.
	46 Add lines 44 and 45	40	63,848.
	48 Credit for child and dependent care expenses. Attach Form 2441		
	49 Education credits from Form 8863, line 23		
	50 Retirement savings contributions credit. Attach Form 8880		
	51 Child tax credit (see instructions)		
	52 Residential energy credits. Attach Form 5695 52		
	53 Other crs from Form: a 3800 b 8801 c 53	8	
	54 Add lines 47 through 53. These are your total credits	54	
%	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	63,848.
Other	56 Self-employment tax. Attach Schedule SE	56	
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16	59	
W	60 Add lines 55-59. This is your total tax.	60	63,848.
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61 62,664.		
	62 2010 estimated tax payments and amount applied from 2009 return 62		
If you have a	63 Making work pay credit. Attach Schedule M		
qualifying	64a Earned income credit (EIC) 64a		
child, attach Schedule EIC.	b Nontaxable combat pay election ▶ 64b		
Scriedule Lic.	65 Additional child tax credit. Attach Form 8812		
	66 American opportunity credit from Form 8863, line 14 66		
	67 First-time homebuyer credit from Form 5405, line 10 67		
	68 Amount paid with request for extension to file		
	69 Excess social security and tier 1 RRTA tax withheld 69		
	70 Credit for federal tax on fuels. Attach Form 4136		
	71 Credits from Form: a 2439 b 8839 c 8801 d 8885. 71		
	72 Add Ins 61-63, 64a, & 65-71. These are your total pmts.	72	62,664.
Defund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	02/0011
Refund	74a Amount of line 73 you want refunded to you . If Form 8888 is attached, check here ▶	74a	
	► b Routing number C Type: Checking Savings	7.4	
Direct deposit?	► d Account number		
See instructions.			
Amount		70	1 104
You Owe	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions.	76	1,184.
100 0110	77 Estimated tax penalty (see instructions)		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	plete	below. No
Designee	Designee s Phone	Porcona	l identification
Designee	name no.	number	(PIN)
Sign	Under penalt es of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre		
Here		00	
Joint return?	Supplier of The section of the secti	Dayt	ime phone number
See instructions.	DISTRICT ATTORNEY		
Keep a copy	Spouse s signature. If a jo nt return, both must sign. Date Spouse s occupat on		
for your records.	Pitt.		
	Print/Type preparer's name Preparer's signature Date Check	K if	PTN
Paid	self-employ	ed	
Preparer's	Firm's name	1	2 (%)
Use Only	Firm s address ► Firm s El	N -	
5061 [(<u></u>	Phone no).	
			Form 1040 (2010)

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Serv ce (99)

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Attachment Sequence No. **07**

Name(s) shown on F				Yours	ocial se	ecurity number
KAMALA D I	HAR	RIS				
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and Dental		Medical and dental expenses (see instructions)	1			
Expenses		Enter amount from Form 1040, line 38 2				
		Multiply line 2 by 7.5% (.075)			_	•
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
		State and local (check only one box):	_	00.050		
- V	a		5	20,358.	_	
Taxes You Paid		General sales taxes	6	1 270		
- 4		Real estate taxes (see instructions)	ь	4,379.	_	
	,	vehicles purchased in 2009). Skip this line if you checked box 5b	7			
	8	Other taxes. List type and amount ▶				
		Personal Property Taxes 89.	_8_	89.		
	9	Add lines 5 through 8			9	24,826.
Interest	10	Home mtg interest and points reported to you on Form 1098	10	8,344.	_	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,				
		identifying number, and address \blacktriangleright				
		,				
Note. Your mortgage			-			
interest			-			
deduction may be limited (see			11			
instrs).	12	Points not reported to you on Form 1098. See instrs for spcl rules			_	
	13	Mortgage insurance premiums (see instructions)	13		_	
		Investment interest. Attach Form 4952 if required.			_	
		(See instrs.).	14			
	15	Add lines 10 through 14			15	8,344.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or				-,
Charity	10	more, see instrs	16	1,650.		
		,		1,000.	-	
If you made a gift and	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
got a benefit		over \$500	17			
for it, see instructions.	18	Carryover from prior year			-	
mon donorio.	19	Add lines 16 through 18			19	1,650.
0		7 da ilites 10 direagn 10				2,000.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses	21	Unreimbursed employee expenses — job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if				
Miscellaneous Deductions		required. (See instructions.)				
Doudousis			21			
	22	Tax preparation fees	22	495.		
	23	Other expenses — investment, safe deposit box, etc. List				
		type and amount	_			
			23			
	24	Add lines 21 through 23	24	495.		
	25	Enter amount from Form 1040, line 38 25 262, 877.				
	26	Multiply line 25 by 2% (.02)	26	5,258.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter	er -0		27	0.
Other	28	Other — from list in instructions. List type and amount ▶				
Miscellaneous						
Deductions					28	0.
Total	29	Add the amounts in the far right column for lines 4 through 28.	· <u> </u>			
Total Itemized		Also, enter this amount on Form 1040, line 40			29	34,820.
Deductions	30	If you elect to itemize deductions even though they are less than	your	standard		
		deduction, check here				

FDIA0301L 12/21/10

Form **625**1

Alternative Minimum Tax — Individuals

► See separate instructions. ► Attach to Form 1040 or Form 1040NR. OMB No. 1545-0074

2010

Attachment 32

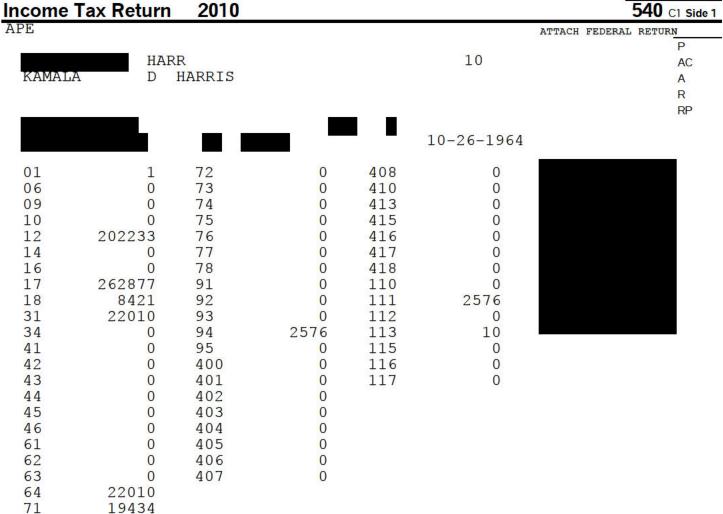
Department of the Treasury Internal Revenue Serv ce (9

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

	S) Shown on Form 1040 or Form 1040NR	Tour Socia	ai security number
	MALA D HARRIS		
Par	Alternative Minimum Taxable Income (See instructions for how to complete each	<u>h line.</u>])
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6. (If less than zero, enter as a negative amount.	.). 1	228,057.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0:		
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	24,826.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions		,
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.		,
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	• •	
7	Tax refund from Form 1040, line 10 or line 21.	· · · — -	
8	Investment interest expense (difference between regular tax and AMT).		
9	Depletion (difference between regular tax and AMT).		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	· · · — -	
11	Alternative tax net operating loss deduction		
12	Interest from specified private activity bonds exempt from the regular tax		
13	Qualified small business stock (7% of gain excluded under section 1202).		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	—	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	—	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).		
17	Disposition of property (difference between AMT and regular tax gain or loss)		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		
19	Passive activities (difference between AMT and regular tax income or loss).		
20	Loss limitations (difference between AMT and regular tax income or loss)		
21	Circulation costs (difference between regular tax and AMT)		
22	Long-term contracts (difference between AMT and regular tax income)		
23	Mining costs (difference between regular tax and AMT).		
24	Research and experimental costs (difference between regular tax and AMT)		
25	Income from certain installment sales before January 1, 1987.		
26	Intangible drilling costs preference.	26	
27	Other adjustments, including income-based related adjustments		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 2 is more than \$219,900, see instructions.).	8 28	252,883.
Par	t II Alternative Minimum Tax (AMT)		<u>, </u>
29	Exemption. (If you were under age 24 at the end of 2010, see instructions.)		
	AND line 28 is THEN enter on		
	IF your filing status is not over line 29		
	Single or head of household \$112,500 \$47,450		
	Married filing jointly or qualifying widow(er)	29	12,354.
	Married filing separately		
30	If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 3	23	
30	and 35 and skip the rest of Part II.	30	240,529.
31	 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 		
	1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if	24	62.040
	necessary), complete Part III on page 2 and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately),	31	63,848.
	multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		
32	Alternative minimum tax foreign tax credit (see instructions).	32	
33	Tentative minimum tax. Subtract line 32 from line 31.		63,848.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,	. 55	33,010.
5 -	line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigure without using Schedule J (see instructions).	d 34	59,171.
25			
33	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	53	4,677.

FORM



	ect, and complete. Your s gnature		
Sign	Daytime phone number (opt onal)	Date	
Here	Your email address (opt onal). Enter only one.		
	Paid preparer's signature (declaration of preparer is	based on all information of which preparer has any knowledge)	● Pa d Preparer s PTIN/SSN
It is unlawful	20		
to forge a spouse s/ RDP s s gnature.	Firm's name (or yours, if self-employed)	Firm s address	• FEIN
Joint return?			
(See nstructions.)	Do you want to allow another person to	discuss this return with us (see instructions)?	• X Yes No
			22
	Print Third Party Designee's Name		Te ephone Number

Your Name: KAMA	LA	D HARRIS Your SSN or ITIN:				
Filing Status	1	X Single				
	2	Married/RDP filing jointly. (see instructions)				
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here				
	4	Head of household (with qualifying person). (see instructions)				
	5	Qualifying widow(er) with dependent child. Enter year spouse/RDP died		_		
		If your California filing status is different from your federal filing status, check the box here	•		1	
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions).	•	6		
Exemptions	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.	2000			Whole dollars only
		If you checked the box on line 6, see the instructions	-	x \$99	700	99.
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.	_	x \$99	100	
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9	:	x \$99	= \$_	
	10	Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP.				
		Total dependent		400	^	
		exemptions • 10		x \$99	= \$	0.0
Taxable loss and	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 State wages from your Form(s) W-2, box 16. 202, 23.	2		Ş	99.
I axable income				70	-	062 077
		Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4				262,877.
	14 15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions).				262,877.
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C				.02,011.
	17	California adjusted gross income. Combine line 15 and line 16				262,877.
	18	Enter the larger of your CA standard deduction OR your CA itemized deductions		200		8,421.
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-			2	254,456.
Тах	31		31			22,010.
T GA	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$162,186 (see instrs)	The state of the s	-		0.
	33	Subtract line 32 from line 31. If less than zero, enter -0-		-0		22,010.
	34		34			22/0201
		Add line 33 and line 34	A STATE OF THE PARTY OF THE PAR			22,010.
Special Credits		New jobs credit, amount generated (see instructions) ● 41				
Proc. • Principle described the real of artistative advances.		New jobs credit, amount claimed (see instructions).	• 42	7		
	43	Credit Code amount	43	(5)		
	44	Credit Code amount	44	C-1		
	45	To claim more than two credits (see instructions).	• 45			
	46	Nonrefundable renter's credit (see instructions).	• 46	US I		
	47	Add line 42 through line 46. These are your total credits	47			
	48	Subtract line 47 from line 35. If less than zero, enter -0-		(6)		22,010.
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).				
·		Add line 48, line 61, line 62, and line 63. This is your total tax.				22,010.
Payments		California income tax withheld (see instructions).		G:		19,434.
		2010 CA estimated tax and other payments (see instructions).				
		Real estate and other withholding (see instructions)		G.		
		Excess SDI (or VPDI) withheld (see instructions).	/4	C:		0.
		Id and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506. Qualifying person's social security number				
		Qualifying person's social security number		72		
		Enter the amount from form FTB 3506, Part III, line 8		-		
		Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12	72	7.		
		Add line 71, line 72, line 73, line 74, and line 78. These are your total payments	70	(c)		
	13	(see instructions).	79			19,434.
	91	Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79	91			TO 1 474.
Overpaid Tax/ Tax Due		Amount of line 91 you want applied to your 2011 estimated tax				
- 1/2 - 1/2		Overpaid tax available this year. Subtract line 92 from line 91		G .		
	94	Tax due. If line 79 is less than line 64, subtract line 79 from line 64.	94	loi .		2,576.
Hee Tev	OE.	Use Tay This is not a total line (see instructions)	1150			_, _, _,

Side 2 Form 540 C1 2010 059 3102106 CAIA3912L 12/27/10

Your Name:	KAMALA	D	HARRIS	Your SSN

			Code	Amount						
Contributions		ornia Seniors Special Fund (see instructions).								
		eimer's Disease/Related Disorders Fund.								
		ornia Fund for Senior Citizens								
		and Endangered Species Preservation Program		i.e						
	State	Children's Trust Fund for the Prevention of Child Abuse	• 404	28						
	Calif	ornia Breast Cancer Research Fund.	• 405	28						
	Calif	ornia Firefighters' Memorial Fund	• 406	5x						
	Eme	rgency Food For Families Fund	• 407							
	Calif	ornia Peace Officer Memorial Foundation Fund	• 408							
	Calif	ornia Sea Otter Fund	• 410							
	Calif	ornia Cancer Research Fund	• 413							
	Arts	Council Fund.	• 415	38						
		ornia Police Activities League (CALPAL) Fund		38						
		ornia Veterans Homes Fund		38						
		ly Surrendered Baby Fund		50						
	110	Add code 400 through code 418. This is your total contribution	• 110							
Amount You Owe	111	AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 Pay online — Go to ftb.ca.gov and search for web pay.	• 111	2,576.						
	112	Interest, late return penalties, and late payment penalties.		2/0.00						
Interest and Penalties	113	Underpayment of estimated tax. Check box: X FTB 5805 attached FTB 5805F attached		10.						
	114	Total amount due (see instructions). Enclose, but do not staple, any payment		2,586.						
		•		3						
Refund and Direct Deposit	115	REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009.	• 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:									
		Checking Savings								
	• Ro	uting number ● Type ● Account number	• 116 D	irect deposit amount						
	The	remaining amount of my refund (line 115) is authorized for direct deposit into the account	t shown b	elow:						
		Checking Savings	- 447 5	2 3 9 30 32 32						
	• Ro	uting number	• 117 D	irect deposit amount						

CAIA3912L 12/27/10 059 3103106 Form 540 C1 2010 **Side 3**

TAXABLE YEAR

SCHEDULE

2010 California Adjustments – Residents

CA (540)

	ortant: Attach this schedule behind Form 540, Side 3 as a suppor	ting Cal	ifornia schedule.		-		
Name(s) as shown on return				SSN or ITIN		
KAN	MALA D HARRIS					8.7	
Par Sect	t I Income Adjustment Schedule ion A – Income	Α	Federal Amounts (taxable amounts from your federal return)	В	Subtractions See instructions	С	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an					ľ	
	entry in column B or C		202,233.			╙	
8	Taxable interest (b)		123.	_			
9	Ordinary dividends. See instructions (b)	9a					
10	Taxable refunds, credits, offsets of state and local income taxes	10					
11	Alimony received	11					
12	Business income or (loss)	12					
13	Capital gain or (loss). See instructions	13					
14	Other gains or (losses)	14					
15	IRA distributions. See instructions . (a)	15b_					
16	Pensions and annuities. See instructions (a)	16b_	60,521.				
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17					
18	Farm income or (loss).	18					
19	Unemployment compensation	2.00					
20	Social security benefits (a)	20 b	,				
21	Other income.			a		a	
	California lottery winnings e NOL from FTB 3805D, 3805Z,	23		b_		b_	
	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21		c		c_	
	Federal NOL (Form 1040, line 21) f Other (describe):			d _		d_	
C	NOL carryover from FTB 3805V			e_		e_	
	RE			f		^f	
22	Total. Combine line 7 through line 21 in column A. Add line 7						
LL	through line 21 in column B and column C. Go to Section B	22	262,877.				
		20.7	(4)				-28
Coot	ion B — Adjustments to Income						
	Educator expenses. CAUTION: See instructions	23	-				
	1920-1920-1920-1920-1920-1920-1920-1920-						
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24					
25	Health savings account deduction.		,				
26	Moving expenses.						
27	One-half of self-employment tax.	60	7			1	
28	The state of the s	28	7			1	
29	Self-employed health insurance deduction	29					
30	Penalty on early withdrawal of savings		,				
	Alimony paid.	-	,			Г	
	Recipient's:						
	SSN						
	· · · · · · · · · · · · · · · · · · ·						
	Last name	31 a				L	
32	IRA deduction	32					
33	Student loan interest deduction.						
34	Tuition and fees. CAUTION: See instructions						
35	Domestic production activities deduction	35					
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.						
	See instrs.	36				_	
37	Total. Subtract line 36 from line 22 in columns A, B, and C.						
	See instructions	37	262,877.	<u> </u>			

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	38	34,820.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax), line 7 (new motor vehicle tax), and line 8 (foreign income taxes only). See instructions	39	20,358.
40	Subtract line 39 from line 38.	40	14,462.
41	Other adjustments including California lottery losses. See instructions.		
	Specify	41	
42	Combine line 40 and line 41	42	14,462.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? REDUCT Single or married/RDP filing separately. Head of household. \$243,283	TION	-6,041.
	Married/RDP filing jointly or qualifying widow(er)		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	8,421.
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. \$3,670		
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$7,340	52420	
	Transfer the amount on line 44 to Form 540, line 18	44	8,421.

TAXABLE YEAR

Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM

5805

2010 Attach this form to the back of your Forms 540/540A, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Forms 540/540A, line 113; Long Form 540NR, line 123; or Form 541, line 42, whichever applies. SSN, IT N or FEIN KAMALA D HARRIS IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B. If you meet any of the following conditions, you do not owe a penalty for underpayment of estimated tax. Do not complete or file this form if: The amount of your tax liability (not including tax on lump-sum distributions) less credits (including the withholding credit) but not including estimated tax payments for either 2009 or 2010 was less than \$500 (or less than \$250 if married/RDP filing a separate return). Your 2009 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return. The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2010 return or 100% of the tax shown on your 2009 return (110% if adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2010 tax return if they do not meet one of the two conditions above. Part I Questions. All filers must complete this part. Are you requesting a waiver of the penalty? If 'Yes', provide an explanation below and be sure to check the box on Forms 540/540A, line 113; Long Form 540NR, line 123; or Form 541, line 42. If you need additional space, attach a statement. See General Information C..... Yes X No Did you use the annualized income installment method? If 'Yes', see instructions for Part III and be sure to check the box on Forms 540/540A, line 113; Long Form 540NR, line 123; or Form 541, line 42..... X No Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld?. If 'Yes,' enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540/540A, line 71 and line 73; Form 540NR, line 81 and line 83, or Form 541, line 29 and line 31. ; 6/15/10 \$; 9/15/10 \$ For estates and trusts; Was the date of death less than two years from the end of the taxable year? See General Part II Required Annual Payment. All filers must complete this part. Current year tax. Enter your 2010 tax after credits. See instructions...... 1 22,010. Multiply line 1 by 90% (.90)..... 19,809 Withholding taxes. Do not include any estimated tax payments on this line. See instructions. . 3 19,434. 2,576. Enter the tax shown on your 2009 tax return. See instructions (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2010, more than \$75,000) 5 19,803. Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)..... 19,803. Caution: See the instructions to find out if you can use the short method. If you answered 'Yes' to Question 2 in Part I, skip this part and go to Part III. If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Worksheet II in the instructions. Enter the amount, if any, from Part II, line 3 above..... 8 Enter the total amount, if any, of estimated tax payments you made. Add line 7 and line 8... 9 19,434. **Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. **Do not** file form FTB 5805. 10 369. Multiply line 10 by .0282849. 11 10. • If the amount on line 10 was paid on or after 4/15/11, enter -0-. If the amount on line 10 was paid before 4/15/11, enter the result of the following computation: Number of days paid Amount on 0. before 4/15/1 .00011..... 12 line 10 PENALTY. Subtract line 12 from line 11. Enter the result here and on Forms 540/540A, line 113; Long Form 540NR, line 123; or Form 541, line 42. Also check the box for 'FTB 5805'. 13 10.

Form 1040	Department of the Treasury — Interest U.S. Individual In		(99) urn 2011	OMB No. 1545-0074 IBS	S Lise Only — Do	not write or staple n this space.
	31, 2011, or other tax year beginni			, 20		parate instructions.
Your first name	, , , , , , , , , , , , , , , , , , ,	MI Last r	3	,	Your social se	curity number
KAMALA D HA	RRIS					
If a jo nt return, spouse s	first name	MI Last r	name		Spouse's soci	al security number
Home address (number a	nd street). If you have a P.O. box, s	ee instruct ons.		Apartment no.		sure the SSN(s) above
City, town or post off ce. I	If you have a foreign address, also c	omplete spaces below (see in	estructions). State	ZIP code		on line 6c are correct.
						ou, or your spouse if fil ng
Foreign country name		Foreign prov	v nce/county	Foreign postal code	a box below w	B to go to this fund? Checking Il not change your tax or You Spouse
Filing Status	—	even if only one had income ely. Enter spouse's SSN abo	•	Head of household (instructions.) If the obut not your dependename here ▶	dualitving per	g person). (See son is a child
Check only one box.	name here	, , , , , , ,	5	Qualifying widow(er) with depend	lent child
Exemptions		one can claim you as				Boxes checked on 6a and 6b
	c Dependents: (1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) v if child under age 17 quality ng for child tax cr (see nstrs)	live with you
						due to divorce or separation (see instrs)
If more than four dependents, see						`
instructions and	7					Dependents on 6c not entered above .
check here •						Add numbers on lines
	d Total number of exer					
Income	7 Wages, salaries, tips8a Taxable interest. Atta					159,294. 180.
	b Tax-exempt interest.					100.
Attach Form(s)	9a Ordinary dividends. A				9a	36.
W-2 here. Also	b Qualified dividends .		·	9 b	36.	
attach Forms W-2G and 1099-R	10 Taxable refunds, cred	dits, or offsets of state	and local income	taxes	<u>10</u>	
if tax was withheld.	•					
If you did not		loss). Attach Schedule				_1 420
get a W-2, see instructions.	13 Capital gain or (loss). Att \$14 Other gains or (losse				13	-1,420.
see mstructions.	15a IRA distributions	,	i i	axable amount	15k	1
	16a Pensions and annuiti			axable amount		
		yalties, partnerships,				
Enclose, but do). Attach Schedule F.				
not attach, any payment. Also,	19 Unemployment comp					
please use	20 a Social security benefits	20 a	b T	axable amount	20 k)
Form 1040-V.	21 Other income	e far right column for lines			21	150 000
				ur total income	> 22	158,090.
Adjusted Gross	24 Certain business expenses	of reservists, performing art n Form 2106 or 2106-EZ	tists, and fee-basis	24		
Income	25 Health savings accou			25		
		tach Form 3903		26		
		loyment tax. Attach Schedul		27		
		SIMPLE, and qualified		28		
		insurance deduction.		29		
	30 Penalty on early with	drawal of savings		30		
	31 a Alimony paid b Recipient'	S 33N	···	31 a 32		
		deduction		33		
		ach Form 8917				
		ies deduction. Attach Form				
	·				36	0.

Form 1040 (2011)	KAMALA D HARRIS		Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	158,090.
Credits	39 a Check You were born before January 2, 1947, Blind. Total boxes		
	if: Spouse was born before January 2, 1947, Blind. checked ▶ 39 a		
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39 b	J	00.000
Deduction for —	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	28,377.
People who	41 Subtract line 40 from line 38	41	129,713.
check any box	42 Exemptions. Multiply \$3,700 by the number on line 6d.43 Taxable income. Subtract line 42 from line 41.	42	3,700.
on line 39a or 39b or who can	If line 42 is more than line 41, enter -0	43	126,013.
be claimed as a	44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election		
dependent, see instructions.	b Form 4972	44	28,896.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	0.
All others: Single or	46 Add lines 44 and 45	46	28,896.
Married filing	47 Foreign tax credit. Attach Form 1116 if required	-	
separately,	48 Credit for child and dependent care expenses. Attach Form 2441	-	
\$5,800 Married filing	49 Education credits from Form 8863, line 23	4	
jointly or	51 Child tax credit (see instructions)	-	
Qualifying widow(er),	52 Residential energy credits. Attach Form 5695	-	
\$11,600	3,7	-	
Head of household.			
\$8,500	54 Add lines 47 through 53. These are your total credits.	54	20.006
011	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55 56	28,896.
Other Taxes	56 Self-employment tax. Attach Schedule SE	57	
Taxes	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H.	59 a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59 b	
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55-60. This is your total tax.	61	28,896.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 37, 147.		·
If you have a	63 2011 estimated tax payments and amount applied from 2010 return 63		
qualifying child, attach	64a Earned income credit (EIC) 64a		
Schedule EIC.	b Nontaxable combat pay election ▶ 64 b		
	65 Additional child tax credit. Attach Form 8812	-	
	66 American opportunity credit from Form 8863, line 14 66	-	
	67 First-time homebuyer credit from Form 5405, line 10 67	-	
	68 Amount paid with request for extension to file	4	
	70 Credit for federal tax on fuels. Attach Form 4136	-	
	71 Credits from Form: a 2439 b 8839 c 8801 d 8885. 71		
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts.	72	37,709.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	8,813.
Retuilu	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74 a	8,813.
	▶ b Routing number ▶ c Type: X Checking Savings		
Direct deposit? See instructions.	► d Account number		
——————————————————————————————————————	75 Amount of line 73 you want applied to your 2012 estimated tax		
Amount	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
You Owe	77 Estimated tax penalty (see instructions)		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	nplete	below. No
Designee	Designee s Phone	Persona	al identification
Cian	name no. Index penalties of periury. I declare that I have examined this return and accompanying schedules and statements, and to the h	number est of m	· /
Sign Here	Under penalt es of perjury, I declare that I have exam ned this return and accompanying schedules and statements, and to the b belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which provides the control of the provides the p		
Joint return?	Your s gnature Date Your occupation	Day	time phone number
See instructions.	DISTRICT ATTORNEY		
Keep a copy for your records.	Spouse s signature. If a jo nt return, both must sign. Date Spouse s occupat on	If th Prof enter	ne IRS sent you an Identity tection PIN, r it here (see inst)
	Print/Type preparer s name Preparer s s gnature Date Check	X if	PTN
Paid	self-employ	red	
Preparer's	Firm's name		
Use Only	Firm s address ► Firm s E	N ►	
	Phone no	٥.	

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Serv ce (99)

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Attachment Sequence No. **07**

Name(s) snown on F				Yours	ocial se	curity number
KAMALA D I	IAK.					
Medical and		Caution. Do not include expenses reimbursed or paid by others.				
Dental	1	Medical and dental expenses (see instructions)	1		_	
Expenses	2	Enter amount from Form 1040, line 38 2				
	3	Multiply line 2 by 7.5% (.075)	3			0
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	· · · · · · · · · · · · · · · · · · ·		4	0.
	5	State and local (check only one box):	_	15 754		
			5	15,754.	_	
Taxes You Paid	t			4 41 5		
. uiu	_	Real estate taxes (see instructions)		4,415.	-	
	7	Personal property tax	7	84.	_	
	8	Other taxes. List type and amount •				
	•	Add lines E through 0	_8_	L		20 252
	9	Add lines 5 through 8.	_		9	20,253.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	8,124.	_	
TouTalu	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,				
		identifying number, and address \blacktriangleright				
		, ,				
Note. Your mortgage						
interest			-			
deduction may			11			
be limited (see instrs).	12	Points not reported to you on Form 1098. See instrs for spcl rules	+		-	
			-		-	
	13	Mortgage insurance premiums (see instructions)	13		-	
	14	Investment interest. Attach Form 4952 if required.				
		(See instrs.).	14			0.104
	15	Add lines 10 through 14			15	8,124.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or				
Charity		more, see instrs	16			
If you made	17	Other than by cash or check. If any gift of \$250 or				
a gift and	",	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
got a benefit		over \$500	17			
for it, see instructions.	18	Carryover from prior year				
	19	Add lines 16 through 18			19	0.
<u> </u>		7 dd iii oo 70 tii oogii 10				
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
	21				20	0.
Job Expenses and Certain	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if				
Miscellaneous		required. (See instructions.)				
Deductions			21			
	22	Tax preparation fees	22	525.	-	
		Other expenses — investment, safe deposit box, etc. List		323.	-	
	23	type and amount				
		"	23			
	24	Add lines 21 through 23	24	525.	-	
		<u> </u>		525.	-	
	25			2 162		
	26	Multiply line 25 by 2% (.02)	26	3,162.		^
	27	Subtract line 26 from line 24. If line 26 is more than line 24, ente	er -0		27	0.
Other	28	Other – from list in instructions. List type and amount ▶				
Miscellaneous Deductions						
Deunctions					28	0.
Total	29	Add the amounts in the far right column for lines 4 through 28.				
Itemized		Also, enter this amount on Form 1040, line 40			29	28,377.
Deductions	30	If you elect to itemize deductions even though they are less than	your :	standard —		
		deduction check here	J	▶		

SCHEDULE D

(Form 1040)

Department of the Treasury Internal Revenue Serv ce

Name(s) shown on return

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040). ► Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No.

Your social security number

KAI	IALA D HAKKIS					
Pai	t I Short-Term Capital Gains and	Losses – Assets H	leld One Year or Le	ss		
or 3.	plete Form 8949 before completing line 1, 2, This form may be easier to complete if you d off cents to whole dollars	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments gain or loss fro Form(s) 8949 line 2, column	om 9,	(h) Gain or (loss) Combine columns (e), (f), and (g)
1	Short-term totals from all Forms 8949 with box A checked in Part I					
2	Short-term totals from all Forms 8949 with box B checked in Part I					
3	Short-term totals from all Forms 8949 with box C checked in Part I					
4	Short-term gain from Form 6252 and short-te	rm gain or (loss) from F	Forms 4684, 6781, and 8	824	4	
5	Net short-term gain or (loss) from partnership	os, S corporations, esta	tes, and trusts from Sch	edule(s) K-1	5	
6	Short-term capital loss carryover. Enter the a Worksheet in the instructions	mount, if any, from line	8 of your Capital Loss	Carryover	6	
7	Net short-term capital gain or (loss). Combine capital gains or losses, go to Part II below. Or	e lines 1 through 6 in co therwise, go to Part III o	olumn (h). If you have ar	y long-term	7	
Pai	t II Long-Term Capital Gains and I	Losses – Assets H	eld More Than One	Year		
or 10	plete Form 8949 before completing line 8, 9, J. This form may be easier to complete if you d off cents to whole dollars	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments gain or loss fro Form(s) 8949 line 4, column	om 9,	(h) Gain or (loss) Combine columns (e), (f), and (g)
8	Long-term totals from all Forms 8949 with box A checked in Part II.	2,619.	4,039.			-1,420.
9	Long-term totals from all Forms 8949 with box B checked in Part II.					
10	Long-term totals from all Forms 8949 with box C checked in Part II.					
11	Gain from Form 4797, Part I; long-term gain Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnership	s, S corporations, estate	es, and trusts from Sche	edule(s) K-1	12	
13	Capital gain distributions. See instrs				13	
14	Long-term capital loss carryover. Enter the an Worksheet in the instructions	mount, if any, from line	13 of your Capital Loss	Carryover	14	
15	Net long-term capital gain or (loss). Combine page 2	lines 8 through 14 in co	olumn (h). Then go to Pa	art III on	15	-1,420.

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

Schedule **D** (Form 1040) 2011

Pai	Summary		
16	Combine lines 7 and 15 and enter the result. If line 16 is a gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.	16	-1,420.
	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.	10	
	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions. Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers.	21	-1,420.
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule **D** (Form 1040) 2011

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

Your social security number

Part II		Long-Term Capital Gains and Losses — Assets Held More Than One Year
KAMALA	D	HARRIS

Note. You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

X (A) Long-term transactions reported on (B) Long-term transactions reported on Form (C) Long-term transactions for which Form 1099-B with basis reported to the IRS 1099-B but basis not reported to the IRS you cannot check box A or B

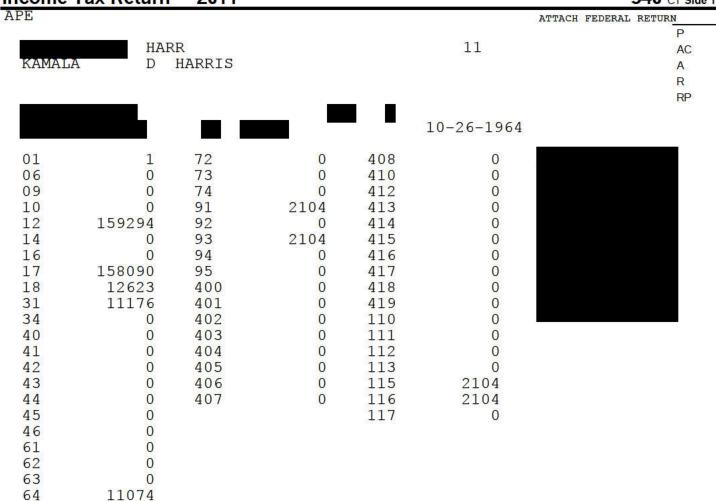
(b) Code, if (a) Description of property (Example: 100 shares XYZ Co) (d) Date sold (Mo, day, yr) (e) Sales price (see instruct ons) (f) Cost or other basis (g) Adjustments to gain or loss, if any (c) Date acquired any, for column (g)* (Mo, day, yr) (see instruct ons) 3 MORGAN STANLEY 1/01/00 10/14/11 2,619 4,039. Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if box A above is checked), line 9 (if box B above is checked), or line 10 (if 2,619 4,039. **box C** above is checked)

71

13178

FORM

540 C1 Side 1



Under penalt es 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, t is true, correct, and complete. Your s gnature Date Sign Daytime phone number (opt onal) Your email address (opt onal). Enter only one. Here Pa d Preparer s PTIN Paid preparer s signature (declaration of preparer is based on all information of which preparer has any knowledge) It is unlawful to forge a spouse s/ RDP s s gnature. Firm's name (or yours, if self-employed) Firm s address Joint tax return? (See nstructions.) Do you want to allow another person to discuss this tax return with us (see instructions)?.... No X Yes

Your Name: KAMALA D HARRIS Your SSN or ITIN: Filing Status 1 Married/RDP filing jointly. (see instructions) 2 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. . . 4 Head of household (with qualifying person). (see instructions) Qualifying widow(er) with dependent child. Enter year spouse/RDP died. If your California filing status is different from your federal filing status, check the box here. If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions). 6 Exemptions Whole dollars only Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. 7 If you checked the box on line 6, see the instructions. x \$102 = \$102. Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 x \$102 = \$9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2...... x \$102 = \$Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. Total dependent 10 exemptions Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 102. State wages from your Form(s) W-2, box 16. 159.294. Taxable Income 12 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4..... 158,090. 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● 14 158,090 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions)..... California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C 16 California adjusted gross income. Combine line 15 and line 16 158,090 17 Enter the larger of your CA standard deduction OR your CA itemized deductions 12,623. 18 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-145,467. Tax X Tax Rate Schedule FTB 3803.... 11,176 31 Tax Table FTB 3800 32 102 33 Subtract line 32 from line 31. If less than zero, enter -0-074 Tax. (see instructions) Check box if from: Schedule G-1 35 Add line 33 and line 34. 35 11,074 Special Credits 40 Nonrefundable Child and Dependent Care Expenses Credit, (see instructions). Attach form FTB 3506 41 New jobs credit, amount generated (see instructions)..... • 41 New iobs credit, amount claimed (see instructions) 42 43 Code amount..... 44 amount..... Credit Code To claim more than two credits (see instructions). Nonrefundable renter's credit (see instructions). 47 Add line 40 and line 42 through line 46. These are your total credits 48 Subtract line 47 from line 35. If less than zero, enter -0-. 11,074 Other Taxes 61 Alternative minimum tax, Attach Schedule P (540). Mental Health Services Tax (see instructions)..... 62 Other taxes and credit recapture (see instructions). 63 Add line 48, line 61, line 62, and line 63. This is your total tax..... 11,074 **Payments** 71 California income tax withheld (see instructions). 13.178 72 2011 CA estimated tax and other payments (see instructions)..... 73 Excess SDI (or VPDI) withheld (see instructions) 0. Add line 71, line 72, line 73, and line 74. These are your total payments (see instructions) 75 13,178. Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75..... 2,104. 91 Overpaid Tax/ Tax Due 92 Amount of line 91 you want applied to your 2012 estimated tax..... 92 93 Overpaid tax available this year. Subtract line 92 from line 91 93 2,104 Tax due. If line 75 is less than line 64, subtract line 75 from line 64.

Side 2 Form 540 C1 2011 059 3102116 6 CAIA3912L 12/28/11

95

Use Tax. This is not a total line (see instructions)

Use Tax

Your Name: KAMALA D HARRIS Your SSN or ITIN:

		Code	Amount
Contributions	California Seniors Special Fund (see instructions).	• 400	
	Alzheimer's Disease/Related Disorders Fund.	• 401	
	California Fund for Senior Citizens	• 402	
	Rare and Endangered Species Preservation Program	• 403	
	State Children's Trust Fund for the Prevention of Child Abuse.		
	California Breast Cancer Research Fund	• 405	
	California Firefighters' Memorial Fund		
	Emergency Food For Families Fund.		
	California Peace Officer Memorial Foundation Fund		
	California Sea Otter Fund		
	Municipal Shelter Spay-Neuter Fund		
	California Cancer Research Fund		
	ALS/Lou Gehrig's Disease Research Fund	-	
	Arts Council Fund.	• 415	
	California Police Activities League (CALPAL) Fund.		
	California Veterans Homes Fund.		
	Safely Surrendered Baby Fund	100 Table 1	
	Child Victims of Human Trafficking Fund		
	110 Add code 400 through code 419. This is your total contribution	• 110	
Amount You Owe	AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see instructions). Mail to: 111 FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 Pay online — Go to ftb.ca.gov and search for web pay.	• 111	
Interest and	112 Interest, late return penalties, and late payment penalties.	112	
Penalties	113 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached	• 113	
	114 Total amount due (see instructions). Enclose, but do not staple, any payment	114	
		234	
Refund and Direct Deposit	115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	• 115	2,104.
	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 acc	ount shown b	elow:
	X Checking Savings		2,104.
	● Routing number Type Account number	• 116 Direc	t deposit amount
	The remaining amount of my refund (line 115) is authorized for direct deposit into the account	shown below	:
	Checking Savings		
		• 117 Direc	t deposit amount

CAIA3912L 12/28/11 059 3103116 5 Form 540 C1 2011 **Side 3**

2011 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 3 as a supporting California schedule.								
Name(s) as shown on tax return								
KAMALA D HARRIS								
Par Sect	t I Income Adjustment Schedule ion A – Income	Α	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	С	Additions See instructions	
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7	159,294.					
8	Taxable interest (b)	8a	180.					
9	Ordinary dividends. See instructions (b) 36.	9a	36.					
10	Taxable refunds, credits, offsets of state and local income taxes	10						
11	Alimony received							
12	Business income or (loss)							
13	Capital gain or (loss). See instructions		-1,420.					
14	Other gains or (losses).							
15	IRA distributions. See instructions . (a)	15b						
16	Pensions and annuities. See instructions (a)	16b		_				
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17						
18	Farm income or (loss).							
19	Unemployment compensation							
20	Social security benefits (a) Other income.	206		<u> </u>				
21				a_		a_ b		
	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21		ζ-		c		
	Federal NOL (Form 1040, line 21) f Other (describe):	<u>-</u>		4		ď		
	NOL carryover from FTB 3805V			ч е		e		
				f —		ř-		
	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22 _	158,090.					
	ion B — Adjustments to Income			_				
23	Educator expenses	23						
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24						
25	Health savings account deduction	25						
26	Moving expenses							
27	Deductible part of self-employment tax		,					
28	Self-employed SEP, SIMPLE, and qualified plans.							
29	Self-employed health insurance deduction							
30	Penalty on early withdrawal of savings.	30				Н		
	a Alimony paid.					L		
ı	SSN					l		
	Last name	31 a						
32	IRA deduction.	Add Anna San	7					
33	Student loan interest deduction.	ASSESSED TO	7					
34	Tuition and fees.	34						
35	Domestic production activities deduction	35						
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.	Ç.						
	See instrs.	36						
27								
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.	37	158,090.				041440121 02115112	

CAIA4012L 02/16/12

KAMALA D HARRIS

Par	t II Adjustments to Federal Itemized Deductions		
38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 29	38	28,377.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign income taxes only). See instructions.	39	15,754.
40	Subtract line 39 from line 38.	40	12,623.
41	Other adjustments including California lottery losses. See instructions.	200	
	Specify	41	
42	Combine line 40 and line 41	42	12,623.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?	2.5	
	Single or married/RDP filing separately		
	Head of household\$249,852		
	Married/RDP filing jointly or qualifying widow(er)\$333,134		
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	12,623.
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately\$3,769	-	
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$7,538		3
		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	

Transfer the amount on line 44 to Form 540, line 18

Department of the Treasury - Internal Revenue Serv ce U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only — Do not write or staple n this space. For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 20 See separate instructions. Your social security number KAMALA D HARRIS If a jo nt return, spouse s first name and n tial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instruct ons. Apartment no. Make sure the SSN(s) above and on line 6c are correct. City, town or post off ce, state, and ZIP code. If you have a fore gn address, also complete spaces below (see instructions). **Presidential Election Campaign** Check here if you, or your spouse if fil ng jo ntly, want \$3 to go to this fund? Checking oreign country name Foreign prov nce/state/county Foreign postal code a box below will not change your tax or refund. You Head of household (with qualifying person). (See 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's name here . > 3 Married filing separately. Enter spouse's SSN above & full Check only name here. . . . Qualifying widow(er) with dependent child one box. Boxes checked **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a. . on 6a and 6b. . No. of children on 6c who: Spouse. (4) v if child under age 17 qualifying for child tax cr (see nstrs) (2) Dependent's (3) Dependent's lived c Dependents: social security relationship with vou. . number to you • did not live with you due to divorce (1) First name Last name or separation (see instrs). If more than four Dependents on 6c not dependents, see instructions and entered above check here... ► Add numbers on lines **d** Total number of exemptions claimed...... 130, Wages, salaries, tips, etc. Attach Form(s) W-2..... 568. Income 8a Taxable interest. Attach Schedule B if required..... 8a 747 9a Ordinary dividends. Attach Schedule B if required..... Attach Form(s) W-2 here. Also attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes... 2,104. W-2G and 1099-R Alimony received..... 11 if tax was withheld. 12 Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not -3,000.13 Capital gain or (loss). Att Sch D if regd. If not regd, ck here..... get a W-2, Other gains or (losses). Attach Form 4797..... 14 see instructions. 15b 15a IRA distributions...... 15a **b** Taxable amount..... 16b 16a Pensions and annuities | 16a **b** Taxable amount..... 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Enclose, but do **18** Farm income or (loss). Attach Schedule F..... not attach, any 19 19 Unemployment compensation payment. Also, 20 a Social security benefits 20 a 20 b **b** Taxable amount please use Other income 21 Form 1040-V. 130,419 22 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 23 23 **Adjusted** Certain business expenses of reservists, performing artists, and fee-basis Gross 24 government officials. Attach Form 2106 or 2106-EZ...... Income 25 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903..... 26 Deductible part of self-employment tax. Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans..... Self-employed health insurance deduction..... Penalty on early withdrawal of savings..... 30 31 a Alimony paid b Recipient's SSN 31 a 32 IRA deduction.... 32 Student loan interest deduction.... 33 Tuition and fees, Attach Form 8917..... Domestic production activities deduction. Attach Form 8903. 36 Subtract line 36 from line 22. This is your adjusted gross income. 37 130.

Form 1040 (2012)		Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	130,419.
Credits	39a Check You were born before January 2, 1948, Blind. Total boxes	
COCCOT DASPOSADO COSTOS.	if: Spouse was born before January 2, 1948, Blind. checked. ► 39 a	
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	
Deduction for –	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40 23,047.
 People who 	41 Subtract line 40 from line 38	41 107,372.
check any box	42 Exemptions. Multiply \$3,800 by the number on line 6d. 43 Taxable income. Subtract line 42 from line 41.	42 3,800.
on line 39a or 39b or who can	If line 42 is more than line 41, enter -0-	103,572.
be claimed as a	44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election	
dependent, see instructions.	b Form 4972	44 22,461.
All others:	45 Alternative minimum tax (see instructions). Attach Form 6251.	45 0.
Single or	46 Add lines 44 and 45	46 22,461.
Married filing separately,		
\$5,950		
Married filing		
jointly or Qualifying	9-31-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
widow(er).	51 Child tax credit. Attach Schedule 8812, if required	
\$11,900		
Head of household,	March Marc	
\$8,700	54 Add lines 47 through 53. These are your total credits	54
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55 22,461. 56
Other	 Self-employment tax. Attach Schedule SE. Unreported social security and Medicare tax from Form: a 4137 b 8919. 	57
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	58
	59 a Household employment taxes from Schedule H.	59a
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b
	60 Other taxes. Enter code(s) from instructions	60
	61 Add lines 55-60. This is your total tax.	61 22,461.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 30, 013.	
If you have a	63 2012 estimated tax payments and amount applied from 2011 return 63	
qualifying	64a Earned income credit (EIC) 64a	
child, attach Schedule EIC.	b Nontaxable combat pay election 64b	
Conoddio Ero.	65 Additional child tax credit. Attach Schedule 8812	
	66 American opportunity credit from Form 8863, line 8	
	67 Reserved 67	
	68 Amount paid with request for extension to file	
	69 Excess social security and tier 1 RRTA tax withheld 69	
	70 Credit for federal tax on fuels. Attach Form 4136	
	71 Credits from Form: a 2439 b Reserved c 8801 d 8885 71	
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts.	72 30,013.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid.	7,552.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	74a 7,552.
Direct deposit?	▶ b Routing number	
See instructions.	► d Account number	
A	75 Amount of line 73 you want applied to your 2013 estimated tax	76
Amount You Owe	The state of the s	76
2000000 0000000 00		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	olete below. No
Designee	Designee's name Phone no.	ersonal dentification umber (P N)
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bes	st of my knowledge and
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	
Joint return?	Your signature Date Your occupat on	Daytime phone number
See instructions.	Spouse s signature. If a joint return, both must sign. Date Date Spouse s occupation	With IDC and the U. D.
Keep a copy for your records.	Spouse s signature. If a joint return, both must sign. Date Spouse s occupation	If the IRS sent you an Ident ty Pro- tection P N, enter
.sr jour roomus.	Print/Type preparer's name Preparer's signature Date Check	it here (see nstrs) if PTIN
	A STATE OF THE PARTY OF THE PAR	
Paid	self-employe	, M
Preparer Use Only	F rm s address Frm s Ell	M N
Jac Only	F rm s address P	

Form **1040** (2012)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Serv ce (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

► Attach to Form 1040.

OMB No. 1545-0074

2012

Attachment

Your social security number Name(s) shown on Form 1040 KAMALA D HARRIS Medical Caution. Do not include expenses reimbursed or paid by others. and 1 Medical and dental expenses (see instructions)... Dental 2 Enter amount from Form 1040, line 38. **Expenses** Multiply line 2 by 7.5% (.075)..... 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 0. Taxes You State and local (check only one box): Paid X Income taxes, or а 10,632. b General sales taxes 6 6 Real estate taxes (see instructions) 4,487 Personal property taxes 7 7 Other taxes. List type and amount ► 9 Add lines 5 through 8. 9 15,119. 10 7,928 Interest 10 Home mtg interest and points reported to you on Form 1098. . . You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address > Note. Your mortgage interest deduction may be limited (see 11 instructions). 12 Points not reported to you on Form 1098. See instrs for spcl rules 12 13 13 Mortgage insurance premiums (see instructions). Investment interest. Attach Form 4952 if required. 15 15 7,928. Gifts by cash or check. If you made any gift of \$250 or Gifts to Charity 16 more, see instrs..... Other than by cash or check. If any gift of \$250 or If you made a more, see instructions. You must attach Form 8283 if gift and got a benefit for it. 17 see instructions. 18 18 Carryover from prior year..... 19 Add lines 16 through 18..... 19 0. Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.). 20 0. Unreimbursed employee expenses - job travel, union dues, Job Expenses job education, etc. Attach Form 2106 or 2106-EZ if and Certain Miscellaneous required. (See instructions.) **Deductions** 21 22 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount 24 Add lines 21 through 23 Enter amount from Form 1040, line 38. 25 26 Multiply line 25 by 2% (.02)..... 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 0. Other Other — from list in instructions. List type and amount ▶ Miscellaneous **Deductions** 28 0. Total Add the amounts in the far right column for lines 4 through 28. Itemized 29 23,047. **Deductions** If you elect to itemize deductions even though they are less than your standard 30 deduction, check here.....▶

SCHEDULE D

(Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

2012

OMB No. 1545-0074

Department of the Treasury Internal Revenue Serv ce Name(s) shown on return

► Information about Schedule D and its separate instructions is at www.irs.gov/form1040. ► Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Attachment Sequence No. 12

Your social security number

KAMALA D HARRIS

page 2.

Pai	t I Short-Term Capital Gains and I	_osses – Assets H	eld One Year or Le	ess		
or 3	plete Form 8949 before completing line 1, 2, This form may be easier to complete if you d off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustment gain or loss fro Form(s) 8949, P line 2, column	om art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1	Short-term totals from all Forms 8949 with box A checked in Part I					
2	Short-term totals from all Forms 8949 with box B checked in Part I					
3	Short-term totals from all Forms 8949 with box C checked in Part I.					
4	Short-term gain from Form 6252 and short-ten	m gain or (loss) from F	orms 4684, 6781, and 8	824	4	
5	Net short-term gain or (loss) from partnerships	s, S corporations, estat	es, and trusts from Sch	edule(s) K-1	5	
6	Short-term capital loss carryover. Enter the ar Worksheet in the instructions				6	
7	Net short-term capital gain or (loss). Combine capital gain or losses, go to Part II below. Oth				7	
Pai	t II Long-Term Capital Gains and L	osses – Assets H	eld More Than One	Year		
or 10	plete Form 8949 before completing line 8, 9, b. This form may be easier to complete if you d off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustment gain or loss fro Form(s) 8949, Paline 4, column	om art II.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8	Long-term totals from all Forms 8949 with box A checked in Part II	355,000.	375,000.			-20,000.
9	Long-term totals from all Forms 8949 with box B checked in Part II					
10	Long-term totals from all Forms 8949 with box C checked in Part II					
11	Gain from Form 4797, Part I; long-term gain f Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships	s, S corporations, estate	es, and trusts from Sch	edule(s) K-1	12	
13	Capital gain distributions. See instrs				13	
14	Long-term capital loss carryover. Enter the ar Worksheet in the instructions.	mount, if any, from line	13 of your Capital Loss	Carryover	14	
15	Net long-term capital gain or (loss). Combine	lines 8 through 14 in co	olumn (h). Then go to P	art III on		

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

Schedule **D** (Form 1040) 2012

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	-20,000.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22. 		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions▶	19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 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, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	X No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule **D** (Form 1040) 2012

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

SSN or taxpayer identification no.

KAMALA D HARRIS

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

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

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

- X (A) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
- (B) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
 - (C) Long-term transactions not reported to you on Form 1099-B

	<u> </u>	-					
3 (a) Descr pt on of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales pr ce) (see nstruct ons)	(e) Cost or other basis. See the Note below		if any, to gain or loss. In amount in column (g) Indexional in column (f). In parate instructions.	(h) Gain or (loss). Subtract column (e) from column
		(wo, day, yr)	(see instructions)	and see Column (e) n the separate nstructions	(f) Code(s) from nstructions	(g) Amount of adjustment	(d) and comb ne the result with column (g)
492 STATEN	2/02/09	2/29/12	355,000.	375,000.			-20,000.
4 Totals. Add the amounts (subtract negative amou include on your Schedul checked), line 9 (if Box I Box C above is checked)	in columns (d), (ents). Enter each to be D, line 8 (if Box 3 above is checked).	e), (g), and (h) otal here and A above is d), or line 10 (if	355,000.	375,000.		0.	-20,000.

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

540 C1 Side 1

	C Tax NC	luli	2012				<u>J</u>	TU CI Side I
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			RR			12		AC
KAMA	ALA	D	HARRIS					Α
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						10-26-1964		
9		3:				10-26-1964		
01		1	45	0	404	0	APE	0
06		0	46	0	405	0	FS	0
09	00	0	47	0	406	0	3800	0
10	00	0	48	8278	407	0	3803	0
11	1	04	61	0	408	0	SCHG1	0
12	1305	68	62	0	410	0	5870A	0
13	1304	19	63	0	412	0	5805 5805F	0
14	21	04	64	8278	413	0	DESIGNEE	1
16		0	71	10632	414	0	TPIDP	
17	1283		72	0	419	0	FN	
18	124		73	0	420	0	CCF	0
19	1159		74	0	421	0	3805P	0
31	83		75	10632	422	0	NQDC	0
32		04	91	2354	423	0	3540	0
33	82		92	0	110	0	3805Z	0
34		0	93	2354	111	0	3807	0
35	82		94	0	112	0	3808	0
40		0	95	0	113	0	3809	0
41		0	400	0	115	2354	3549A	0
42		0	401	0	116	2354	IRC1341	0
43		0	402	0	117	0		
44		0	403	0				

DDR1

Under penalt es of perjury, I declare that I have exam ned this tax return, ncluding accompanying schedules and statements, and to the best of my knowledge and belief, Spouse s/RDP's s gnature (if a joint tax return, both must sign)

Sign
Here

Daytime phone number (opt onal)

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

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

Firm s address

Do you want to allow another person to discuss this tax return with us (see instructions)?

Yes No

Print In rd Party Designee's Name

Your Name: KAMA	LA	D HARRIS Your SSN or ITIN:						
Filing Status	1	X Single						
100	2	Married/RDP filing jointly (see instructions).						
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here						
	4	Head of household (with qualifying person) (see instructions)						
	5	Qualifying widow(er) with dependent child. Enter year spouse/RDP died						
	11	If your California filing status is different from your federal filing status, check the box here						
8	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions)	• 6					
Exemptions	7	Personal: If you checked the box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in		Whole dollars only				
			x \$104 = x \$104 =	\$ 104.				
	8			Ş				
	10	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	x \$104 =	\$				
	10	First name Last name Dependent's relationship to you	Ш					
		This famo bopolium s tolumini to ye	<u> </u>					
		Total dependent exemptions.	x \$321 = I	s				
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32		\$ 104.				
Taxable Income	1000			104.				
	13	Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4		130,419.				
	14	California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B	VAVE O	2,104.				
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions)		128,315.				
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C	120,313.					
	17	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C						
	18	Enter the larger of your CA standard deduction OR your CA itemized deductions	Company of the Compan	128,315. 12,415.				
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	Man	115,900.				
Тах	31	Tax. Check box if from: Tax Table X Tax Rate Schedule FTB 3800 FTB 3803		8,382.				
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see instrs)		104.				
	33	Subtract line 32 from line 31. If less than zero, enter -0-		8,278.				
	34	Tax (see instructions). Check box if from: Schedule G-1 Form FTB 5870A		5/2.55				
	35	Add line 33 and line 34	Control of the Contro	8,278.				
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit, (see instructions). Attach form FTB 3506	Children of	5/2.55				
	41	New jobs credit, amount generated (see instructions) • 41	To and Published					
	42	New jobs credit, amount claimed (see instructions)	7201/201					
	43	Credit Code amount	100000	97				
	44	Credit Code amount	▶ 44					
	45	To claim more than two credits (see instructions).	• 45					
	46	Nonrefundable renter's credit (see instructions).	• 46					
	47	Add line 40 and line 42 through line 46. These are your total credits	47	177				
-	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	8,278.				
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	- 22				
4	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	8,278.				
Payments	71	California income tax withheld (see instructions).	SALE.	10,632.				
	72	2012 CA estimated tax and other payments (see instructions)	• 72					
	73	Real estate and other withholding (see instructions)	Company of the Compan					
	74	Excess SDI (or VPDI) withheld (see instructions)	• 74	0.				
	75	Add line 71, line 72, line 73, and line 74. These are your total payments						
		(see instructions).	75	10,632.				

Your Name: KAMA	LA	D HARRIS	Your SSN or ITIN:		
Overpaid Tax/	91	Overpaid tax. If line 75 is more than line 64, subtract	ct line 64 from line 75	91	2,354.
Tax Due	92	Amount of line 91 you want applied to your 2013 es	timated tax	• 92	
	93	Overpaid tax available this year. Subtract line 92 fro	om line 91	• 93	2,354.
	94	Tax due. If line 75 is less than line 64, subtract line	75 from line 64	94	
Use Tax	95	Use Tax. This is not a total line (see instructions)	• 95		
				Code	Amount
Contributions	Cali	ornia Seniors Special Fund (see instructions)	***************************************	• 400	
	Alzh	eimer's Disease/Related Disorders Fund	***************************************	• 401	
	Cali	ornia Fund for Senior Citizens	***************************************	• 402	· · · · · · · · · · · · · · · · · · ·
	Rare	and Endangered Species Preservation Program		• 403	· · · · · · · · · · · · · · · · · · ·
	Stat	e Children's Trust Fund for the Prevention of Child A	buse	• 404	-
	Cali	ornia Breast Cancer Research Fund	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	• 405	-
	Cali	ornia Firefighters' Memorial Fund	***************************************	• 406	-
	Eme	rgency Food For Families Fund	***************************************	• 407	-
		ornia Peace Officer Memorial Foundation Fund			-
	Cali	ornia Sea Otter Fund	TTTTTOOTOGGGGGAAAAAAAATTTTTOOGGGGGGG	• 410	
		icipal Shelter Spay-Neuter Fund		-	
	Cali	ornia Cancer Research Fund	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	• 413	
		/Lou Gehrig's Disease Research Fund		-	-
		Victims of Human Trafficking Fund		-	-
		fornia YMCA Youth and Government Fund			1-
		ornia Youth Leadership Fund			-
		ool Supplies for Homeless Children Fund		_	-
		Parks Protection Fund/Parks Pass Purchase		• 423	
	27/5/11/5			-	
	110	Add code 400 through code 423. This is your total	contribution	• 110	
	100.000.00	JA 0400			
Amount You Owe	111	AMOUNT YOU OWE. Add line 94, line 95, and line FRANCHISE TAX BOARD, PO BOX 942867, SACR. Pay online — Go to ftb.ca.gov for more information	AMENTO CA 94267-0009	• 111	
Interest and	112	Interest, late return penalties, and late payment pe	enalties <u></u>	. 112	
Penalties	113	Underpayment of estimated tax. Check box: FTB 5805		• 113	
	114	Total amount due (see instructions). Enclose, but of			
Refund and	115	REFUND OR NO AMOUNT DUE. Subtract line 95 and lin	ne 110 from line 93 (see instructions) Mail to:		
Direct Deposit		FRANCHISE TAX BOARD, PO BOX 942840, SACR	AMENTO CA 94240-0009	• 115	2,354.
		the information to authorize direct deposit of your refund into one		r a deposit s	lip (see instructions).
		you verified the routing and account numbers? Us	5		
	All o	r the following amount of my refund (line 115) is authoriz	zed for direct deposit into the account sho	wn below:	
	• RO	X Checking Savings uting number ● Type	Account number	• 116 Di	2,354. rect deposit amount
	The	remaining amount of my refund (line 115) is authorized f	or direct deposit into the account shown	below:	
		Checking Savings			
	• Ro		Account number	• 117 Di	rect deposit amount
	400000000000000000000000000000000000000	*************************************	AND COMMON TO SEE TO SEE TO SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S		The second section of the sect

CAIA3912L 01/07/13 059 3103126 Form 540 C1 2012 **Side 3**

2012 California Adjustments – Residents

CA (540)

Impo	Important: Attach this schedule behind Form 540, Side 3 as a supporting California schedule.							
Name	Name(s) as shown on tax return							
KAN	KAMALA D HARRIS							
Par	I Income Adjustment Schedule		A	Federal Amounts	В	Subtractions	С	Additions
Sect	ion A – Income		0000	(taxable amounts from your federal tax return)	40000	See instructions		See instructions
7	Wages, salaries, tips, etc. See instructions before making an		056		122			
	entry in column B or C	7		130,568.			Ļ	
8	Taxable interest (b)	8 a	-	747.	L		Ļ	
9	Ordinary dividends. See instructions (b)	9 a	L	1217-14112-1517	Ļ	D 100010	L	
10	Taxable refunds, credits, offsets of state and local income taxes	10	Ļ	2,104.	_	2,104.	Ŀ	
11	Alimony received	11	L		_		Ļ	
12	Business income or (loss).	12	Ļ	2 000	Ļ		Ļ	
13	Capital gain or (loss). See instructions	13 14	ŀ	-3,000.	÷		÷	
14	Other gains or (losses).	15 t	ŀ		÷		÷	
15 16	IRA distributions. See instructions (a)	16 b	-		÷		÷	
17	Pensions and annuities. See instructions (a) Rental real estate, royalties, partnerships, S corporations, trusts, etc	17	٠		÷		÷	
18	Farm income or (loss)	18	ŀ		÷		÷	
19	Unemployment compensation	19	i		÷			
20	Social security benefits(a)	20 b	i		÷			
21	Other income.				a		a	
a	California lottery winnings e NOL from FTB 3805D, 3805Z,				b		b	
t	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21			С		С	I
C	Federal NOL (Form 1040, line 21) f Other (describe):				d I		d	
C	NOL carryover from FTB 3805V				e I		e	
					f		f	Ĭ
					F		F)
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22		130,419.		2,104.		
	and column 6. do to occion b		•	130,413.		2,104.	•	
			L					
Sect	ion B – Adjustments to Income						_	
23	Educator expenses	23	ı		L			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.	24	ı		i		ı	
25	Health savings account deduction	25	ı		ı			
26	Moving expenses	26	I					
27	Deductible part of self-employment tax		I					
28	Self-employed SEP, SIMPLE, and qualified plans	28	L					
29	Self-employed health insurance deduction	29	L		L			
30	Penalty on early withdrawal of savings	30	I					
31 a	Alimony paid.							
b	Recipient's: SSN							
	Last name	31 a	ı		ļ		ı	
32	IRA deduction	32	I					
33	Student loan interest deduction.	33	I				I	
34	Tuition and fees.	34			ı			
35	Domestic production activities deduction	35			ı			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.		240					
	See instrs.	36			╙		L	· ·
37	Total. Subtract line 36 from line 22 in columns A, B, and C.	27		120 410		0 101		
	See instructions.	37	•	130,419.	_	2,104.		CAIA4012I 02/04/13

CAIA4012L 02/04/13

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 4, 9, 15, 19, 20, 27, and 28	38	23,047.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign income taxes only). See instructions	39	10,632.
40	Subtract line 39 from line 38.	40	12,415.
41	Other adjustments including California lottery losses. See instructions.		
	Specify	41	
42	Combine line 40 and line 41	42	12,415.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately. \$169,730		
	Head of household. \$254,599		
	Married/RDP filing jointly or qualifying widow(er)\$339,464	22.	
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	12,415.
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately. \$3,841		
	Married/RDP filing jointly, head of household, or qualifying widow(er). \$7,682		
	Transfer the amount on line 44 to Form 540, line 18	44	12,415.

Side 2 Schedule CA (540) 2012 059 7732124 CAIA4012L 02/01/13

TAYARI E VEAD

California Capital Gain or Loss Adjustment

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

D (540)

KAMALA D HARRIS (c) Cost or other basis (d) (e) Gain. If (b) is (a) (b) **Description of property** Sales price Loss. If (c) is Identify S corporation stock Example 100 shares of 'Z' (S stock) more than (b), more than (c), subtract (b) from (c) subtract (c) from (b) 492 STATEN 355,000. 375,000. 20,000. Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c). Total 2012 gains from all sources. Add column (e) amounts of line 1, line 2, 2012 loss. Add column (d) amounts of line 1, If line 8 is a loss, enter the smaller of: (a) the loss on line 8 (b) \$3,000 (\$1,500 if married or an RDP filing a separate return). See instructions.... 9 10 Enter the gain or (loss) from federal Form 1040, line 13. 11 Enter the California gain from line 8 or (loss) from line 9. 12a If line 10 is more than line 11, enter the difference here and on Schedule CA (540), line 13, b If line 10 is less than line 11, enter the difference here and on Schedule CA (540), line 13,

CAIA6401L 12/19/12

Department of the Treasury - Internal Revenue Serv ce U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only — Do not write or staple n this space. For the year Jan 1 - Dec 31, 2013, or other tax year beginning 2013, ending 20 See separate instructions. Your social security number KAMALA D HARRIS If a jo nt return, spouse s first name and n tial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instruct ons. Apartment no. Make sure the SSN(s) above and on line 6c are correct. City, town or post off ce, state, and ZIP code. If you have a fore gn address, also complete spaces below (see instructions). **Presidential Election Campaign** Check here if you, or your spouse if fil ng jo ntly, want \$3 to go to this fund? Checking oreign country name Foreign prov nce/state/county Foreign postal code a box below will not change your tax or refund. You Head of household (with qualifying person). (See 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's 3 Married filing separately. Enter spouse's SSN above & full name here . Check only name here. . . . Qualifying widow(er) with dependent child one box. Boxes checked **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a. . on 6a and 6b. . No. of children on 6c who: Spouse. (4) v if child under age 17 qualifying for child tax cr (see nstrs) (2) Dependent's (3) Dependent's lived c Dependents: social security relationship with vou. . number to you • did not live with you due to divorce (1) First name Last name or separation (see instrs). If more than four Dependents on 6c not dependents, see instructions and entered above check here . . ▶ Add numbers on lines **d** Total number of exemptions claimed...... 943 Wages, salaries, tips, etc. Attach Form(s) W-2..... 128, Income 8a Taxable interest. Attach Schedule B if required..... 8a 371 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required..... Attach Form(s) W-2 here. Also attach Forms 10 2,354. Taxable refunds, credits, or offsets of state and local income taxes... W-2G and 1099-R Alimony received..... 11 if tax was withheld. Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not -3,000.13 Capital gain or (loss). Att Sch D if regd. If not regd, ck here..... get a W-2, Other gains or (losses). Attach Form 4797..... 14 see instructions. 15b 15a IRA distributions...... 15a **b** Taxable amount..... 16b 16a Pensions and annuities | 16a **b** Taxable amount..... 17 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 **18** Farm income or (loss). Attach Schedule F..... 19 19 Unemployment compensation 20 a Social security benefits 20 a 20 b **b** Taxable amount Other income 21 22 128,668 Combine the amounts in the far right column for lines 7 through 21. This is your **total income**. 23 23 **Adjusted** Certain business expenses of reservists, performing artists, and fee-basis Gross 24 government officials. Attach Form 2106 or 2106-EZ...... Income 25 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903..... 26 Deductible part of self-employment tax. Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans..... Self-employed health insurance deduction..... Penalty on early withdrawal of savings..... 30 31 a Alimony paid b Recipient's SSN 31 a 32 IRA deduction.... 32 Student loan interest deduction. . . . 33 Tuition and fees, Attach Form 8917..... Domestic production activities deduction. Attach Form 8903. 36 Subtract line 36 from line 22. This is your adjusted gross income . . 37 128,668

Form 1040 (2013)	KAMALA D HARRIS	Page 2
Tax and Credits	38 Amount from line 37 (adjusted gross income). 39 a Check	128,668.
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	
Deduction	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40 20,964.
for —	41 Subtract line 40 from line 38	41 107,704.
 People who check any box 	42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instrs	42 3,900.
on line 39a or	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 103,804.
39b or who can be claimed as a	44 Tax (see instrs). Check if any from: a Form(s) 8814 c	103,004.
dependent, see	b Form 4972	44 22,358.
instructions.	45 Alternative minimum tax (see instructions). Attach Form 6251.	45 0.
 All others: Single or 	46 Add lines 44 and 45	46 22,358.
Married filing	47 Foreign tax credit. Attach Form 1116 if required	
separately,	48 Credit for child and dependent care expenses. Attach Form 2441	
\$6,100 Married filing	49 Education credits from Form 8863, line 19	
jointly or	50 Retirement savings contributions credit. Attach Form 8880	
Qualifying	51 Child tax credit. Attach Schedule 8812, if required	
widow(er), \$12,200	52 Residential energy credits. Attach Form 5695 52	
Head of	53 Other crs from Form: a 3800 b 8801 c 53	
household,	54 Add lines 47 through 53. These are your total credits	54
\$8,950	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 22,358.
Other	56 Self-employment tax. Attach Schedule SE.	56
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	57
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59 a Household employment taxes from Schedule H.	59a
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b
	60 Taxes from: a Form 8959 b Form 8960 c Instrs; enter code(s)	60
	61 Add lines 55-60. This is your total tax.	61 22,358.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 28,796.	
If you have a	63 2013 estimated tax payments and amount applied from 2012 return	
qualifying	64a Earned income credit (EIC) 64a	
child, attach Schedule EIC.	b Nontaxable combat pay election ▶ 64b	
Conoddio Ero.	65 Additional child tax credit. Attach Schedule 8812	
	66 American opportunity credit from Form 8863, line 8	
	67 Reserved	
	68 Amount paid with request for extension to file	
	69 Excess social security and tier 1 RRTA tax withheld 69	
	70 Credit for federal tax on fuels. Attach Form 4136	
	71 Credits from Form: a 2439 b Reserved c 8885 d 71	
:	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts.	72 28,796.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73 6,438.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here .	74a 6,438.
Direct deposit?	▶ b Routing number	
Direct deposit? See instructions.	► d Account number	
· -	75 Amount of line 73 you want applied to your 2014 estimated tax	
Amount	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76
You Owe	77 Estimated tax penalty (see instructions)	
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	olete below. No
Designee	Des gnee s Phone P	ersonal dentif cation
Ciana	name no. no. no. Under penalt es of perjury, I declare that I have exam ned this return and accompany ng schedules and statements, and to the bes	umber (P N)
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any knowledge.
Here Joint return?	Your signature Date Your occupat on	Daytime phone number
See instructions.	DISTRICT ATTORNEY	
Keep a copy for your records.	Spouse s signature. If a joint return, both must sign. Date Spouse s occupation	If the IRS sent you an Ident ty Pro- tection P N, enter it here (see nstrs)
	Print/Type preparer s name Preparer s s gnature Date Check X	if PTIN
Paid	self-employee	be
Preparer	F rm s name	
Use Only	F rm s address ► Frm s EIN	1 ►
150	Phone no	

Form **1040** (2013)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Serv ce (99) Name(s) shown on Form 1040

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2013

Your social security number KAMALA D HARRIS Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions)..... 1 Dental 2 Enter amount from Form 1040, line 38. **Expenses** Multiply line 2 by 10% (.10). But if either of you or your spouse was born before 3 January 2, 1949, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 0. Taxes You State and local (check only one box): Paid X Income taxes, or 10,161 b General sales taxes 6 Real estate taxes (see instructions) 6 4,772 7 7 Personal property taxes Other taxes. List type and amount > 8 9 14,933. Interest 10 Home mtg interest and points reported to you on Form 1098. . . . 6.031 You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address > Note. Your mortgage interest deduction may be limited (see 11 instructions). 12 12 Points not reported to you on Form 1098. See instrs for spcl rules Mortgage insurance premiums (see instructions)..... 13 13 Investment interest. Attach Form 4952 if required. 14 15 15 Add lines 10 through 14..... 6,031. Gifts by cash or check. If you made any gift of \$250 or Gifts to Charity more, see instrs..... 16 Other than by cash or check. If any gift of \$250 or If you made a more, see instructions. You must attach Form 8283 if gift and got a benefit for it, 17 see instructions. 18 Carryover from prior year..... 19 Add lines 16 through 18 19 0. Casualty and Theft Losses 0. Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 Unreimbursed employee expenses - job travel, union dues, Job Expenses job education, etc. Attach Form 2106 or 2106-EZ if and Certain Miscellaneous required. (See instructions.) **Deductions** 21 22 580. 23 Other expenses – investment, safe deposit box, etc. List type and amount 24 24 580 Add lines 21 through 23 Enter amount from Form 1040, line 38. **25** 25 Multiply line 25 by 2% (.02)..... 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 0. Other Other - from list in instructions. List type and amount ▶ Miscellaneous **Deductions** 28 0. Total Is Form 1040, line 38, over \$150,000? Itemized No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. Deductions 29 20,964. Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here.....

SCHEDULE D

(Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

2013

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

Department of the Treasury Internal Revenue Serv ce Name(s) shown on return

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

KAMALA D HARRIS

Short-Term Capital Gains and Losses — Assets Held One Year or Less

See instructions for how to figure the amounts to enter on lines below.	(d)	(e) Cost	(g) Adjustments to gain or loss fro	om.	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (ırt I,	combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.							
1b Totals for all transactions reported on Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on Form(s) 8949 with Box C checked							
4 Short-term gain from Form 6252 and short-ter	8824	4					
5 Net short-term gain or (loss) from partnership	nedule(s) K-1	5					
6 Short-term capital loss carryover. Enter the ar Worksheet in the instructions	Carryover	6					
7 Net short-term capital gain or (loss). Combine lin capital gain or losses, go to Part II below. Oth		7					
Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year							

ente	instructions for how to figure the amounts to r on lines below.	(d) Proceeds	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and	
This off of	form may be easier to complete if you round ents to whole dollars.	(sales price)	(e) Cost (or other basis)	Form(s) 8949, Paline 2, column	art II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain fr Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships	12				
13	Capital gain distributions. See instrs	13				
14	Long-term capital loss carryover. Enter the an Worksheet in the instructions	14	-17,000.			
15	Net long-term capital gain or (loss). Combine lines page 2.	15	-17,000.			

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	-17,000.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22. 		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
10	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 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, line 9b, or Form 1040NR, line 10b?		
22	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	X No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule **D** (Form 1040) 2013

TAX	2013 California e-file Signature Authorization for Indivi	duals	FORM 8879
Your r	ame	Your SSN or ITIN	
	ALA D HARRIS	Spouse s/RDP's S	SIN OF ITIN
,			
Par	I Tax Return Information (whole dollars only)		
1	California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32)		126,314.
2	Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Fo 540NR, line 121).	orm 2	
3	Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Form 540NR, line 125)		1,962.
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of yo	our return.)	
declar name infor without Reco author author comp ERO balan and the c retur	ments for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true re that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate e, address, and social security number or individual tax identification number) and the amounts shown in attending an anounts shown on the corresponding lines of my electronic income tax return. If applicable, rawal of the amount in line 2 and/or the estimated tax payments as shown on my return and on form F1 and for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on linerization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other rize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediates elete return to the Franchise Tax board (FTB). If the processing of my return or refund is delayed, I authorize to the Franchise Tax board (FTB). If the processing of my return or refund is delayed, I authorize due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds to mand, if applicable, my Electronic Funds Withdrawal Consent. **Applicable**: The best one box only**:	e Service Pron Part I abov. I Part I abov. I authorize a TB 8455, Cali I a 3 agrees w I spouse/RDF Service Provi I provize the FT I remain liable Is Withdrawal	vider (including my e agree with the in electronic funds fornia e-file Payment ith the direct deposit as an agent to der to transmit my B to disclose to my nt. If I am filing a for the tax liability Consent included on
	\mathbf{x} I authorize to en	nter my PIN	
	ERO firm name		Do not enter all zeros
	as my signature on my 2013 e-filed California individual income tax return. I will enter my PIN as my signature on my 2013 e-filed California individual income tax return. Check this b your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III be	oox only if you elow.	are entering
Your	signature •	Date ▶	
Spor	se's/RDP's PIN: check one box only		
•	, 	nter my PIN	
	ERO firm name	,	Do not enter all zeros
	as my signature on my 2013 e-filed California individual income tax return.		
	I will enter my PIN as my signature on my 2013 e-filed California individual income tax return. Check this be your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		are entering
Spot signa	se's/RDP's ture ▶	Date ▶	
	Practitioner PIN Method Returns Only — continue below		
Par	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.	Do not enter all z	eros
indic	fy that the above numeric entry is my PIN, which is my signature for the 2013 California individual income tax reated above. I confirm that I am submitting this return in accordance with the requirements of the Practitic 2013 e-file Handbook for Authorized e-file Providers.		
ERO'	s signature ▶	Date ▶	

540 C1 Side 1

APE ATTACH FEDERAL RETURN HARR Α HARRIS KAMALA D R RP 10-26-1964 APE FS SCHG1 5870A 5805 5805F DESIGNEE TPIDP FNCCF 3805P NQDC 3805Z 3549A IRC197 IRC1341

DDR1



Filing Status	1	X	Single	4 Head of household (with qualifying person). See instructions.			
Status	2		Married/RDP filing jointly. See inst.	5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died			
	3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here						
		If yo	ur California filing status is different from you	your federal filing status, check the box here			
	6	If so	omeone can claim you (or your spouse/RDP) a	P) as a dependent, check the box here. See instructions			

Your Name: KAMA	LA	D HARRIS Your SSN or ITIN:						
Exemptions	7	For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 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						
	8	the box. If you checked the box on line 6, see instructions						
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2						
	10 Dependents: Do not include yourself or your spouse/RDP.							
	10.00	First name Last name Dependent's relationship to you						
		Total dependent exemptions. ■ 10 x \$326 = ● \$						
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32.						
Taxable Income	12	State wages from your Form(s) W-2, box 16. • 12 128, 943.						
	13	Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4						
	14	California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B						
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions						
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C ● 16						
	17	California adjusted gross income. Combine line 15 and line 16						
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: Single or Married/RDP filing separately						
		If the box on line 6 is checked, STOP. See instructions • 18 10,803.						
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0:						
Тах	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule						
	32	● ■ FTB 3800 ■ ■ FTB 3803 ■ 8 , 3 0 5 . ■ Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615,						
	32	see instructions						
	33	Subtract line 32 from line 31. If less than zero, enter -0-						
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A						
	35	Add line 33 and line 34 8,199.						

Your Name: KAMA	LA	D HARRIS Your SSN or ITIN:		
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	
	41	New jobs credit, amount generated. See instructions]
	42	New jobs credit, amount claimed. See instructions.	• 42	
	43	Enter credit name code ● and amount	• 43	
	44	Enter credit name	• 44	
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	
	46	Nonrefundable renter's credit. See instructions	• 46	
	47	Add line 40 and line 42 through line 46. These are your total credits.	• 47	3
	48	Subtract line 47 from line 35. If less than zero, enter -0:	48	8,199.
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	8,199.
Payments	71	California income tax withheld. See instructions.	• 71	10,161.
	72	2013 CA estimated tax and other payments. See instructions.	• 72	0
	73	Real estate and other withholding. See instructions.	• 73	2
	74	Excess SDI (or VPDI) withheld. See instructions.	• 74	0.
	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions	① 75	10,161.
Overpaid Tax/ Fax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.	91	1,962.
	92	Amount of line 91 you want applied to your 2014 estimated tax.	• 92	
	93	Overpaid tax available this year. Subtract line 92 from line 91.	• 93	1,962.
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64.	94	

CAIA3912L 12/23/13 059 3103136 Form 540 C1 2013 **Side 3**

Your Name: KAMALA D HARRIS	Your SSN or ITIN:	
	3	34

Use Tax 95 Use Tax. This is not a total line. See instructions. • 95	
--	--

Contributions			Code	Amount
	California Seniors Special Fund. See instructions	•	400	
	Alzheimer's Disease/Related Disorders Fund	•	401	
	California Fund for Senior Citizens	•	402	
	Rare and Endangered Species Preservation Program	•	403	
	State Children's Trust Fund for the Prevention of Child Abuse	•	404	
	California Breast Cancer Research Fund	•	405	
	California Firefighters' Memorial Fund.	•	406	
	Emergency Food For Families Fund.	•	407	
	California Peace Officer Memorial Foundation Fund.	•	408	
	California Sea Otter Fund.	•	410	
	Municipal Shelter Spay-Neuter Fund.	•	412	
	California Cancer Research Fund	•	413	
	Child Victims of Human Trafficking Fund	•	419	
	California YMCA Youth and Government Fund	•	420	
	California Youth Leadership Fund.	•	421	
	School Supplies for Homeless Children Fund.	•	422	
	State Parks Protection Fund/Parks Pass Purchase	•	423	
	Protect Our Coast and Oceans Fund .	•	424	
	Keep Arts in Schools Fund		425	
	American Red Cross, California Chapters Fund	•	426	
110	Add code 400 through code 426. This is your total contribution.	•	110	

Your Name: K	AMALA	D HARRIS			Your SSN or I	TIN:			
Amount You Owe	111	Mail to: FRANCHI PO BOX 9 SACRAME			structions. D o not ser	nd cash.	• 111	ı [
Interest and Penalties	4 1		penalties, and late pay	8 8 <u>8 89</u> 8	<u> </u>			2 . -	
	113		stimated tax. Check the l						
Refund and Direct Depo	Fill in Have All or	Mail to: FRANCHI PO BOX 9 SACRAME the information to au you verified the rou the following amount		of your refund into on obers? Use whole doll o) is authorized for di • Account number	e or two accounts. D o ars only. rect deposit into the a	o not attach a voide ccount shown belo • 116 Din nt shown below:	w: rect deposit amour	sit slip. See	1,962. instructions.
IMPORTANT: S	See the instruc	ct ons to find out if you	should attach a copy of	your complete federal	tax return.				
Under penalties t is true, correc	s of perjury, I ct, and comple	declare that I have exa ete.	amined this tax return, r	ncluding accompanying	schedules and statem	ents, and to the be	st of my knowledge	and belief,	
Your signature			Date		Spouse's/RDP's	signature (if a join	t tax return, both n	nust sign)	
									Ž.
Here	Your email ac	ddress (optional). Ente	er only one email addres	SS.			Daytime phone r	number (optio	onal)
spouse s/	Paid preparer	id preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)							
RDP s s gnature.	Firm's name	or yours, if self-emp	aloved)				 ● PT	IN	
Joint tax return? (See nstruct ons)									Č .
nstruct ons)	Firm's addre	SS					● FE	IN	
			_						5
	Do you want	to allow another pers	on to discuss this tax r	eturn with us? See in	structions			X Yes	No
	Print Third Pa	arty Designee's Name				Tele	ephone Number		
								-	7

059 3105136

CAIA3912L 12/23/13

Form 540 C1 2013 Side 5

TAXABLE YEAR

SCHEDULE

2013 California Adjustments – Residents

CA (540)

Impo	ortant: Attach this schedule behind Form 540, Side 5 as a support	rting	Ca	lifornia schedule.					
Name	Name(s) as shown on tax return								
KAN	MALA D HARRIS					3			
Par	I Income Adjustment Schedule		Α	Federal Amounts	В	Subtractions	C Additions		
	ion A – Income		^	(taxable amounts from your federal tax return)	, s	See instructions	See instructions		
7	Wages, salaries, tips, etc. See instructions before making an		53 (38						
	entry in column B or C	7	•	128,943.			\odot		
8	Taxable interest (b)		10		•		\odot		
9	Ordinary dividends. See instructions (b)	9 a			\odot		(
10	Taxable refunds, credits, offsets of state and local income taxes	10	\odot	2,354.	\odot	2,354.			
11	Alimony received	11	$loodsymbol{lood}$				O		
12	Business income or (loss)	12	\odot	î	\odot		O		
13	Capital gain or (loss). See instructions	13	\odot	-3,000.	\odot		\odot		
14	Other gains or (losses)	14	\odot		\odot		lacktriangle		
15	IRA distributions. See instructions . (a)	15 b	•		O		lacktriangle		
16	Pensions and annuities. See instructions (a)	16 b	•		•		lacktriangle		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17	\odot		O		\odot		
18	Farm income or (loss).						lacktriangle		
19	Unemployment compensation	19	$loodsymbol{igo}$						
20		20 b	•						
21	Other income.		33		a 💿		a		
	California lottery winnings e NOL from FTB 3805D, 3805Z,				b 💽		b		
		21	\odot		c		c <u> </u>		
	Federal NOL (Form 1040, line 21) f Other (describe):		13		d <u>⊚</u>		d		
C	NOL carryover from FTB 3805V				e 💽		e		
	9 <u> </u>				f 🗿		f 💽		
	-								
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22	•	128,668.		2,354.	•		
	allough into 211 in column B and column 6. do to occion B		$\overline{}$	120,000.		2/301.			
Sect	ion B – Adjustments to Income						-		
23	Educator expenses	23	\odot		\odot				
24	Certain business expenses of reservists, performing artists,								
		24	\odot		\odot		(
25	Health savings account deduction		\odot		O				
26	Moving expenses.								
27	Deductible part of self-employment tax	27	\odot						
28	Self-employed SEP, SIMPLE, and qualified plans								
29	Self-employed health insurance deduction								
30	Penalty on early withdrawal of savings	30	$loodsymbol{lood}$,					
31 a	Alimony paid.								
b	Recipient's: SSN								
		31 a					<u> </u>		
32	IRA deduction		\sim						
33	Student loan interest deduction.		O				●		
34		34	0		<u>•</u>		1		
35	Domestic production activities deduction	35	<u>•</u>		O		*		
26	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.								
36		20	•		•		•		
		36			$lue{}$				
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.	37		100 660		2,354.			
	JULI II I I I I I I I I I I I I I I I I I	3/	$loodsymbol{lood}$	128,668.		2,354.	044440401 4010440		

CAIA4012L 12/04/13

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 4, 9, 15, 19, 20, 27, and 28.	(38	20,964.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign income taxes only). See instructions	• 39	10,161.
40	Subtract line 39 from line 38	• 40	10,803.
41	Other adjustments including California lottery losses. See instructions.	the last section of	
	Specify	41	40
42	Combine line 40 and line 41.	(42	10,803.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately. \$172,615 Head of household. \$258,927 Married/RDP filing jointly or qualifying widow(er). \$345,235 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43		10,803.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately	• 44	10,803.

Side 2 Schedule CA (540) 2013 059 7732134 CAIA4012L 12/04/13

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

SCHEDULE D (540)

	(a) as shown on retain			3314 01 11114	
1	MALA D HARRIS (a) Description of property Identify S corporation stock Example: 100 shares of 'Z' (S stock)	(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)
a 🖲)	•	•	•	lacktriangle
b 🖲		•	•	•	•
c		•	•	•	•
d 🧿		•	•	•	•
e 🖲		•	•	•	•
f (e e	•	•	•	•
g	3	•	•	•	•
h 🦲		•	•	•	•
i 🧿	S	•	•	•	•
j 🧿		•	•	•	•
k @		•	•	•	•
1 @		•	•	•	•
m		•	•	•	•
n		•	•	•	•
0		•	•	•	•
p		•	•	•	•
q		•	•	•	•
r 🧿		•	•	•	•
s	X	•	•	•	•
t (•	•	•	•
u 🧿		•	•	•	•
v @		•	•	•	•
	Net gain or (loss) shown on California Sche	dule(s) K-1 (100S, 541	. 565, and 568) 2	•	•
3	Capital gain distributions (federal Form 1099				
4	Total 2013 gains from all sources. Add colur and line 3	nn (e) amounts of line	1, line 2,		
5	2013 loss. Add column (d) amounts of line 1 and line 2			*	20
6	California capital loss carryover from 2012,	if any. See instructions		-17,000.	•}
7	Total 2013 loss. Add line 5 and line 6			-17,000.	

CAIA6401L 11/20/13

KAMALA D HARRIS		
8 Combine line 4 and line 7. If a loss, go to line 9. If a ga	in, go to line 10	-17,000.
9 If line 8 is a loss, enter the smaller of: (a) the loss on (b) \$3,000 (\$1,500 i	ine 8 f married/RDP filing separate). See instructions	-3,000.
10 Enter the gain or (loss) from federal Form 1040, line 13		-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 column B.	and on Schedule CA (540), line 13,	90 W
b If line 10 is less than line 11, enter the difference here column C	(A) 10 L	

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074 For the year Jan 1 - Dec 31, 2014, or other tax year beginning 2014, ending See separate instructions. 20 Your social security number Your first name and initial Last name DOUGLAS C EMHOFF Last name If a joint return, spouse's first name and initial Spouse's social security number KAMALA D HARRIS Apartment no. ess (number and street). If you have a P.O. box, see instructions. Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). 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 Foreign postal code Foreign province/state/county Foreign country name refund. You Head of household (with qualifying person). (See 4 Single instructions.) If the qualifying person is a child but not your dependent, enter this child's Filing Status 2 X Married filing jointly (even if only one had income) name here . > Married filing separately. Enter spouse's SSN above & full 3 Check only Qualifying widow(er) with dependent child name here. . > one box. Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a..... 2 Exemptions on 6a and 6b X Spouse No. of children (4) v if child under age 17 qualifying for child tax cr (2) Dependent's (3) Dependent's • lived c Dependents: social security relationship 1 with you. . . number to you did not (1) First name Last name live with you due to divorce DAUGHTER or separation ELLA ROSE EMHOFF (see instrs). . If more than four Dependents dependents, see instructions and entered above. check here .. > Add numbers d Total number of exemptions claimed. above . 7 136,848. 7 Wages, salaries, tips, etc. Attach Form(s) W-2..... Income 8a 268. 8a Taxable interest, Attach Schedule B if required..... 9a 6,731. 9a Ordinary dividends. Attach Schedule B if required Attach Form(s) W-2 here. Also 10 Taxable refunds, credits, or offsets of state and local income taxes STATEMENT. 3 10 18,497. attach Forms W-2G and 1099-R 11 if tax was withheld. 12 Business income or (loss). Attach Schedule C or C-EZ..... If you did not Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here..... 13 7,448. get a W-2, Other gains or (losses). Attach Form 4797..... 14 see instructions. 15b 15a IRA distributions...... 15a b Taxable amount..... b Taxable amount..... 16b 16a Pensions and annuities 16a 1,136,823. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 17 18 Farm income or (loss). Attach Schedule F..... 18 19 19 Unemployment compensation 20 b 20 a **b** Taxable amount.... 20 a Social security benefits 10,000. Other income TAYLOR & RING LLP 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 1,316,615 23 Certain business expenses of reservists, performing artists, and fee-basis Adjusted 24 24 government officials. Attach Form 2106 or 2106-EZ...... Gross 3,300. Health savings account deduction. Attach Form 8889...... 25 Income 26 26 Moving expenses, Attach Form 3903..... 27 22,611 27 Deductible part of self-employment tax. Attach Schedule SE...... 50,000. Self-employed SEP, SIMPLE, and qualified plans..... 28

Form 1040 (2014)	D	OUGLAS C EMHO. AND KAMALA D HARRIS		Page 2
		Amount from line 37 (adjusted gross income)	38	1,232,613.
Tax and Credits		Check You were born before January 2, 1950, Blind. Total boxes Spouse was born before January 2, 1950, Blind. Checked ▶ 39 a	П	
Standard		If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39 b		100 606
Deduction for —	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	192,686.
	41	Subtract line 40 from line 38	41	1,039,927.
 People who check any box 	42	Taxable income. Subtract line 42 from line 41.	42	
on line 39a or	43	If line 42 is more than line 41, enter -0	43	1,039,927.
39b or who can	44	Tax (see instrs). Check if any from: a Form(s) 8814 c	╛	
be claimed as a dependent, see		b	44	356,144.
instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
All others:	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Single or	47	Add lines 44, 45 and 46	47	356,144.
Married filing separately,	48		-	
\$6,200	49	Credit for child and dependent care expenses. Attach Form 2441	_	
Married filing	50	Education credits from Form 8863, line 19	_	
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880	-	
widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52	_	
\$12,400	53	Residential energy credits. Attach Form 5695	-	
Head of household,	54	Other crs from Form: a X 3800 b 8801 c 54 156	-	
\$9,100	55	Add lines 48 through 54, These are your total credits	55	410.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	355,734.
Other	57	Self-employment tax, Attach Schedule SE	57	45,222.
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60 a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	601	0
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	0.130
	62		62	9,130.
	63	Add lines 56-62. This is your total tax.	100	410,086.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 30,863		
If you have a	65	2014 estimated tax payments and amount applied from 2013 return 65 41,031.	-	
qualifying child, attach	66 a	Earned income credit (EIC)	-	
Schedule EIC.		Nontaxable combat pay election 66 b		
	67		\dashv	
	68	American opportunity credit from Form 8863, line 8	_	
	69	THE DIGITIAN CONTRACTOR AND	_	
	70	Thirtourite parter Tribit it experiences	+	
	71	Excess social security and tier 1 RRTA tax withheld	-	
		Credits from Form: a 2439 b Reserved c Reserved d 73	_	
	73	Greats from a 2435 b and reserved a management of the control of t	74	411,894.
	74	Add Ins 64, 65, 66a, & 67-73. These are your total pmts. If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,808.
Refund	75	A Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.	76	
		PRouting number	1	
Direct deposit?		Account number		
See instructions.	77	Amount of line 75 you want applied to your 2015 estimated tax		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do vo	u want to allow another person to discuss this return with the IRS (see instructions)?	nplete	below. No
Designee	Desig name		Persona	al identification
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bithey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-	est of m eparer h	ly knowledge and las any knowledge.
Here		ur signature Date Your occupation	Da	ytime phone number
Joint return? See instructions.		ATTORNEY		
Кеер а сору	▶ Spo	ouse's signature, if a joint return, both must sign. Date Spouse's occupation	if tee	the IRS sent you an Identity Pro- ction PIN, enter
for your records.		ATTORNEY GENERAL	iti	nere (see instrs)
	نسن	Preparer's singature Date Check	if	PTIN
Paid		10/7//3 self-emplo	oyed	
Preparer	Firm's	s name		
Use Only	Firm's	s address ► Firm's E	EIN ►	_
FDIA0112L 12/29/14		Phone of	no.	
				Form 1040 (2014)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

Attachment Sequence No. **07**

Name(s) shown on Fo				Your coci	ial sociu	dty number
DOUGLAS C	EMI	HOFF AND KAMALA D HARRIS	Variable Site	1200	Continue I	
Medical and	1	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	1			
Dental Expenses	2	Enter amount from Form 1040, line 38 2				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before				
		January 2, 1950, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	3		4	0.
Taxes You	5	State and local (check only one box):				
Paid	а	X Income taxes, or	5 92,1	L95.		
	b	General sales taxes				
	6	Real estate taxes (see instructions)	6 38,8	250		
	7	Personal property taxes	7 1	L84.		
	8	Other taxes. List type and amount	8			
	9	Add lines 5 through 8	**********		9	131,230.
Interest	10	Home mtg interest and points reported to you on Form 1098 SEE . ST 4	10 26,	743.		
You Paid	11	Home morroage interest not reported to you on Form 1036. If paid to the person				
		from whom you bought the home, see instructions and show that person's name, identifying number, and address				
Note.		identifying number, and address				
Your mortgage				10		
interest deduction may						
be limited (see			11			
instructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12			
		Mortgage insurance premiums (see instructions)	13			
		Investment interest. Attach Form 4952 if required.				
		(See instrs.)	14			
	15	Add lines 10 through 14		1	5	26,743.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or				
Charity		more, see instrs	16 62,3	300.		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
gift and got a		over \$500 SEE STATEMENT 6	17	240.		
benefit for it, see instructions.		over \$500	18	240.		
	18	Carryover from prior year		105	9	60 540
Casualty and	19	Add lines 16 through 18			-	62,540.
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	. (2	20	0.
Job Expenses	21	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if				
and Certain Miscellaneous		required. (See instructions.)				
Deductions			21			
	22	Tourse and the fore		951.		
	22	Tax preparation fees		754.		
	23	type and amount -				
		MERRIL LYNCH 4,785.	23 4,	785.		
	24	Add lines 21 through 23	24 5,	736.		
	25	Enter amount from Form 1040, line 38 25 1, 232, 613.				
	26	Multiply line 25 by 2% (.02)	26 24,6			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, ente	r -0,	, 2	27	0.
Other	28	Other - from list in instructions. List type and amount ▶				
Miscellaneous Deductions						_
					28	0.
Total Itemized	29	Is Form 1040, line 38, over \$152,525? No. Your deduction is not limited. Add the amounts in the far right column	REDUC'			
Deductions		Ifor lines 4 through 28, Also, enter this amount on Form 1040, line 40.	-21,0		29	192,686.
		XYes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				132,000.
	30	If you elect to itemize deductions even though they are less than your standard	4			
		deduction, check here		<u>► ∐</u>		

FDIA0301L 12/29/14

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Your social security number

DOUGLAS C	EMHC	OFF AND KAMALA D HARRIS					
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address			Amo	unt	
(See instructions for Form 1040A, or Form 1040, line 8a.)		VENABLE LLP WELLS FARGO 0764 WELLS FARGO 7248					9. 54. 05.
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.				1			
	2	Add the amounts on line 1	-	2		2	68.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	-	3		2	68.
		Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	+		Amo		.
B			+				
Part II	5	List name of payer ► MERRILL LYNCH 15265	-			6,7	31.
Ordinary Dividends			-				
(See instructions for Form 1040A, or Form 1040, line 9a.)			- 1 - 1 - 1				
Note. If you received a Form 1099-DIV or substitute statement			- - 	5			
from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.							
			- - -				
			- - 	_		6 7	31.
		Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a.		6	<u> </u>	0, 1	<u>J.</u>
	Note	. If line 6 is over \$1,500, you must complete Part III.	· (b)	had			
		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends eign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			1	Yes	No
Part III Foreign Accounts	7 a	At any time during 2014, did you have a financial interest in or signature authority over a account (such as a bank account, securities account, or brokerage account) located in a figure instructions. If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial report that financial interest or signature authority? See FinCEN Form 114 and its instruct					X
and Trusts (See instructions.)	ŀ	requirements and exceptions to those requirements. If you are required to file FinCEN Form 114, enter the name of the foreign country where	4 2 2 3				
	8	During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a fo 'Yes,' you may have to file Form 3520. See instructions	 reigr	trus	 st? If		_X_

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

2014

OMB No. 1545-0074

Attachment Sequence No. 12

Schedule D (Form 1040) 2014

Department of the Treasury Internal Revenue Service

(99)

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

Name(s) shown on return DOUGLAS C EMHOFF AND KAMALA D HARRIS

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

ocial security number

enter This	nstructions for how to figure the amounts to on the lines below. form may be easier to complete if you round ents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column	om art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	3,694.	3,598.			96.
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-tern	n gain or (loss) from F	orms 4684, 6781, and 8	3824	4	
_	Net short-term gain or (loss) from partnerships	S corporations estat	es, and trusts from Sch	edule(s) K-1	5	
	Short-term capital loss carryover. Enter the an					
	Worksheet in the instructions				6	
7	Net short-term capital gain or (loss). Combine line capital gain or losses, go to Part II below. Other	es 1a through 6 in colum erwise, go to Part III or	n (h). If you have any lon n page 2	g-term	7	96.
Par	t II Long-Term Capital Gains and L	.osses – Assets H	eld More Than On			
See	instructions for how to figure the amounts to			(g) Adjustments		(h) Gain or (loss) Subtract column (e)
ente	r on the lines below.	(d) Proceeds	(e) Cost (or other basis)	I to gain or loss f	rom I	from column (d) and
ente This	r on the lines below. form may be easier to complete if you round ents to whole dollars.	(d) Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, P line 2, column	rom art II,	
This off co	r on the lines below. form may be easier to complete if you round	Proceeds	Cost	to gain or loss f Form(s) 8949, P	rom art II,	from column (d) and combine the result with
This off co	r on the lines below. form may be easier to complete if you round ents to whole dollars. 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	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, P line 2, column	rom art II,	from column (d) and combine the result with
This off constant 8a	form may be easier to complete if you round ents to whole dollars. 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.	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, P line 2, column	rom art II,	from column (d) and combine the result with column (g)
This off control 8a	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked.	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, P line 2, column	rom art II,	from column (d) and combine the result with column (g)
This off control 8a	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked.	Proceeds (sales price) 15,418.	Cost (or other basis) 13,069.	to gain or loss f Form(s) 8949, P line 2, column	rom art II,	from column (d) and combine the result with column (g)
8b 9 10 11	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Gain from Form 4797, Part I; long-term gain forms 4684, 6781, and 8824.	Proceeds (sales price) 15,418.	Cost (or other basis) 13,069.	to gain or loss f Form(s) 8949, P line 2, column	rom art II, (g)	from column (d) and combine the result with column (g)
8b	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Note I long-term gain or (loss) from partnerships	Proceeds (sales price) 15,418. from Forms 2439 and 6	Cost (or other basis) 13,069. 252; and long-term gaines, and trusts from Sch	to gain or loss f Form(s) 8949, P line 2, column	111 12	from column (d) and combine the result with column (g)
8b 9 10 11 12 13	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Capital from Form 4797, Part I; long-term gain forms 4684, 6781, and 8824. Net long-term gain or (loss) from partnerships.	Proceeds (sales price) 15, 418. from Forms 2439 and 6	Cost (or other basis) 13,069. 252; and long-term gaines, and trusts from Sch	to gain or loss f Form(s) 8949, P line 2, column	rom art II, (g)	from column (d) and combine the result with column (g)
8b 9 10 11 12 13 14	form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Note I long-term gain or (loss) from partnerships	Proceeds (sales price) 15,418. 15,418. from Forms 2439 and 6 s, S corporations, estate mount, if any, from line	Cost (or other basis) 13,069. 252; and long-term gaines, and trusts from Sch	to gain or loss f Form(s) 8949, P line 2, column n or (loss) from nedule(s) K-1	111 12	from column (d) and combine the result with column (g)

Part III Summary		
16 Combine lines 7 and 15 and enter the result	16	7,448.
 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22. 		
17 Are lines 15 and 16 both gains? X Yes. Go to line 18.		
No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	0.
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
Are lines 18 and 19 both zero or blank? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)	21	
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). 		
No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2014

Form 8949

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

2014

OMB No. 1545-0074

Attachment Sequence No. 12A

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

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

SSN or taxpayer identification no.

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Part | Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g) (h) (c) Date sold or disposed (Mo, day, yr) (e) Cost or other basis. (d) Proceeds Gain or (loss). Subtract column enter a code in column (f). Description of property (Example: 100 shares XYZ Co) Date acquired (sales price) (see instructions) See the Note below and see Column (e) in the separate (Mo, day, yr) (e) from column (f) Code(s) from instructions (d) and combine Amount of adjustment the result with instructions column (g) MERRILL LYNCH 15265 96. 3,694 3,598 VARIOUS VARIOUS 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if 96. 3,694. 3,598 Box C above is checked).....

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

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

SSN or taxpayer identification no.

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

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

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

You must check Box D, E, or F t Form 8949, page 2, for each complete as many forms with X (D) Long-term transacti (E) Long-term transacti (F) Long-term transacti	applicable box. If h the same box ch ons reported on Fori ons reported on Fori	you have more lo lecked as you nee m(s) 1099-B showing m(s) 1099-B showing	ing-term transacti id. g basis was reporte g basis was not rep	ons than will fit o	n this page	plete a separate for one or more o	of the boxes,
1 (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	If you enter an enter a co	f any, to gain or loss. amount in column (g), de in column (f). parate instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with
MERRILL LYNCH 1526	5 VARIOUS	VARIOUS	15,418.	13,069.	instructions	adjustment	2,349.
2 Totals. Add the amounts (subtract negative amount include on your Schedule checked), line 9 (if Box E Box F above is checked)	nts). Enter each to D, line 8b (if Bo x Labove is checked	otal here and x D above is d), or line 10 (if	15,418.	13,069.		0.	2,349.

Schedule E (Form 1040) 2014

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

Your social security number

DOUGLAS C EMHOFF AND KA	AMALA L) HAR	KTS
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	JGLAS C EMHOFF AND KAMALA D HA									
Cau	tion. The IRS compares amounts reported on yo				lule(s) K-1.					
Pai	t II Income or Loss From Partnersh	nips and S Corpora	atio	ns						
	Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.									
27	prior year unallowed loss from a passive activi	ty (if that loss was not	repo	orted on Form 85	82), or unrein	iburse	d [.]	X Yes	<u> </u>	No
	partnership expenses? If you answered 'Yes,'	see instructions before	con		ion			A 16	,	110
28	(a) Name	(a) Name (b) Enter P for partnership; S for S corporation (c) Check if foreign identifics numb					ation	any a	heck if mount at risk	
A 1	WENDER LID			P						
	VENABLE LLP			P		-			 	
	UPE			Р					 	
С										
D									L	
	Passive Income and Loss			N	onpassive In	come	and L	oss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h)	Nonpassive loss om Schedule K-1	(i) Sect expense from Fo	ion 17 deduc rm 45 0	9 tion 62	(j) No inco Sche	npass me fro edule k	ive m (-1
Α							00.	1.	179.	214.
В				41,191					·	
				,	-					
С										
D	The state of the s		5000an=		acial dispession accurations		right state		170	014
29 8	a Totals							1,	179,	214.
	b Totals.			41,191		1,2	00.			
30	Add columns (g) and (j) of line 29a	*****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			30	1,		214.
31							31		-42,	391.
	Total partnership and S corporation income of									
	include in the total on line 41 below			and St. Effer the			32	1,	136,	823.
	art III Income or Loss From Estates and Trusts									
33	33 (a) Name (b) Employer ID							D No.		
Α										
В										
	Passive Income and Loss Nonpassive Income and Loss									
	(c) Passive deduction or loss allogates (attach Form 8582 if required)	wed	(d	Passive income	(e) Deduc	tion or redule	loss K-1	(f) Oth	er inco	ome le K-1
	(attacil 1 offil 6562 il required)		.,,							
Α										
В						U-U-WYDTSACTORS	dolonia entre			
34	a Totals							Carona de la concessión de		
1	b Totals									
25	Add columns (d) and (f) of line 34a						35			
	and the second second						36			
36										
37	result here and include in the total on line 41	below					37			
Pa	rt IV Income or Loss From Real Esta	ate Mortgage Inves	tm	ent Conduits	(REMICs) -	- Res	sidua	Holde	r	
38	(a) Name	(b) Employer identification number	(c)	Excess inclusion from chedules Q, line 2c (see instructions)		le inco	ome		come f	rom line 3b
30	Combine columns (d) and (e) only. Enter the	result here and include	in th	ne total on line 4	1 below		39			
39		Count Horo una molado		tares est thise (
	rt V Summary	OSE Alea semulate II	12	helow			40			
40	Net farm rental income or (loss) from Form 48									
41	Total income or (loss). Combine lines 26, 32, Form 1040, line 17, or Form 1040NR, line 18.) 	., >	41	1,	136,	,823.
42	Reconciliation of farming and fishing income and fishing income reported on Form 4835, lir box 14, code B; Schedule K-1 (Form 1120S), (Form 1041), box 14, code F (see instructions)	e. Enter your gross farm ne 7; Schedule K-1 (For box 17, code V; and Sc)		065), ule K-1						
43	Reconciliation for real estate professionals. I professional (see instructions), enter the net is anywhere on Form 1040 or Form 1040NR from in which you materially participated under the	n all rental real estate a	ctivi	ities						744
	and the state of t							/	1010	

SCHEDULE SE (Form 1040)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

2014

Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service (99) Attach to For Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

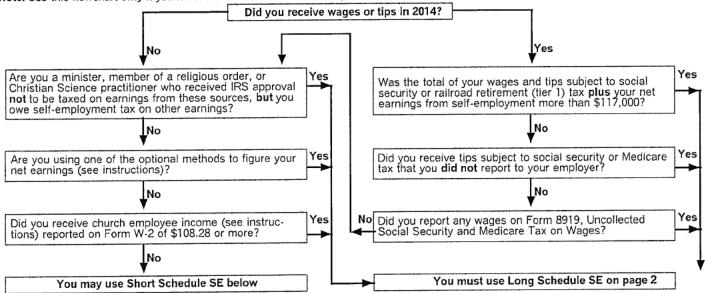
DOUGLAS C EMHOFF

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A SEE .STATEMENT .8	1 a	
	b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.		1,146,823.
3	Combine lines 1a, 1b, and 2.	3	1,146,823.
	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	1,059,091.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is: \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result.	5	45,222.
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55		43,222.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.		

Name

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.
► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Attachment Sequence No. 19 ID no. as shown on page 1 of your tax return

DOUGLAS C EMHOFF AND KAMALA D HAI	RRIS					
Use a separate Form 1116 for each category of income listed to	pelow. See Catego	ries of Income	in the instruct	tions. Check on	ly one box o	n
each Form 1116. Report all amounts in U.S. dollars excep	t where specified	in Part II bel	ow.			
a X Passive category income c Section 901	-4-		e	Lump-sum dis	stributions	
b General category income d Certain inco	me re-sourced by	treaty				
f Resident of (name of country)				0.16		
Note: If you paid taxes to only one foreign country or U.S. posse than one foreign country or U.S. possession, use a separ-	ession, use column ate column and li	A in Part I and ne for each c	i line A in Part ountry or pos	II. II you pald ta session.	xes to more	
Part I Taxable Income or Loss From Source	s Outside the	United Sta	ates (for Ca	tegory Che	cked Ab	ove)
Taxable modifie of model form country	Fore	gn Country o	or U.S. Posse	ssion		Total
	Α		3	С	(Add col	umns A, B, and C.)
g Enter the name of the foreign country or						
U.S. possession	► VARIOUS					
1 a Gross income from sources within country						
shown above and of the type checked above (see instructions):						
SEE STATEMENT 9						
	• 1					
	13,85	7.			1 a	13,857.
b Check if line 1a is compensation for personal services as						
an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to						
determine its source (see instructions).						
Deductions and losses (Caution: See instructions):						
2 Expenses definitely related to the income on line 1a (attach statement)	1					
3 Pro rata share of other deductions						
not definitely related:						
a Certain itemized deductions or standard deduction	33,94					
(see instructions)b Other deductions (attach statement)		0.			-	
c Add lines 3a and 3b		Ω			\dashv	
d Gross foreign source income (see instructions)						
e Gross income from all sources (see instructions)						
f Divide line 3d by line 3e (see instructions)						
q Multiply line 3c by line 3f					\dashv	
4 Pro rata share of interest expense (see instructions)		0.				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)		8.			_	
b Other interest expense					_	
5 Losses from foreign sources						1 074
6 Add lines 2, 3g, 4a, 4b, and 5	1,07	4.			6	1,074.
7 Subtract line 6 from line 1a. Enter the result here ar		e 2			7	12,783.
Part II Foreign Taxes Paid or Accrued (see ins						
C Credit is claimed for taxes (you In foreign currency		n taxes paid	or accrued	In U.S. dolla	arc	
n must check one) In foreign currency				111 0.3. dolla		(-)
C Credit is claimed for taxes (you must check one) In foreign currency Taxes withheld at source on:	(n) Other foreign	Taxes	withheld at so	urce on:	(r) Other foreign	taxes paid or accrued
	taxes paid	2.3	(-) D+- 8	(-)	taxes pai	
(j) Date paid (k) (l) Rents & (m) or accrued Dividends royalties Interes	or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	or accrue	a
or acorded princers		152.				152.
A 12/31/2014		102.				
B						
С					1	
8 Add lines A through C, column (s). Enter the total h	ere and on line 9	, page 2			▶ 8	152.
o muu iiiles m tiilougii o, coluiliii (s), Elitei tile totai i						E

Par	Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	152.		
10	Carryback or carryover (attach detailed computation)SEE .STMT. 10	10	102.		
1,1	Add lines 9 and 10	11	254.		
12	Reduction in foreign taxes (see instructions)	12		i.	
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12 and 13. This is the total amount of foreign taxes available for	r cred	it	14	254.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	12,783.		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	12,783.		
18	line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18	1,033,817.		
	Caution: If you figured your tax using the lower rates on qualified dividends or cap	oital ga	ains, see instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'			19	0.0124
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonr amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.	nt iron	n Form 1041,	20	356,144.
	Caution: If you are completing line 20 for separate category e (lump-sum distribution)	ions),	see instructions.		
21				21	4,416.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appline in Part IV (see instructions)	ate	22	254.	
	Summary of Credits From Separate Parts III (see instructions)			Favoraciono:	
23	Credit for taxes on passive category income	23			
	Credit for taxes on general category income				
25	Credit for taxes on certain income re-sourced by treaty				
26	Credit for taxes on lump-sum distributions	26		0-	
27	Add lines 23 through 26			27	254
28	Enter the smaller of line 20 or line 27.		******	28	254.
29	Reduction of credit for international boycott operations. See instructions for line 12			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	orm 10	040, líne 48;	30	254. Form 1116 (2014)
					1 01111 1110 (2017)

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

OMB No. 1545-0121

Attachment Sequence No. 19

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Department of the Treasury Internal Revenue Service (99)

on page 1 of your tax return

antic	DOUGLAS C	באנורבי או	MD KAMATA	D HARRT	2.							
leo :	a separate Form 11	116 for each ca	ategory of incor	ne listed belov	w. See Categor	ies of Income	in the instr	uctions.	Check only	one bo	x on	
ach	Form 1116. Repo	ort all amount	s in U.S. dolla	ars except wh	nere specified	in Part II belo	w.					
а	X Passive catego	ory income	c Se	ction 901(j) in	ncome		е	Lump	-sum dist	tribution	S	
ь	H		d Ce	rtain income	re-sourced by	treaty						
		•										
f F	Resident of (name	of country)	>									
11-1-	. If maid believe t	to only one for	vian country or	U.S. possessic	on, use column A	in Part I and	line A in Pa	art II. If y	ou paid tax	es to mo	re	
than	one foreian cour	ntrv or U.S. po	ossession, use	a separate	column and m	ie ioi eacii co	Julia y Or p	10336331	2111			<u> </u>
Pai	rt I Taxable I	ncome or	Loss From	Sources C	outside the	onited Sta	tes (for	catego	bry Che	CKEU F	LDUV	otal
				-	A	B Country o			C	H(Add o		ns A, B, and C.)
				ļ								
g	Enter the name	of the foreigr	country or	► 37	DIOTOR							
_	U.S. possession	1		· · · · · · · · · · · · · · · · · · ·	AKIOUS					1		
1 a	Gross income from shown above an	om sources w	ntnin country checked abov	_{re}								
	(see instructions	s);										
	SEE STATEME	ENT 11										
										1		10 070
					18,878	3.	MANUSTA LOS COLOS	ticlas Socialis		1 a		18,878.
i	Check if line 1a is co	impensation for p	personal services	as								
	an employee, your to	otal compensation	i from all sources Iternative basis to	IS								
	\$250,000 or more, and determine its source	(see instructions	5)	.,								
Ded	uctions and losse	es (Caution: S	See instruction	ns):								
2	Expenses defini	itely related t	o the income	on line 1a								
	(attach statemer	nt)	,,,,,,,,,,,,,							1		
.3	Pro rata share o		tions									
	not definitely re a Certain itemized	d deductions	or standard de	duction		22938. 10080365422-07624-9		- POPE SANCTON CONTROLS	olisicalobulah (10) Lingwoonnen			
	(see instructions	s)								_		
1	b Other deductions (at	ttach statement).	******							4		
(c Add lines 3a an	d 3b										
(d Gross foreign source	e income (see ins	tructions)		25,73	4.				4		
	e Gross income from a	all sources (see i	nstructions)		1,373,00	6.						
1	f Divide line 3d by	y line 3e (see	instructions).		0.01874	3						
	g Multiply line 3c	by line 3f	.,,							_		
4	Pro rata share of	of interest exp	ense (see ins	tructions):								
;	a Home mortgage Home Mortgage	interest (use	the Workshe	et for	36							
	Home Mortgage	Interest in th	ne instructions)	30	0.						
	b Other interest e			_								
	Losses from for				36	Ω				6		368.
	Add lines 2, 3g, Subtract line 6	4a, 4b, and	5-1	ilk hore ovel a						F 7		18,510.
7						0 2						
	rt II Foreign	i axes Paic	or Accrue	u (see instru	Envois	n taxes paid	or accrite	d			-	
8	Credit is claimed for taxes (you		La da calam		roleig	i taxes para	01 400140		U.S. dolla	rs		
Ŭ	must check one)		In foreign	currency	T						hor	(s) Total foreign
RІ	(h) X Paid	Taxes v	vithheld at sou	irce on:	(n) Other foreign	Taxes v	withheld a	t source	on:	(r) Of		(s) Total foreign taxes paid or accrued (add columns (o)
Ÿ	(i) Accrued				taxes paid	4.3	() D1	_ 0]	(~)	taxes		through (r))
	(j) Date paid	(k) Dividends	(I) Rents &	(m) Interest	or accrued	(o) Dividends	(p) Rent royaltie	s & es l	(q) nterest	or acc	ruea	
	or accrued	Dividends	royalties	HIGICSE		152.	,,					152.
	12/31/2014				-	152.						
В												
С												
			– .							▶ 8		152.
8	Add lines A thr	ough C, colu	mn (s). Enter	the total here	e and on line 9	, page 2						form 1116 (2014)

30

Form 1116 (2014)

Part III Figuring the Credit Enter the amount from line 8. These are your total foreign taxes paid or accrued 9 152 for the category of income checked above Part I..... 10 Carryback or carryover (attach detailed computation)..... 11 152 Add lines 9 and 10...... Reduction in foreign taxes (see instructions)..... 12 Taxes reclassified under high tax kickout (see instructions)..... 13 Combine lines 11, 12 and 13. This is the total amount of foreign taxes available for credit..... 152. Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 15 18,510. 16 Adjustments to line 15 (see instructions)..... Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, 18,510. if you are filing more than one Form 1116, you must complete line 20.) 17 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption..... ,121,499 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter '1'..... 19 0.0165 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37...... 20 310,369. Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. Multiply line 20 by line 19 (maximum amount of credit)..... 21 5,121. Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filling, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate 22 152. line in Part IV (see instructions) Part IV Summary of Credits From Separate Parts III (see instructions) 23 23 Credit for taxes on passive category income..... 24 Credit for taxes on general category income..... Credit for taxes on certain income re-sourced by treaty..... 25 Credit for taxes on lump-sum distributions. 26 Add lines 23 through 26..... 27 27 152. Enter the smaller of line 20 or line 27..... 28 28 Reduction of credit for international boycott operations. See instructions for line 12..... 29 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48;

Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.....

General Business Credit

OMB No. 1545-0895

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

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No. 22

	LAS C EMHOFF AND KAMALA D HARRIS		
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II))	
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2014 (see instructions).	3	
4	Carryforward of general business credit to 2014. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach.	4	
5	Carryback of general business credit from 2015. Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	0.
Part		uza arrestorio	
7	Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44.		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.	7	356,144.
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	●Individuals. Enter the amount from Form 6251, line 35		
	Corporations. Enter the amount from Form 4626, line 14	8	
	●Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	356,144.
	11		
10 a	Foreign tax credit		
b	Certain allowable credits (see instructions)		054
С	Add lines 10a and 10b.	10 c	254.
	the second secon	4-1	355,890.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	333,090.
	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12 355,890.		
12	Net regular tax. Subtract line foc from line 7. If zero of less, enter 10		
10	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)		
13 14	Tentative minimum tax:		
14	●Individuals. Enter the amount from Form 6251, line 33		
	• Corporations. Enter the amount from Form 4626, line 12		
	•Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	310,217.
16	Subtract line 15 from line 11. If zero or less, enter -0	16	45,673.
17	Enter the smaller of line 6 or line 16	17	
.,	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

art :	Allowable Credit (Continuea)		
lote. I	you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26	D.	
18	Multiply line 14 by 75% (.75) (see instructions)	18	232,663.
19	Enter the greater of line 13 or line 18	19	232,663.
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	123,227.
21	Subtract line 17 from line 20. If zero or less, enter -0	21	123,227.
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked.	22	156.
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2014 (see instructions).	24	
25	Add lines 22 and 24	25	156.
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	156.
27	Subtract line 13 from line 11. If zero or less, enter -0	27	273,167.
28	Add lines 17 and 26,	28	156.
29	Subtract line 28 from line 27. If zero or less, enter -0	29	273,011.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2014 (see instructions)	33	
34	Carryforward of business credit to 2014. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.	34	
35	Carryback of business credit from 2015. Enter the amount from line 5 of Part III with box D checked (see instructions).	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:		
	• Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	• Corporations. Form 1120, Schedule J, Part I, line 5c		
	●Estates and trusts. Form 1041, Schedule G, line 2b	38	156.

			Identifying number	
lame(s) s	hown on return		Identifying number	
OUGI	AS C EMHOFF AND KAMALA D HARRIS			
Part I		(see ir	nstructions)	
	te a separate Part III for each box checked below. (see instructions)			
A X	General Business Credit From a Non-Passive Activity E Reserve	d		
в П	General Business Credit From a Passive Activity F Reserve	d		
сП	General Business Credit Carryforwards G Eligible	Small E	Business Credit Carryfor	wards
ьН	General Business Credit Carrybacks H Reserve	d		
		rst an a	dditional Part III combi	ning —
am	ou are filing more than one Part III with box A or B checked, complete and attach file outs from all Parts III with box A or B checked. Check here if this is the consolidate	ed Part	111	
	(a) Description of credit		(b) If claiming the credit from	(c) Enter the appropriate
Note: C	on any line where the credit is from more than one source, a separate Part III is nee	eded	a pass-through entity,	amount
	h pass-through entity.		enter the EIN	
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
	Reserved	1 b		
	Increasing research activities (Form 6765)			
	Low-income housing (Form 8586, Part I only)			
	Disabled access (Form 8826) (see instructions for limitation)	1 e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1 f		
	Indian employment (Form 8845)	1 g		
	Orphan drug (Form 8820).	1 h		
į	New markets (Form 8874)	1 i		:
j	limitation)	1 j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1 k		
i	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1 m		
'n	Distilled spirits (Form 8906)	1 n		
.0	Nonconventional source fuel (Form 8907)	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (Form 8909)	1 q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1 s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)			
·V	Agricultural chemicals security (Form 8931) (see instructions for limitation)	1 v		
w	Employer differential wage payments (Form 8932)	1 w		
x	Carbon dioxide sequestration (Form 8933)			
у	Qualified plug-in electric drive motor vehicle (Form 8936)			
z	Qualified plug-in electric vehicle (carryforward only)			
aa	New hire retention (carryforward only)	1 aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) .	1 bb		
ZZ	Other.	1 zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		156.
4a	Investment (Form 3468, Part III) (attach Form 3468)	4 a		
b	Work opportunity (Form 5884)	4 b		
c	Biofuel producer (Form 6478)	4 c		
d	Low-income housing (Form 8586, Part II)	4 d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4 e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4 f		
	Qualified railroad track maintenance (Form 8900)	4 g		
g h	Small employer health insurance premiums (Form 8941)	4 h		
ĭ	Reserved	41		
i	Reserved	4j		
z	Other	4z	substant (Carolet 1998, paying general come related that Albertal color transformer (Mexico).	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		156.

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR DOUGLAS C EMHOFF AND KAMALA D HARRIS Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise. enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.). 1 1,039,927. Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040). 2 line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-3 131,230. Taxes from Schedule A (Form 1040), line 9. 4 Miscellaneous deductions from Schedule A (Form 1040), line 27. 5 If Form 1040, line 38, is \$152,525 or less, enter -0-. Otherwise, see instructions 6 -27.827.Tax refund from Form 1040, line 10 or line 21..... 7 -18.4977 Investment interest expense (difference between regular tax and AMT)..... 8 Depletion (difference between regular tax and AMT)..... 9 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 Alternative tax net operating loss deduction 11 149. Qualified small business stock (7% of gain excluded under section 1202)..... 13 13 Exercise of incentive stock options (excess of AMT income over regular tax income)..... 15 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)..... Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)..... Disposition of property (difference between AMT and regular tax gain or loss)..... 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)..... 18 19 19 Loss limitations (difference between AMT and regular tax income or loss)..... 20 44. Circulation costs (difference between regular tax and AMT). 21 21 Long-term contracts (difference between AMT and regular tax income)...... 22 Mining costs (difference between regular tax and AMT)..... 23 Research and experimental costs (difference between regular tax and AMT)..... 24 Income from certain installment sales before January 1, 1987..... 25 Intangible drilling costs preference..... 26 26 Other adjustments, including income-based related adjustments..... 27 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.) 28 28 1,125,026. Alternative Minimum Tax (AMT) Exemption. (If you were under age 24 at the end of 2014, see instructions.) AND line 28 is not over... THEN enter on line 29 IF your filing status is ... Single or head of household...............\$117,300................\$52,800 82,100 29 If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, 30 1,125,026. enter -0- here and on lines 31, 33, and 35, and go to line 34..... • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 31 310,369. • All others: If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result. 32 152. 32 Alternative minimum tax foreign tax credit (see instructions)..... Tentative minimum tax. Subtract line 32 from line 31..... 310,217. 33 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)...... 34 355,890. 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 35

Part III

Tax Computation Using Maximum Capital Gains Rates
Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned income Tax Worksheet II	i uic ii	
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31.	36	1,125,026.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	37	12,346.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	227010.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	39	12,346.
40	Enter the smaller of line 36 or line 39	40	12,346.
41	Subtract line 40 from line 36	41	1,112,680.
42	If line 41 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result	42	307,900.
43	Enter:		
	• \$73,800 if married filing jointly or qualifying widow(er),		
	• \$36,900 if single or married filing separately, or • \$49,400 if head of household.	43	73,800.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43: if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	44	1,027,581.
45	Subtract line 44 from line 43. If zero or less, enter -0-		0.
46	Enter the smaller of line 36 or line 37		12,346.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	12,346.
49	Enter: • \$406,750 if single • \$228,800 if married filing separately		
	 \$228,800 if married filing separately \$457,600 if married filing jointly or qualifying widow(er) \$432,200 if head of household 	49	457,600.
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ,	51	1 027 501
52	see instructions for the amount to enter	52	1,027,581. 1,027,581.
53	Subtract line 52 from line 49. If zero or less, enter -0	53	1,027,361.
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (.15)	55	
56	Add lines 47 and 54	56	
57	Subtract line 56 from line 46	57	12,346.
58	Multiply line 57 by 20% (.20).	58	2,469.
59	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. Add lines 41, 56, and 57.	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25)		210 250
62	Add lines 42, 55, 58, and 61	62	310,369.
63	If line 36 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	63	311,357.
64	The state of the solution so the solution and an line 21. If you are filling Form 2555 or 2555-F7, do not	64	310,369.
	enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	04	Form 6251 (2014)

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2014

Attachment 53

Department of the Treasury Internal Revenue Service ► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

DOUGLAS C EMHOFF

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions)	∏s	elf-only	X Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2		3,300.
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see instructions for the amount to enter.	3		6,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	4		6 550
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		6,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter	6		6,550.
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions)	7		
8	Add lines 6 and 7	8		6,550.
9	Employer contributions made to your HSAs for 2014			
10	Qualified HSA funding distributions	Contract of		
11	Add lines 9 and 10.	11		
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13		3,300.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Par	HSA Distributions. If you are filing jointly and both you and your spouse each have seemplete a separate Part II for each spouse.	epar	ate HSAs	5,
14:	Total distributions you received in 2014 from all HSAs (see instructions).	14 a		257.
ı	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	140		
	Subtract line 14b from line 14a	14 c		257.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		257.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' and the amount.	16	i	0.
17	a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
I	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60 enter 'HSA' and the amount.	17 b		

ı	P	a	n	0	2
	-	a١	u	_	-

Form 8889 (2014) DOUGLAS C EMHOFF

Par	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	ction e se	s before parate HSAs,
18	Last-month rule	18	
	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount	20	
	1000 Jan 50 or Ferm	21	

Form 8889 (2014)

Department of the Treasury Internal Revenue Service Name(s) shown on return Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

2014

Attachment Sequence No. 71

DOUGLAS C EMHOFF AND KAMALA D HARRIS | Part I | Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more 148,939. than one Form W-2, enter the total of the amounts from box 5... 2 Unreported tips from Form 4137, line 6..... 3 3 Wages from Form 8919, line 6...... 4 Add lines 1 through 3..... 148,939 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 widow(er)... \$200,000 0. 6 6 Subtract line 5 from line 4. If zero or less, enter -0-Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go 7 to Part II..... Additional Medicare Tax on Self-Employment Income Part II Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1,059,091. 1040-PR and Form 1040-SS filers, see instructions.) 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 widow(er)... \$200,000 250,000. 148,939. 10 Enter the amount from line 4..... 11 101,061. Subtract line 10 from line 9. If zero or less, enter -0-..... 11 12 958,030. 12 Subtract line 11 from line 8. If zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and 8,622. go to Part III..... Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Part III Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately...... \$125,000 Single, Head of household, or Qualifying widow(er)... \$200,000 | 15 16 Subtract line 15 from line 14. If zero or less, enter -0-.... Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). 17 Enter here and go to Part IV..... Part IV Total Additional Medicare Tax Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, 8,622. and 1040-SS filers, see instructions) and go to Part V..... Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 19 2,160. from box 6..... 148,939 20 20 Enter the amount from line 1...... Multiply line 20 by 1.45% (.0145). This is your regular Medicare 2,160. tax withholding on Medicare wages..... 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, 23 box 14 (see instructions) Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, 24 see instructions).....

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

➤ Attach to your tax return.
➤ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

Attachment Sequence No. 72

or EIN Name(s) shown on your tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 268. Taxable interest (see instructions). 2 Ordinary dividends (see instructions)..... 6,731. 2 Annuities (see instructions)..... 3 4 a Rental real estate, royalties, partnerships, S corporations, trusts, 4 a 1,136,823. etc. (see instructions) b Adjustment for net income or loss derived in the ordinary course of 4 b -1,136,823.a non-section 1411 trade or business (see instructions)..... c Combine lines 4a and 4b 4 c 5a Net gain or loss from disposition of property (see instructions)...... 5 a 7,448. b Net gain or loss from disposition of property that is not subject to 5 b net investment income tax (see instructions)..... c Adjustment from disposition of partnership interest or S corporation stock (see instructions)..... 5 c d Combine lines 5a through 5c..... 7,448. 5dAdjustments to investment income for certain CFCs and PFICs (see instructions)..... 6 7 Other modifications to investment income (see instructions)..... 7 14,447. 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7..... Part II Investment Expenses Allocable to Investment Income and Modifications 9 a Investment interest expenses (see instructions)..... **b** State, local, and foreign income tax (see instructions)..... 9 b 1.081. c Miscellaneous investment expenses (see instructions)..... d Add lines 9a, 9b, and 9c. 9 d 1,081. Additional modifications (see instructions) 10 1,081. Total deductions and modifications. Add lines 9d and 10..... 11 Tax Computation 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-..... 13,366. 12 Individuals: 1,232,613. 13 14 Threshold based on filing status (see instructions)..... 250,000. 982,613. 15 Enter the smaller of line 12 or line 15 16 13,366. 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions). 17 508. **Estates and Trusts:** 18a Net investment income (line 12 above) b Deductions for distributions of net investment income and 18 b deductions under section 642(c) (see instructions)..... c Undistributed net investment income. Subtract line 18b from 18a 18 c (see instructions). If zero or less, enter -0-..... 19 a b Highest tax bracket for estates and trusts for the year (see instructions) 119 b c Subtract line 19b from line 19a. If zero or less, enter -0-.... 20 Enter the smaller of line 18c or line 19c Net investment income tax for estates and trusts, Multiply line 20 by 3.8% (.038). Enter here 21 and include on your tax return (see instructions).....

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

2014

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

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

Name(s) shown on return DOUGLAS C EMHOFF AND KAMALA D HARRIS Business or activity to which this form relates SCHEDULE E (PARTNERSHIP) - VENABLE LLP Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 500,000. Maximum amount (see instructions)..... 1 1,200. 2 Total cost of section 179 property placed in service (see instructions)..... 3 2,000,000. 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 0. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 500,000. separately, see instructions..... (a) Description of property (b) Cost (business use only) 6 1,200 5-YEAR LAPTOP COMPUTER 1,200. 7 Listed property. Enter the amount from line 29..... 0. 1,200. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... 8 1.200. Tentative deduction. Enter the smaller of line 5 or line 8..... 9 0. 10 500,000. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 1,200 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12...... 0. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions)..... Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS)..... Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (g) Depreciation (a) Classification of property (d) (e) Convention (c) Basis for depreciation (b) Month and deduction Recovery period year placed in service (business/investment use only - see instructions) 19a 3-year property...... **b** 5-year property..... c 7-year property..... d 10-year property..... e 15-year property..... f 20-year property...... S/L 25 yrs q 25-year property...... S/L 27.5 yrs MM h Residential rental S/L MM 27.5 yrs property..... MM S/L 39 yrs i Nonresidential real MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20 a Class life...... S/L 12 yrs S/L MM 40 vrs c 40-year..... Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28..... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 1,200 the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Par	t V Listed	Property (Incomment, recreation	clude automobil	es, certa	ain othe	r vehicle	es, certa	in aire	craft, cer	tain com	puters,	and prop	erty us	ed for	
	Note: For	r any vehicle for w	hich vou are usin	a the star	ndard mil	eage rate	e or dedu	cting le	ase expe	nse, com	olete only	24a, 24b	,		
	columns	n A – Depreciat	of Section A, a	Informa	ction B, tion (Ca	and Se	See the	it appi instruc	icable. ctions fo	r limits fo	or passe	nger aut	omobile	s.)	
24 a		nce to support the bu					X Yes			f 'Yes,' is t					No
	(a)	(b)	(c)	(d)	T	(e)	一	(f)		(g)	T	(h)	-	<u>(i)</u>
	Type of property (list vehicles first)	Date placed in service	Business/ investment	Cost other b		(busin	or deprecia ess/investr		Recovery period		lethod/ nvention		eciation luction	sect	lected tion 179
			percentage	-11			use only)	durin	the tou	Veer on	 				cost
25	Special deprec	ciation allowance n 50% in a qual	e for qualified li ified business t	stea pro ise (see	perty pi instruct	ions).	service	auring	ine tax	year and	25				
26		more than 50%				,									
	4 BMW	2/01/14	83.34									ļ			
201	1 BMW	8/18/11	83.30			-				-					
27	Property used	50% or less in a	qualified busing	ness use	:	J									
														_	
		4 2 11	05.11	07 ==1-			in = 21 .				28	<u> </u>	0	-	
		n column (h), lir n column (i), lin												•	0.
23	Add amounts in	ir column (i), an		Section											
Com	plete this section	for vehicles used	d by a sole propr	ietor, pa	rtner, or	other 'm	ore than	5% o	vner,' or	related pe	erson. If	you provi	ded veh	icles	
to yo	our employees, 1	first answer the	questions in Se	ection C	to see i			xcept	ion to co			1			
30		/investment mile		Vehi	a) cle 1	(l Vehi	o) cle 2	Ve	(c) hicle 3		d) icle 4	Vehi	e) cle 5	Vehi	t) cle 6
	during the yea	r (do not include les)	e		9,167		833								
31		niles driven during t			495		45								
	Total other per	rsonal (noncomr	muting)		1 220		122								
22		ven during the y			1,338		122			-					
33		th 32		1	1,000		1,000								
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicl during off-duty	le available for phours?	personal use	Х		Х								İ	
35	Was the vehicl	le used primarily r or related pers	y by a more		Х		Х								
36	Is another veh personal use?	icle available fo			Х		Х								
		Section	C - Questions	for Emp	loyers	Who Pro	ovide Ve	ehicle	s for Use	by Thei	r Emplo	yees			
Answ	ver these question	ns to determine i d persons (see	f you meet an ex instructions).	ception	to compl	eting Se	ction B f	or veh	icles use	d by emp	loyees w	no are no	ot more	inan	
				1 . 1 .				امثطميي	na inalu	ding con	mutina			Yes	No
	by your employ	in a written policyees?								, , , , , , , ,					
38	Do you mainta	in a written police the instruction	cy statement th	at probi	hits ners	sonal us	e of vel	nicles.	except of	commutir	ng, by yo wners	our			
39	Do you treat al	II use of vehicles	s by employees	as pers	onal us	e?									
40	vehicles, and r	more than five ve etain the inform	nation received:												
41	Do you meet the Note: If your a	ne requirements Inswer to 37, 38	concerning qu , 39, 40, or 41	alified a is 'Yes,'	utomobi do not d	le demo	onstratio e <i>Sectio</i>	n use on B fo	? (See in or the co	nstruction vered ve	ns.) hicles.				
Pai	t VI Amor	tization							T	(-I)		(-)	1	(f)	
	De	(a) escription of costs		Date ar	(b) nortization egins		(c) Amortizat amount			(d) Code section	р	(e) nortization eriod or ercentage		Amortization for this year	
42	Amortization of	of costs that beg	ins during your	2014 ta	x year (see inst	tructions	s):	1						
	, in the character of		,												
												140			
43	Amortization	of costs that beg	gan before you	2014 ta	x year.	hara ta	roport					43			
44	Total. Add an	nounts in colum	n (t). See the it	structio		nere to					* • • • • • •	. 1-4	F	orm 456	2 (2014

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FEDERAL STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

DOUGLAS C EMHOFF AND KAMALA D HARRIS	
10/07/15	01:14PM
STATEMENT 1 FORM 1040 WAGE SCHEDULE	
SPOUSE - EMPLOYER WAGES FEDERAL W/H MEDI-FICA STATE CARE W/H STATE OF CALIFORNIA GRAND TOTAL 136,848. 30,863. 7,254. 2,160. 10,919.	SDI
STATEMENT 2 FORM 1040, LINE 9B QUALIFIED DIVIDENDS MERRILL LYNCH 15265 TOTAL \$ \$	4,994 <u>.</u> 4,994 <u>.</u>
STATEMENT 3 FORM 1040, PAGE 1, LINE 10 TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES 1. STATE AND LOCAL TAX REFUNDS (PRIOR YEAR) 2. REFUNDS ATTRIBUTABLE TO POST 12/31/2013 PAYMENTS PER IRS PUB. 525 3. NET STATE AND LOCAL TAX REFUNDS 4. STATE AND LOCAL TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5 5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION 6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES DEDUCTED 7. ENTER THE SMALLER OF LINE 3 OR LINE 6 8. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE 9. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR STATE REFUNDS TAXABLE IN 2014-RECOMPUTED TAX (TO DETERMINE IF TAX BENEFIT RECEIVED PER IRS PUB. 525-AMT/UNUSED CREDITS) RECOMPUTATION OF 2013 TAX: 1. ACTUAL TAXABLE INCOME (1040, LINE 43) 2. ACTUAL REGULAR TAX (1040, LINE 44) 3. ACTUAL ATM (1040, LINE 44) 4. ACTUAL TOTAL TAX BEFORE CREDITS (1040, LINE 46) 5. LESS: ACTUAL CREDITS (1040, LINE 55) 7. TAXABLE INCOME RECOMPUTED WITH SCH. A TAXES REDUCED BY STATE TAX REFUNDS 8. RECOMPUTED REGULAR TAX 9. RECOMPUTED AMT 10. RECOMPUTED TOTAL TAX BEFORE CREDITS 11. LESS: RECOMPUTED CREDITS 12. RECOMPUTED TAX AFTER CREDITS 13. DIFFERENCE BETWEEN ACTUAL AND RECOMPUTED TAX (SUBTRACT LINE 12 FROM LINE 6)	27,959. 0. 27,959. 77,265. 1,422. 75,843. 27,959. -9,462. 18,497. 13,520. 0.

2014

FEDERAL STATEMENTS

PAGE 2

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

STATE REFUNDS TAXABLE IN 2014 - RECOMPUTED TAX (CONTINUED) (TO DETERMINE IF TAX BENEFIT RECEIVED PER IRS PUB. 525-AMT/UNUSED CREDITS)

RECOMPUTATION OF 2013 CREDIT CARRYOVERS:

14.	ACTUAL CREDIT CARRYOVERS	102.
	RECOMPUTED CREDIT CARRYOVERS	102.
	DESCRIPTION DESCRIPTION ACCOUNTS AND DECONDITION CADDVOVEDC	

16. DIFFERENCE BETWEEN ACTUAL AND RECOMPUTED CARRYOVERS (SUBTRACT LINE 15 FROM LINE 14)

0.

NET CHANGE TO TAX LIABILITY, CARRYOVERS, ETC. (CHANGE IN TAX LESS CHANGE IN CARRYOVERS/CREDITS)

0.

ZERO OR POSITIVE CHANGE - NO TAX BENEFIT WAS RECEIVED AND SO NONE OF THE REFUND IS TAXABLE.

NOTE: THE ABOVE SCHEDULE CONSIDERS A TAX BENEFIT TO BE A LOWER TAX LIABILITY,

HIGHER CREDIT CARRYOVERS, AND/OR HIGHER REFUNDABLE TAX CREDITS AS A RESULT OF DEDUCTING THE STATE TAXES THAT PRODUCED THE REFUND.

HOWEVER, AN INCREASE TO CREDIT CARRYOVERS AND/OR REFUNDABLE TAX CREDITS IS NOT CONSIDERED TO BE A TAX BENEFIT IF THE INCREASE IS FULLY

OFFSET BY A HIGHER TAX LIABILITY.

STATEMENT 4 **SCHEDULE A, LINE 10 HOME MORTGAGE INTEREST REPORTED ON FORM 1098**

MORTGAGE INTEREST LIMITATION	Ş	-30,948.
WELLS FARGO - 0764		5,178.
WELLS FARGO - 1998.		2,513.
		50,000.
WELLS FARGO - 9287	8	26,743.
TOTAL	.	20,143.

STATEMENT 5 SCHEDULE A, LINE 16 CONTRIBUTIONS BY CASH OR CHECK

ALZHEIMER'S ASSOCIATION	120. 15.000.
CHARITABLE CONTRIBUTIONS FROM K-1	
HAROLD ROBINSON FOUNDATION	250.
KIDS FOR LAOS ORPHANS	500.
THE MAPLE COUNSELING CENTER	2,600. 10,000.
UNICEFUNIVERSITY OF SOUTHERN CALIFORNIA	1,650.
WILDWOOD SCHOOL	2,700.
TOTAL	\$ 62,300.

2014	FEDERAL STATEMENTS	PAGE 3
	DOUGLAS C EMHOFF AND KAMALA D HARRIS	
10/07/15		01:14PM
STATEMENT 6 SCHEDULE A, LIN CONTRIBUTIONS	NE 17 OTHER THAN CASH	
GOODWILL	TOTA	
STATEMENT 7 SCHEDULE D, LIN CAPITAL GAIN D	NE 13 STRIBUTIONS	
MERRILL LYNCH	15265	\$ 19,003. \$ 19,003.
	AGE 1 LF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES	
	MENT INCOME FROM ENTITY. EXPENSE D EXPENSES TOTA	
	TOTAL SE INCOME - NONFAR	RM \$ 1,136,823.
STATEMENT 9 FORM 1116, LINE GROSS INCOME	1A - PASSIVE INCOME FROM SOURCES OUTSIDE U.S.	
FOREIGN SO NET FOREIGN SO CAPITAL O	REIGN SOURCE QUALIFIED DIVIDENDS. 4,99 SOURCE QUALIFIED DIVIDEND ADJUSTMENT -2,47 DURCE QUALIFIED DIVIDENDS 19,00 GAIN DISTRIBUTIONS 19,40 DURCE CAPITAL GAIN DISTRIBUTIONS TOTAL	72. 2,522.

TOTAL \$

FEDERAL STATEMENTS

PAGE 4

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

STATEMENT 10 FORM 1116, LINE 10 FOREIGN TAX CREDIT CARRYOVERS

PASSIVE INCOME

	F		REIGN FOREIGN TAX
	FOREIGN	TAXES T.	AXES CREDIT
	TAXES PAID DI	SALLOWED CL.	AIMED <u>CARRYOVER</u>
2013 FOREIGN TAX CREDIT	102.	0.	0. 102.
2012 FOREIGN TAX CREDIT	0.	0.	0. 0.
2011 FOREIGN TAX CREDIT	0.	0.	0. 0.
2010 FOREIGN TAX CREDIT	0.	0.	0. 0.
2009 FOREIGN TAX CREDIT	0.	0.	0. 0.
2008 FOREIGN TAX CREDIT	0.	0.	0. 0.
2007 FOREIGN TAX CREDIT	0.	0.	0. 0.
2006 FOREIGN TAX CREDIT	0.	0.	0. 0.
2005 FOREIGN TAX CREDIT	0.	0.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0. 0.
TOTAL FOREIGN TAX CREDIT CAN	RRYOVER - FORM 1116,	LINE 10	\$ 102.

STATEMENT 11 FORM 1116, LINE 1A - PASSIVE INCOME (AMT) GROSS INCOME FROM SOURCES OUTSIDE U.S.

DIVIDENDS		1,737.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	4,994.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT	-1,427.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		3,567.
CAPITAL GAIN DISTRIBUTIONS	19,003.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT	-5.429.	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS		13,574.
WEI FOREIGN SOOKEE CATITAL GAIN SISTAISSITEM	TOTAL S	18,878.

2014

10/07/15

Vehicle/Unreimbursed Expenses

Page 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Vehicle Expenses - Sch K-1 (Partnerships) VENABLE LLP 01:54PM

	2014 BMW	2011 BMW
 Date placed in service Total mileage Business mileage Business use percentage (divide line 3 by line 2) 	2/01/14 11,000 9,167 0.8334	8/18/11 1,000 833 0.8330
Standard Mileage Rate:		
5. Multiply line 3 by 56 cents (.56)	5,134.	466.
Depr. portion of mileage (22 cents per mile) Oper. exp. portion of mileage (34 cents per mile)	2,017. 3,117.	183. 283.
Actual Expenses:		
6. Gasoline, lube and oil7. Repairs8. Tires	2,774.	252.
9. Insurance 10. Miscellaneous 11. Auto license (except personal property taxes) 12. Value of employer-provided vehicle	2,633. 350.	239. 32.
<pre>13. Vehicle rent or lease (less inclusion) 14. Add lines 6 through 13 15. Multiply line 14 by line 4</pre>	14,242. 19,999. 16,667.	963. 1,486. 1,238.
16. Depreciation and section 179 deduction 17. Add lines 15 and 16	16,667.	1,238.
Total Vehicle Expenses:	Actual Exp	Actual Exp
18. Enter line 5 or line 17 19. Parking fees and tolls 20. Add lines 18 and 19	16,667. 1,386. 18,053.	1,238. 252. 1,490.
Vehicle Expense Allocation:		
21. Car and truck expenses 22. Depreciation	6,184.	688.
23. Vehicle rent or lease payments 24. Add lines 21, 22, and 23 25. Interest expense (business portion)	11,869. 18,053.	802. 1,490.
26. Taxes and licenses (business portion) 27. Personal property taxes (Schedule A)	716. 143.	
Other Unreimbursed Expenses:		
1. Other unreimbursed expenses	20,932.	

2014	Vehicle/Unreimbursed Expenses	Page 2
	DOUGLAS C EMHOFF AND KAMALA D HARRIS	
Unreimbu VENABLE	rsed Expenses - Schedule E Pg. 2 (K-1) LLP	01:54PI
Meal and INTEREST OFFICE S PROFESSI TRAVEL MCTMT	Expenses Entertainment Expenses - VENABLE K-1 UPPLIES ONAL FEES NE/INTERNET Total	\$ 20,259. 3,194. 7,971. 240. 2,853. 3,620. 150. 2,904. 41,191.

	20	2014 FEDERAL DEPRECIATION SCHEDULE	RAL I)EPRE	CIATIC	ON SC	HEDL	J.E				PAGE 1
		DOUGL	AS C EM	HOFF A	DOUGLAS C EMHOFF AND KAMALA D HARRIS	LA D HA	RRIS					
. c	DATE DATE ACOURED SOLD	COST/ BUS. BASIS PCT.	CUR JS. 179 ST. BONUS	SPECIAL DEPR. Allow	PRIOR 179/ BONUS/ SP. DFPR.	PRIOR DEC. BAL DFPR.	SALVAG /BASIS RFDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	O1:14PM CURRENT DEPR.
ı												
-	11/10/1	790			790	-		0		200DB HY	5	0
~	7/01/11	066			066	ć		0		200DB HY	5	0
_	7/01/14	1,200	1,200					0		200DB HY	2	0
		2,980	1,200	0 0	1,780	0 0	0	0	0	_		0
		2,980	1,200	0 0	1,780	0	0	0				0
		2,980	1,200	0	1,780	0	0	0	0			0

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	DATE		7/01/11			
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	CRIPTION	AIPS) - VENA	FR	IERY AND EC	NOTION	DEPRECIATI
	SHO	(PARTNERS)	HONE AD	TAL MACHIN	TAL DEPREC	GRAND TOTAL DEPRECIATION
	ND.	SCH K-1			01	89
	DOUGLAS C EMHOFF AND KAMALA D HARRIS	DOUGLAS C EMHOFF AND KAMALA D HARRIS DATE DATE AMT	DOUGLAS C EMHOFF AND KAMALA D HARRIS DATE DATE AMT AMT AMT AMT AMT REG. OWN POST-86 REAL PROP LEAS PER 59 (6 TO PERMINEN AND EQUIPMENT HINRRY AND EQUIPMENT	DOUGLAS C EMHOFF AND KAMALA D HARRIS DATE DATE DATE DATE DATE DATE DATE DATE	DOUGLAS C EMHOFF AND KAMALA D HARRIS POUR PORT POR	DOUGLAS C EMHOFF AND KAMALA D HARRIS DATE DAT

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" INCLUDE YOUR SSN, DAYTIME PHONE # AND "2014 FORM 4868" MAIL YOUR PAYMENT TO:

INTERNAL REVENUE SERVICE P.O. BOX 7122 SAN FRANCISCO, CA 94120-7122

▼ Detach Here ▼ 1030 Application for Automatic Extension of Time FDIA4601L 06/06/14 Form **4868** To File U.S. Individual Income Tax Return 2014 Department of the Treasury Internal Revenue Service (99) For calendar year 2014, or other tax year beginning , 2014, ending Part II Individual Income Tax Part I Identification 411,894. 4 Estimate of total tax liability for 2014 . . \$ 71,894. DOUGLAS C EMHOFF 5 Total 2014 payments..... Balance due. Subtract line 5 from line 4 (see instructions)..... KAMALA D HARRIS 340,000. Amount you are paying 340,000. (see instructions)..... Check here if you are 'out of the country' and a U.S. income tax withholding.....

FORM TAXABLE YEAR California Resident Income Tax Return APE ATTACH FEDERAL RETURN Α DOUGLAS EMHOF.F. R KAMALA D HARRIS RP 10-13-1964 10-20-1964 APE FS SCHG1 5870A 5805 5805F DESIGNEE TPIDE FNCCF 3805P NODC 3805Z IRC197 IRC1341

ELLA ROSE EMHOFF DAUGHTER

Filing 1 Status	Ш	Single	4 Head of household (with qualifying person). See instructions.	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died	
3		Married/RDP filing separately. Enter spouse's	/RDP's SSN or ITIN above and full name here	
	If yo	our California filing status is different from your	federal filing status, check the box here	
6	If so	omeone can claim you (or your spouse/RDP) as	a dependent, check the box here. See instructions	

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:
Your name: DOUG		For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. 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 for your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. Senior: If you not include yourself or your spouse/RDP. First name
		Total dependent exemptions
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32.
Taxable Income	12	State wages from your Form(s) W-2, box 16
	12	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4
		Little reduced disposed group moving only only only
	14	Cambrilla adjustification Capital Control Cont
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C
	17	California adjusted gross income. Combine line 15 and line 16
	18	Enter the Your California itemized deductions from Schedule CA (540), line 44; OR larger of: Your California standard deduction shown below for your filing status:
		● Single or Married/RDP filing separately
		Married/RDP filing jointly, Head of household, or Qualifying widow(er)
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0:
Тах	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule
		● ☐ FTB 3800 ● ☐ FTB 3803
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$176,413, see instructions
	33	Subtract line 32 from line 31. If less than zero, enter -0
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A
	35	Add line 33 and line 34

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:		
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	
	43	Enter credit name OTHER STATE code ● 187 and amount	• 43	39,423.
	44	Enter credit name	• 44	
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	
	46	Nonrefundable renter's credit. See instructions.	• 46	
	47	Add line 40 and line 43 through line 46. These are your total credits	• 47	39,423.
	48	Subtract line 47 from line 35. If less than zero, enter -0	48	74,907.
				100000000000000000000000000000000000000
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	• 61	
	62	Mental Health Services Tax. See instructions	• 62	1,475.
	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	76,382.
Payments	71	California income tax withheld. See instructions.	• 71	10,919.
	72	2014 CA estimated tax and other payments. See instructions.	• 72	67,462.
	73	Real estate and other withholding. See instructions. ,	• 73	
	74	Excess SDI (or VPDI) withheld. See instructions	• 74	0.
	75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions	●75	78,381.
Overpaid Tax/ Tax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75	●91	1,999.
	92	Amount of line 91 you want applied to your 2015 estimated tax	• 92	1,883.
	93	Overpaid tax available this year. Subtract line 92 from line 91	• 93	116.
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64	9 94	

Your name: DOUG	GLAS C EMHOFF	Your SSN or ITIN:	
Use Tax 95	Use Tax. This is not a total line. See instructions	• 95	

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

Your name: DO	UGLAS	C EMHOFF			Your SSN or ITIN:			
Amount You Owe	111	Mail to: FRANCHIS PO BOX 94 SACRAME	E TAX BOARD 2867	d line 110. See instruction			• 111	
Interest and Penalties	112 113 114	Underpayment of est	imated tax. Check the l	ment penalties pox: • X FTB 5805 a se, but do not staple, an	ttached • FTB	5805F attached	• 113	116.
Refund and Direct Depo	Fill in Have	Mail to: FRANCHIS PO BOX 94 SACRAME the information to au you verified the rout	E TAX BOARD 12840 NTO CA 94240-0009. thorize direct deposit o ing and account num	it line 95 and line 110 fr of your refund into one of bers? Use whole dollars	r two accounts. Do not only.	attach a voided check	• 115 or a deposit slip. See i	O.
	• Rot	iting number	• Type Checking Savings	Account number Account number authorized for direct dep Account number		• 116 Direct depo		
	of perjury, I	declare that I have exa		uld attach a copy of netuding accompanying so	chedules and statements			
Here It is unlawful to forge a spouse's! RDP's signature. Joint tax return? (See instructions)	aid preparer irm's name	's signature (de de d		return with us? See instr	uctions		Date Date PTIN FEIN X Yes	No

CAIA3912L 01/21/15 059 3105146 Form 540 C1 2014 Side 5

2014 California Adjustments — Residents

CA (540)

	rtant: Attach this schedule behind Form 540, Side 5 as a supporting	g Ca	alifornia schedule.				
Name	s) as shown on tax return				SSN or ITIN		
DOU	IGLAS C EMHOFF AND KAMALA D HARRIS						
Parl	I Income Adjustment Schedule	Α	Federal Amounts (taxable amounts from	В	Subtractions	c	Additions
Sect	on A – Income		your federal tax return)		See instructions	5	See instructions
7	Wages, salaries, tips, etc. See instructions before making an						
	entry in column B or C	©				<u> </u>	
8	Taxable interest (b) 2,342.	a 🖭	268.			<u>O</u>	
9	Ordinary dividends. See instructions (b) 4,994. 9		6,731.	-		•	2,342.
10	Taxable refunds, credits, offsets of state and local income taxes				18,497.		
11	Alimony received			$\overline{}$		<u> </u>	
12	Business income or (loss)			<u> </u>		<u> </u>	
13	Capital gain or (loss). See instructions	0		<u> </u>		Ö	
14	Other gains or (losses).			<u> </u>		6	
15	IRA distributions. See instructions. (a)15	ь	<u> </u>	<u></u>		<u> </u>	
16				ŏ		ŏ	3,249.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc S.T 1 17	0		<u></u>		<u></u>	3,249.
18	Farm income or (loss)			<u></u>			
19	Social security benefits	ь		<u></u>			
20 21	Other income.	"		a (e)	а	
	California lottery winnings e NOL from FTB 3805D, 3805Z,			ьĕ		b	
	Disaster loss carryover from FTB 3805V 3806, 3807, or 3809 21	•				co	Annual Control of Decision of Management (Association of Landson Control
	Federal NOL (Form 1040, line 21) f Other (describe):	۲		d 🖲)	d	
	NOL carryover from FTB 3805V					е	
				e 🧿 f 💽)	f 🗿	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B 22	•) 1,316,615.	•	18,497.	•	5,591.
Sect	on B - Adjustments to Income	1					
23	Educator expenses	•)	<u> </u>			
24	Certain business expenses of reservists, performing artists,			_			
	and fee-basis government officials	_		<u> </u>		O	
25	Health savings account deduction	0	3,300.	<u> </u>	3,300.		
26	Moving expenses	©					
27	Deductible part of self-employment tax	©					
28	Self-employed SEP, SIMPLE, and qualified plans 28	©					
29	Self-employed health insurance deduction						
30	Penalty on early withdrawal of savings	•)				
31 a	Alimony paid,						
b	Recipient's: SSN						
			\			•	
		a 💽					
32	IRA deduction					•	_
33	Student loan interest deduction			\odot		9	
34	Tuition and fees	-		ŏ			
35	Domestic production activities deduction	۳	,	٧		6 (FROADA)	
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.						
50	See instrs	•	84,002.	(3,300.	•	
	occ moust,	Ĭ	34,0024	Ť	2,230.	T	
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	•) 1,232,613.	\odot	15,197.	\odot	5,591.
							ONIA40101 10/21/14

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 4, 9, 15, 19, 20, 27, and 28	220,513.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local	
	income tax, or General Sales Tax), and line 8 (foreign income taxes only). See instructions	92,195.
40	Subtract line 39 from line 38	128,318.
41	Other adjustments including California lottery losses. See instructions.	
	Specify	
42	Combine line 40 and line 41	128,318.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? REDUCTION	-52,787.
	Single or married/RDP filing separately	
	Head of household	
	Married/RDP filing jointly or qualifying widow(er)\$352,830	
	No. Transfer the amount on line 42 to line 43.	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 43	75,531.
44	Enter the larger of the amount on line 43 or your standard deduction listed below	
	Single or married/RDP filing separately. See instructions	
	Married/RDP filing jointly, head of household, or qualifying widow(er). \$7,984	
	Transfer the amount on line 44 to Form 540, line 18	75,531.
	Transfer the amount on the 44 to roth 346, and 10.55.	

Side 2 Schedule CA (540) 2014 059 7732144 CAIA4012L 12/31/14

2014 Other State Tax Credit

Attach to Form 540, Long Form 540NR, or Form 541. SUMMARY Name(s) as shown on your California tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS Double-Taxed Income (Read specific line instructions for Part I before completing.) (a) Income item(s) description (b) Double-taxed income taxable by California (c) Double-taxed income taxable by other state <u>•</u> ◉ ◉ $\overline{\odot}$ ◉ ◉ ◉ • 1 Total double-taxed income Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.) Income tax liability paid to name of other state (use state's abbreviation) See instructions...... • 7 10 11

Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions...... @12 39, 423.

2014 Other State Tax Credit

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

Name	s) as shown on your California tax return			SSN, ITIN,	or FEIN	
DOU	GLAS C EMHOFF AND KAMALA D HARRIS	S				
Par			efore completing.)			
(a) Ir	come item(s) description	(b) Double-taxed inco	me taxable by California	(c) Double-taxed	income tax	cable by other state
J 💿	ENABLE LLP	ledot	340,110.	<u> </u>		340,110.
(<u> </u>		(*)		
() () () ()		o		<u> </u>		
1	Total double-taxed income		340,110.			340,110.
Par	Figure Your Other State Tax Credit (Read spec	one instruction	is for Part II before comple	eung.)		
2	California tax liability. See instructions				2	114,330.
3	Double-taxed income taxable by California. Enter the	amount from Part	I, line 1, column (b)) з	340,110.
4	California adjusted gross income. See instructions		,,,) 4	1,223,007.
5	Divide line 3 by line 4. Do not enter more than 1.000	0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	0.2781
6	Multiply line 2 by line 5			,	6	31,795.
7	Income tax liability paid to name of other state (use	state's abbreviatio	n) MD See instructions		7	23,808.
8	Double-taxed income taxable by other state. Enter the	ne amount from Pa	rt I, line 1, column (c)		8	340,110.
9	Adjusted gross income taxable by other state. See in	structions			9	340,110.
10	Divide line 8 by line 9. Do not enter more than 1.000	0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)10	1.0000
11	Multiply line 7 by line 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,)11	23,808.
12	Other state tax credit. Enter the smaller of line 6 or I	ine 11. Use Credit	Code 187. See instruction	ns,,)12	23,808.

2014 Other State Tax Credit

S

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

Name(s) as shown on your California tax return					V. or FEIN		
DOUGLAS C EMHOFF AND KAMALA D HARRIS							
Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)							
(a) Income item(s) description			(b) Double-taxed income taxable by California		(c) Double-taxed income taxable by other state		
● VENABLE LLP ● ●		- <u> </u>	52,058.	<u> </u>		52,058.	
(9)				<u>•</u>			
<u> </u>		•		<u> </u>			
1	Total double-taxed income		52,058.	<u>•</u>		52,058.	
Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)							
2	California tax liability. See instructions			(2	114,330.	
3	3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)				● 3	52,058.	
4	California adjusted gross income. See instructions.			(4	1,223,007.	
5	Divide line 3 by line 4. Do not enter more than 1.00	000		(5	0.0426	
6	Multiply line 2 by line 5.			(● 6	4,870.	
7	Income tax liability paid to name of other state (use	e state's abbreviat	ion) <u>VA</u> See instructions	(0 7	2,990.	
8	Double-taxed income taxable by other state. Enter	the amount from f	Part I, line 1, column (c)		● 8	52,058.	
9	Adjusted gross income taxable by other state. See	instructions			9	52,058.	
10	Divide line 8 by line 9. Do not enter more than 1.00	000,	******************	(● 10	1.0000	
11	Multiply line 7 by line 10			(● 11	2,990.	
12	Other state tax credit. Enter the smaller of line 6 or	r line 11. Use Cred	dit Code 187 . See instruction	ns (12	2,990.	

CALIFORNIA SCHEDULE

2014 Other State Tax Credit

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Name	s) as shown on your California tax return			CCM ITI	I PPIN	
DOI	IGLAS C EMHOFF AND KAMALA D HARRI	S				
Par	Double-Taxed Income (Read specific line inst	ructions for Part	before completing.)			
(a) ir	come item(s) description	. ,	ncome taxable by California	(c) Double-tax	ed income ta	axable by other state
J 💿	ENABLE LLP	•	130,063.	•		130,063.
O		\odot		()		
<u> </u>		<u> </u>		$leve{oldsymbol{\circ}}$		
1	Total double-taxed income		130,063.	<u> </u>		130,063.
Par	Figure Your Other State Tax Credit (Read spe	ecific line instructi	ons for Part II before compl	eting.)		
				,	a .	111 220
2	California tax liability. See instructions				9 2	114,330.
3	Double-taxed income taxable by California, Enter th	e amount from P	art I, line 1, column (b)	(● 3	130,063.
4	California adjusted gross income. See instructions.			, (• 4	1,223,007.
5	Divide line 3 by line 4. Do not enter more than 1.000	00		(5	0.1063
6	Multiply line 2 by line 5			(● 6	12,153.
7	Income tax liability paid to name of other state (use	state's abbreviat	ion) NY See instructions	(7	11,472.
8	Double-taxed income taxable by other state. Enter t	he amount from I	Part I, line 1, column (c)	(● 8	130,063.
9	Adjusted gross income taxable by other state. See i	instructions,		(9	130,063.
10	Divide line 8 by line 9. Do not enter more than 1.000	00		(● 10	1.0000
11	Multiply line 7 by line 10			, (● 11	11,472.
12	Other state tax credit. Enter the smaller of line 6 or	line 11. Use Cred	dit Code 187. See instruction	ns (● 12	11,472.

2014 Other State Tax Credit

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Name	(s) as shown on your California tax return			SSN, ITIN, o	or FFIN
	JGLAS C EMHOFF AND KAMALA D HA	DDTC		0014, 11114, 0	T. I best V
Par			efore completing.)		
	ncome item(s) description		me taxable by California	(c) Double-taxed i	income taxable by other state
	/ENABLE LLC	•	2,946.		2,946.
<u> </u>				(
\odot		<u>•</u>		Ŏ	
1 Par	Total double-taxed income				2,946.
<u> </u>	CH Tigato to the control of the cont				
2	California tax liability. See instructions		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	2 114,330.
3	Double-taxed income taxable by California. Ent	ter the amount from Part	I, line 1, column (b)		3 2,946.
4	California adjusted gross income. See instruction	ons.,,,,,,,		., •	41,223,007.
5	Divide line 3 by line 4. Do not enter more than	1.0000			50.0024
6	Multiply line 2 by line 5	,	****	•	6274.
7	Income tax liability paid to name of other state	(use state's abbreviation	DE See instructions	©	7194.
8	Double-taxed income taxable by other state. Er	nter the amount from Pa	rt I, line 1, column (c)	,	82,946.
9	Adjusted gross income taxable by other state.	See instructions	***************************************		9 2,946.
10	Divide line 8 by line 9. Do not enter more than	1.0000			10 1.0000
11	Multiply line 7 by line 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11194.
12	Other state tax credit. Enter the smaller of line	6 or line 11. Use Credit	Code 187 . See instruction	ns, , , , , , , , , , , , , , , , , , ,	12194.

2014 Other State Tax Credit

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Name	s) as shown on your California tax return			SSN, ITI	N, or FEIN	
	GLAS C EMHOFF AND KAMALA D HARRI	Ś				
Par			before completing.)			
(a) Ir	come item(s) description	(b) Double-taxed in	come taxable by California	(c) Double-tax	xed income t	axable by other state
J 💿	ENABLE LLP	<u> </u>	10,200.	<u> </u>		10,200.
<u> </u>		•		(
•		$reve{oldsymbol{\circ}}$		\odot		
1 Par	Total double-taxed income		10,200.			10,200.
T at	I I I I I I I I I I I I I I I I I I I	one me menden	THE TOTAL CONTRACTOR CONTRACTOR	5 til 1917		
2	California tax liability. See instructions				② 2	114,330.
_						
3	Double-taxed income taxable by California. Enter the	amount from Pa	rt I, line 1, column (b)	* * * * * * * * * *	3	10,200.
					_	
4	California adjusted gross income. See instructions				4	1,223,007.
		_			0.5	0 0000
5	Divide line 3 by line 4. Do not enter more than 1.000	0			• 5	0.0083
6	Multiply line 2 by line 5				6 6	949
6	Multiply line 2 by line 5	***********			<u> </u>	545.
7	Income tax liability paid to name of other state (use	state's abbreviati	on) MN See instructions		7	1,005.
•	months tax hability paid to hall be a state (asset			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Double-taxed income taxable by other state. Enter the	ne amount from F	art I, line 1, column (c)		8	10,200.
9	Adjusted gross income taxable by other state. See in	structions			● 9	10,200.
					O-10	1 0000
10	Divide line 8 by line 9. Do not enter more than 1.000	0		,	• 10	1.0000
44	Adultini dia 7 hu Bas 10				11	1,005.
11	Multiply line 7 by line 10				<u> </u>	1,005.
12	Other state tax credit. Enter the smaller of line 6 or I	ine 11. Use Cred	t Code 187. See instruction	ns	12	949.
160	The state and state and state and state at the state at t					

2014 Other State Tax Credit

S

				Local (Tab)		
	(s) as shown on your California tax return	_		SSN, ITIN,	or FEIN	
Par	JGLAS C EMHOFF AND KAMALA D HARRIS L Double-Taxed Income (Read specific line instru		re completing \			
	ncome item(s) description	(b) Double-taxed income		(c) Double-taxe	d income t	taxable by other state
_	• • • • • • • • • • • • • • • • • • • •	,	222	_		332.
<u></u>		<u> </u>		O		
<u> </u>		<u> </u>		ledown		Ţ
1 Par	Total double-taxed income		332.			332.
2	California tax liability. See instructions) 2	114,330.
3	Double-taxed income taxable by California. Enter the					
4	California adjusted gross income. See instructions	*********) 4	1,223,007.
5	Divide line 3 by line 4. Do not enter more than 1.0000	0	, , ,) 5	0.0003
6	Multiply line 2 by line 5) 6	34.
7	Income tax liability paid to name of other state (use s	state's abbreviation)(PA See instructions	······) 7 _	10.
8	Double-taxed income taxable by other state. Enter the	ie amount from Part I	, line 1, column (c)	······ •) 8	332.
9	Adjusted gross income taxable by other state. See in	structions	, , , , ,) 9	332.
10	Divide line 8 by line 9. Do not enter more than 1.0000	0)10	1.0000
11	Multiply line 7 by line 10	******************	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)11	10.
12	Other state tax credit. Enter the smaller of line 6 or li	ine 11. Use Credit Co	de 187. See instruction	ńs)12	10.

2014

CALIFORNIA STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

STATEMENT 1 SCHEDULE CA, LINE 17 RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC.

PARTNERSHIP/S-CORPORATION INCOME ADJUSTMENT. \$ 3,249. TOTAL \$ 3,249.

2014 Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM

5805

Atta on I	ach this form to the bac Form 540, line 113; Lon	k of your Form 540, t g Form 540NR, line 1	ong Form 540NR 123; or Form 541,	, or Form 541. Als line 42, whicheve	o, check the box to r applies.			located
Nam	e(s) as shown on return					SSN, ITIN, or FI	EIN	
DO	UGLAS C EMHOFF	AND KAMALA D	HARRIS					
	IPORTANT: In most cases ee General Information		oard (FTB) can figu	ire the penalty for y	ou and you do not ha	ave to complete this	form.	
lf	you meet any of the follow	ving conditions, you do	not owe a penalty f	or underpayment of	estimated tax. Do no	t complete or file th	is form if:	
•	The amount of your to including estimated to	ax liability (not includ ax payments for eithe	ing tax on lump-s r 2013 or 2014 w	um distributions) as less than \$500	less credits (includi (or less than \$250	ng the withholding if married/RDP fili	credit) but not ng a separate r	eturn).
•	Your 2013 return was f that return.							
•	The amount of your won your 2014 return of \$150,000 or \$75,000 with California AGI ed their 2014 tax return	vithholding plus your or 100% of the tax sho if married/RDP filing ual to or greater than if they do not meet o	estimated tax pay own on your 2013 a separate return n \$1,000,000 (or \$ ne of the two con	ments, if paid in return (110% if C and you are not 5500,000 if marrie ditions above.	the required install alifornia adjusted g using the annualize d/RDP filing a sepa	ments, is at least ross income (AGI) ed income installm rate return), must	90% of the tax was more than ent method. Ta use the tax sho	shown n xpayers own on
_								
		ers must complete this				111		
1	Are you requesting a w Form 540, line 113; L a statement. See Ger	aiver of the penalty? If ong Form 540NR, line neral Information C.	'Yes,' provide an e e 123; or Form 54	1, line 42. If you	nd be sure to check need additional spa	the box on ce, attach	1 ⊙ □Yes	XNo
	Did you use the annual check the box on For	m 540, line 113; Long	g Form 540NR, lin	e 123; or Form 54	1, line 42		2 ① Yes	X No
3	Was your California withheld per period a If 'Yes,' enter the act must equal the total was form 541, line 29 and	ual uneven amounts withholding reported of d line 31.	withheld on the s on Form 540, line	paces provided be 71 and line 73; Fe	elow. The total of th orm 540NR, line 81	e four amounts and line 83; or	3●☐Yes ☐ N	N/A
	4/15/14 •\$; 6/15/14	③ \$; 9/15/14	● \$; 1/15/15	• \$	·
4	For estates and trusts: Information E.	Was the date of death	less than two year	s from the end of the	ne taxable year? See	General	4 (Yes	No

Par	t II Required Annual Payment. All filers must complete this part.		
1	Current year tax. Enter your 2014 tax after credits. See instructions. Multiply line 1 by 90% (.90). 2 68,744.	1 [76,382.
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3 [10,919.
4	stop here. Tou do not owe the penalty. Be not the form 18 sees.	4 [65,463.
5	2014, more than \$10,000/	5 [68,744.
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6 [68,744.
Caut	Part III. If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Worksheet	II i	n the instructions.
Caut	tion: See the instructions to find out if you can use the short method. If you answered 'Yes' to Question 2 in Part I, skip the Part III. If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Worksheet	ıs p	art and go to n the instructions.
7	Enter the amount, if any, from Part II, line 3 above		
8	Enter the total amount, if any, of estimated tax payments you made	ſ	
9	Add fille 7 and fille 6	9 [
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	0 [
11 12	Multiply line 10 by .02121370	1 [
	Amount on Number of days paid	2 [
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42. Also, check the box for 'FTB 5805.'	3 [116.

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

12 PENALTY. Add all amounts on line 11 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 42,

and check the box on that line▶ 12 \$

Par	t I Figure Your Underpayment.		(a) 4/15/14	(b) 6/15/14	(c) 9/15/14	(d) 1/15/15
1	Required Installments. See instructions	1	20,623.	27,498.		20,623.
2	Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer 'Yes' to a question in Part 1)	2	12,738.	42,368.		3,275.
ONE	IPLETE LINE 3 THROUGH LINE 9 OF COLUMN BEFORE GOING TO THE T COLUMN.					
3	Enter amount, if any, from line 9 of previous column	3			6,985.	6,985.
4	Add line 2 and line 3	4		42,368.	6,985.	10,260.
_	Add amounts on line 7 and line 8 of the previous column	5		7,885.		
6	Subtract line 5 from line 4. If zero or less, enter -0 For column (a) only, enter the amount from line 2	6	12,738.	34,483.	6,985.	10,260.
7	If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0	7		o [.] .	0.	
8	Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9▶	8	7,885.			10,363.
9	Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9		6,985.		
Par	t II Figure the Penalty. Comple	te line	10 and line 11 of one	column before going to	the next column.	
Rate	Period:					
	April 15, 2014 - April 15, 2015		4/15/14	6/15/14	9/15/14	1/15/15
10	Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/2015, whichever is earlier	10	Days:	Days:	Days:	Days:
11	Underpayment on line 8 x line 10 x .03	11	\$ 39.53	\$	\$	\$ 76.66

Payment Due Dates

CAIZ6103L 08/06/15 FTB 5805 Schedule B 2014

2014

UNDERPAYMENT PENALTY WORKSHEET

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Required Installment		Payme	ent			Pe	enalty	
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 20,623.	4/15/14 4/15/14 6/15/14 6/15/14	2 2	9,462. 3,276. 4,368. 3,517.	11,161. 7,885. 3,517.	61	0.030	39.53	39.53
TOTAL SECOND QTR 27,498.	6/15/14 6/15/14		27,498.	27,498.				39.33
THIRD QTR FOURTH QTR 20,623. TOTAL		2	6,985. 3,275. 10,363.	13,638. 10,363.	90	0.030	76.66	76.66

* 1 = Overpayment

2 = Withholding

3 = Estimate

4 = Extension 5 = Paid with return

TOTAL UNDERPAYMENT PENALTY.....

** Underpayment x Days Late x Rate

FDIL1601L 05/13/14

116.

TOTAL MACHINETY AND EQUIPME TOTAL MACHINETY AND EXAMINE AND FAMALA D HARRIS CIT-HAPM CONSTITUTION CON	12/31/14		2014	CALI	FOR	NIA	DEPR	2014 CALIFORNIA DEPRECIATION SCHEDULE	S NOI	CHEL	OULE				PAGE 1
DATE DATE COST BLIS 139 SPECIAL FROM PROPE SALVING FROM PROPE SALVING FROM PROPE				DOU	GLAS	C EMH	OFF AN	ND KAMA	LA D HA	RRIS					
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2014 CALIFORNIA ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE	DOUG	AMT BASIS			0	0	0	0	0	0	
NIA		DATE		1			·		, "		
ALIFO		DATE ACQUIRED			7/01/11	7/01/11	7/01/14				
		DESCRIPTION	SCH K-1 (PARTNERSHIPS) - VENABLE LLP	MACHINERY AND EQUIPMENT	I PHONE	I PAD	3 LAPTOP COMPUTER	TOTAL MACHINERY AND EQUIPME	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION	
12/31/14		10/07/15 NO	SCH K-1	MACH	1 1 8	2 IP	3 14	μ	μ	19	

Form 1040	Department of the Treasury — Internal Revenue Service (99) U.S. Individual Income Tax Return	5 OND No. 1545 0074 UPS	Use Only — Do not write or staple in this space.
	Old Harvada Hodina Tax Hotain	. 20	See separate instructions.
Your first name and initia	31, 2015, or other tax year beginning , 2015, ending	, 20.	Your social security number
-			
DOUGLAS C EN			Spouse's social security number
			opouse's social security flamme.
KAMALA D HAI	RIS	Apt. no.	A Maria and the CONTON of the conton
	ave a F.O. DOX, See High adjoins.	ripa ne	Make sure the SSN(s) above and on line 6c are correct.
City town as post office	tate, and ZIP code. If you have a foreign address, also complete spaces below (see inst	ructions)	Presidential Election Campaign
City, town or post onice,	late, and zir code. If you have a loreign address, also complete spaces solow (see history	1450011571	Check here if you, or your spouse if filing
Familia aquata apma	Foreign province/state/county	Foreign postal code	jointly, want \$3 to go to this fund. Checking
Foreign country name	1 oreign province/state/country	Totalgi. postar coco	a box below will not change your tax or refund. You Spouse
		T Head of household (with qualifying person). (See
Filing Status	1 Single 4	instructions.) If the a	ualifying person is a child
	2 X Married filing jointly (even if only one had income)	but not your depende	ent, enter this child's
Check only	3 Married filing separately. Enter spouse's SSN above & full	name here .	
one box.	name here ► 5	Qualifying widow(er)	with dependent child
Exemptions	6a X Yourself. If someone can claim you as a dependent, do	not check box 6a	Boxes checked on 6a and 6b
	b X Spouse	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	c Dependents: (2) Dependent's	(3) Dependent's	(4) / 16
	social security number	relationship to you	child under age 17 with you 12 qualifying for child tax credit live with you 15 qualifying to 15 qualifying to 15 qualifying to 15 qualifying to 15 qualifying to 15 qualifying the 15 qualifyin
	(1) First name Last name		child tax credit (see instructions) live with you due to divorce
	ELLA ROSE EMHOFF	DAUGHTER	X or separation
If more than four			(see instructions)
dependents, see instructions and			on 6c not entered above.
check here			Add numbers on lines
	d Total number of exemptions claimed		above 3
	7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 139,402.
Income	8a Taxable interest, Attach Schedule B if required		8a 134.
	b Tax-exempt interest. Do not include on line 8a	. 8b 2,	646.
Attach Form(s)	9a Ordinary dividends, Attach Schedule B if required		ga 5,710.
W-2 here. Also attach Forms	b Qualified dividends	A STATEME	.009. NT.3 10 21.
W-2G and 1099-R	10 Taxable refunds, credits, or offsets of state and local income 11 Alimony received	: taxes,. P.++++	11
if tax was withheld.	11 Alimony received		
If you did not	13 Capital gain or (loss). Attach Schedule D if required, If not required, check h		13 18,294.
get a W-2, see instructions.	14 Other gains or (losses). Attach Form 4797		14
See moderations.		Taxable amount	
		Taxable amount	
	17 Rental real estate, royalties, partnerships, S corporations, tr	usts, etc. Attach Sched	dule E. 17 1,082,152.
	18 Farm income or (loss). Attach Schedule F		
		Taxable amount	
	TAVIOD C DINC TID	raxable amount,.,	21 10,000.
	21 Other income. List type and amount TATLOK & KING IIII 22 Combine the amounts in the far right column for lines 7 through 21. This is y	our total income	
	23 Educator expenses	. 23	
Adjusted	24 Certain business expenses of reservists, performing artists, and fee-basis	04	
Gross	government officials, Attach Form 2106 or 2106-EZ	. 24	.575.
Income	25 Health savings account deduction. Attach Form 8889		,373.
	Moving expenses. Attach Form 3903Deductible part of self-employment tax. Attach Schedule SE		.922.
	 Deductible part of self-employment tax. Attach Schedule SE		,125.
	29 Self-employed health insurance deduction		,331.
	30 Penalty on early withdrawal of savings		
	31 a Alimony paid b Recipient's SSN	31 a	
	32 IRA deduction		
	33 Student loan interest deduction		
	Tuition and fees. Attach Form 8917	. 34	
	35 Domestic production activities deduction. Attach Form 8903		36 89,953.
	36 Add lines 23 through 35		1 1 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

Form 1040 (2015)		OUGLAS C EMHOFF AND KAMALA D HARRIS		Page 2
	38	Amount from line 37 (adjusted gross income)	38	1,165,760.
Tax and	39	Check You were born before January 2, 1951, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1951, Blind. checked ► 39 a		
	٦,	of your spouse itemizes on a separate return or you were a dual-status alien, check here > 39 b	T	
Standard			40	215,128.
Deduction for –	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		
101 -	41	Subtract line 40 from line 38	41	
 People who 	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instrs	42	0.
check any box	43	Taxable income. Subtract line 42 from line 41.	43	950,632.
on line 39a or		If line 42 is more than line 41, enter -0	43	950,032.
39b or who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 c	4	
dependent, see		b Form 4972	44	
instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
• All others:	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Single or	47	Add lines 44, 45, and 46	47	317,799.
Married filing	48	Foreign tax credit. Attach Form 1116 if required	1550	
separately,		Toleight tax create retain 1110 in regarder	4	
\$6,300	49	Groupe for drifted and deportment that any other services in the services of t	-	
Married filing	50	Education credits from Form 8863, line 19	-	
jointly or	51	Retirement savings contributions credit. Attach Form 8880		
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required		
\$12,600	53	Residential energy credits. Attach Form 5695		
Head of		Acsidential chergy ordator rations of the second of the se	7	
household,	54	Other 613 Hoth Forth, 4 [22] 0000 11 [] 5001	158040018	
\$9,250	55	Add lines 48 through 54. These are your total credits	55	357.
44,000	5 6	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	- 56	317,442.
			57	
Other	57	Self-employment tax. Attach Schedule SE.	58	
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60	
	ŀ	First-time homebuyer credit repayment. Attach Form 5405 if required	60	b
		Health care: individual responsibility (see instructions) Full-year coverage X	61	
		77	62	
	62		- }	
	63	Add lines 56 through 62. This is your total tax		371,954.
Payments	64			
	65	00 000		
If you have a [qualifying		Earned income credit (EIC)	7	
child, attach		Latitud modific civility	7	
Schedule EIC.		Nontaxable combat pay election 66 b		
	67	Additional child tax credit, Attach Schedule 8812	-	
	68	American opportunity credit from Form 8863, line 8 68	_	
	69	Net premium tax credit. Attach Form 8962		
	70	Amount paid with request for extension to file	.]	
		Excess social security and tier 1 RRTA tax withheld 71	٦	
	71	Excess social security and the first tax	-	
	72	Credit for federal tax on fuels. Attach Form 4136	-	
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	-	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	390,268.
Defund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	18,314.
Refund	75	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.	76	
			300	<u> </u>
5, 11, 115		Routing number		
Direct deposit? See instructions.	► (Account number		
See instructions.	77	Amount of line 75 you want applied to your 2016 estimated tax > 77 18, 314		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	<i>i</i>
You Owe	79	Estimated tax penalty (see instructions)		
		u want to allow another person to discuss this return with the IRS (see instructions)?	nlati	e below. No
Third Party	_	Dhana	porco	nal identification
Designee	Desig	nee's ▶ Phone no.	numbe	er (PIN)
<u> </u>		and statements and to the b	act of	my knowledge and
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bit they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-	eparer	has any knowledge.
Here		ur signature Date Your occupation	0	Daytime phone number
Joint return?	, ,	ATTORNEY		
See instructions.) -		lf.	f the IRS sent you an Identity Protection.
Кеер а сору	Spi	Juse's signature, it a joint rotain, both must sign	19	PIN, enter it here (see inst.)
for your records.		ATTORNEY GENERAL		
		Date Check	if	PTIN
Paid		10/11/16 self-emplo	yed	
Preparer	Firm's	nam		
Use Only	-	Firm's 8	EIN >	
_	Firm's	s addr Phone r		
FDIA0112L 12/30/15		Progre s	149	Form 1040 (2015)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

2015

Attachment Sequence No. 07

Name(s) shown on F				Yours	ocial se	ecurity number
DOUGLAS C	EM	HOFF AND KAMALA D HARRIS			a nemaarináno.	
Medical and	1	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	1			
Dental Expenses	2	Enter amount from Form 1040, line 38 2				
•	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before	3			
	4	January 2, 1951, multiply line 2 by 7.5% (.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0.
Taxes You		State and local (check only one box):	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Paid	а	T	5	137,832.		
	Ŀ	General sales taxes				
	6		6	38,892.		
	7	Personal property taxes	7	431.		
	8	Other taxes. List type and amount	8		0.00	
	9	Add lines 5 through 8			9	177,155.
Interest		Home mtg interest and points reported to you on Form 1098 SEE . ST . 4	10	30,702.		111,1301
You Paid	10 11	Home mortgage interest and points reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		30, 102.		
Note.		ideficitying no., and address				
Your mortgage						
interest deduction may						
be limited (see instructions).			11			
matructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required.				
		Coo modely.	14		15	20 702
		Add lines 10 through 14	Tanks to cloth	*********	13	30,702.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. SEE STATEMENT 5	16	22 017		
Charity			10	32,947.		
If you made a gift and got a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if				
benefit for it, see instructions.		over \$500	17			
	18	Carryover from prior year	18		10	
	19	Add lines 16 through 18			19	32,947.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		******	20	0.
Job Expenses and Certain	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if				
Miscellaneous		required. (See instructions.)				
Deductions			21			
	22	Tax preparation fees	22	832.	_	
	23	Other expenses - investment, safe deposit box, etc. List				
		type and amount	00	2 701		
		MERRIL LYNCH 3,791.	23	3,791. 4,623.	1	
		Add lines 21 through 23		4,023.	1	
	25	Multiply line 25 by 2% (.02)	26	23,315.		
	26 27	Subtract line 26 from line 24. If line 26 is more than line 24, ente			27	0.
Other	28	Other — from list in instructions. List type and amount				
Miscellaneous	2.0					
Deductions					28	0.
Total	29	Is Form 1040, line 38, over \$154,950?		REDUCTION		
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		-25,676.	29	215 120
		X Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	T		25	215,128.
	30	If you elect to itemize deductions even though they are less than your standard	_			
	30	deduction, check here.		,,,,,,,,,,,,,,,,,,,, ▶ ∐		

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Attachment Sequence No.

Your social security number

Department of the Treasury (99) Internal Revenue Service

Name(s) shown on return

► Attach to Form 1040A or 1040. ► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

DOUGLAS C EMHOFF AND KAMALA D HARRIS List name of payer. If any interest is from a seller-financed mortgage and the buyer used Amount the property as a personal residence, see instructions on back and list this interest first. Also show that buyer's social security number and address > Interest VENABLE LLP (See instructions for Form 1040A, or Form 1040, 125 WELLS FARGO 7248 line 8a.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement 7 from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 134. Add the amounts on line 1...... Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach 3 4 134. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a Amount Note: If line 4 is over \$1,500, you must complete Part III. Part II List name of payer ▶ 5,710 MERRILL LYNCH 15265 Ordinary Dividends instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's 5 name as the payer and enter the ordinary dividends shown on that form. 5,710. Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. 6 Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? Part III Foreign Х Accounts If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements. and Trusts (See instructions b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial on back.) During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions on back.....

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

2015

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Information about Schedule D and its separate instructions is at www.irs.gov/scheduled. ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Short-Term Capital Gains and Losses — Assets Held One Year or Less

Name(s) shown on return

Your social security number

DOUGLAS C EMHOFF AND KAMALA D HARRIS

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round		(d) Proceeds	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pa	om ort 1.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
off c	ents to whole dollars.	(sales price)	(or other basis)	line 2, column ((g)	column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	:				
4	Short-term gain from Form 6252 and short-term	m gain or (loss) from F	orms 4684, 6781, and 8	824	4	
5	Net short-term gain or (loss) from partnerships	, S corporations, estate	es, and trusts from Sch	edule(s) K-1	5	
6	Short-term capital loss carryover. Enter the an Worksheet in the instructions	Carryover	6			
7	Net short-term capital gain or (loss). Combine line capital gains or losses, go to Part II below. Other	g-term	7			
Par	t II Long-Term Capital Gains and L	.osses – Assets H	eld More Than One	Year		
See	instructions for how to figure the amounts to r on the lines below.	osses – Assets H (d) Proceeds	(e) Cost	(g) Adjustments	om l	(h) Gain or (loss) Subtract column (e) from column (d) and
See ente This	instructions for how to figure the amounts to	(d)	(e)	(g) Adjustments	om l	Subtract column (e)
See ente This off c	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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	(d) Proceeds	(e) Cost	(g) Adjustments	om l	Subtract column (e) from column (d) and combine the result with
See ente This off c	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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	(d) Proceeds	(e) Cost	(g) Adjustments	om l	Subtract column (e) from column (d) and combine the result with
See ente This off c	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments	om l	Subtract column (e) from column (d) and combine the result with column (g)
See ente This off c 8a	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments	om l	Subtract column (e) from column (d) and combine the result with column (g)
See ente This off c 8a	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked.	(d) Proceeds (sales price) 12,825.	(e) Cost (or other basis) 11,370.	Adjustments to gain or loss from (s) 8949, Pa line 2, column (om l	Subtract column (e) from column (d) and combine the result with column (g)
See ente This off c 8a 8b 9	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked.	(d) Proceeds (sales price) 12,825.	(e) Cost (or other basis) 11,370.	Adjustments to gain or loss from (s) 8949, Pa line 2, column (om rt II, (g)	Subtract column (e) from column (d) and combine the result with column (g)
See enter This off c 8a 8b 9 10 11	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Gain from Form 4797, Part I; long-term gain forms 4684, 6781, and 8824.	(d) Proceeds (sales price) 12,825. rom Forms 2439 and 63	(e) Cost (or other basis) 11,370.	Adjustments to gain or loss from (s) 8949, Pa line 2, column (s) from (loss) f	om rt II, g)	Subtract column (e) from column (d) and combine the result with column (g)

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on

Worksheet in the instructions.....

18,294.

15

Part III Summary		
16 Combine lines 7 and 15 and enter the result	16	18,294.
 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? X Yes. Go to line 18.		
No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	0.
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)	21	
Note: When figuring which amount is smaller, treat both amounts as positive numbers,		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015

Form 8949 (2015)

of the adjustment.

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

SSN or taxpayer identification no.

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

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

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

You must check Box D, E, or F to Form 8949, page 2, for each complete as many forms with	applicable box. If h the same box ch	f you have more lo necked as you nee	ong-term transact ed.	ions than will fit o	in this page	mplete a separate for one or more of	of the boxes,
X (D) Long-term transaction					lote above)		
(E) Long-term transaction	•			orted to the IRS			
(F) Long-term transaction	ctions not reporte	d to you on Form	1099-B				
1 (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	If you enter an	if any, to gain or loss. amount in column (g), ode in column (f), parate instructions, (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
MERRILL LYNCH 5265	VARIOUS	VARIOUS	12,825.	11,370.			1,455.
2 Totals. Add the amounts (subtract negative amour include on your Schedule checked), line 9 (if Box E Box F above is checked) Note: If you checked Box D	nts). Enter each to D, line 8b (if Box above is checked	otal here and x D above is d), or line 10 (if	12,825.	11,370.	(a) the ho	0.	1,455.
Note: It you checked Box D	above but the bas	is reported to the	THE WAS INCOMED	t, enter in column	i fel me na	ala da reported to	4.5 H 10 WING

enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount

FDIA9212L 08/17/15

DOUGLAS C EMHOFF AND KA	AMALA I	ν m	c_{INNE}
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7 a b	adula E /Farm 1040) 2015			Attachment	Sequence No	12			Page 2
	edule E (Form 1040) 2015 e(s) shown on return, Do not enter name and social security num	iber if shown on Page 1.		Attachinent	Your social		ty numbe	er	r ago z
	UGLAS C EMHOFF AND KAMALA D HA	_							
	tion. The IRS compares amounts reported on year		unte	shown on Sched	lule(s) K.1				
	rt II Income or Loss From Partners				uic(3) 1(-1.				
ra	Note: If you report a loss from an at-ris 28 and attach Form 6198. See instructi	k activity for which any	am	ount is not at risk	, you must ch	neck t	he box	in colum	n (e) on line
27	Are you reporting any loss not allowed in a pr prior year unallowed loss from a passive activ partnership expenses? If you answered 'Yes,'	ity (if that loss was not	repo	orted on Form 858	B2), or unreim	burse	ed	. X Yes	s No
28	(a) Name			(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	-(d) Emp dentific numb	oloyer ation	(e) Check if any amount is not at risk
A	VENABLE LLP			P					
В	UPE			P				*****	
С	CITIZENS LANIER INVESTORS LLC			P					
D	OTHER INCOME			P					
Passive Income and Loss Nonpassive Income and Lo									
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h	Nonpassive loss om Schedule K-1	(i) Sect expense of from Fo	deduc rm 45	tion 62	(j) No Inço Sche	enpassive me from edule K-1
Α								1,	119,019.
В				40,617	.				
С									
D		3,750.							
29	a Totals	3,750.						1,	119,019.
	b Totals			40,617			.,		
30	Add columns (g) and (j) of line 29a						30	1,	122,769.
31	Add columns (f), (h), and (i) of line 29b						31		-40,617.
32	Total partnership and S corporation income of include in the total on line 41 below	or (loss). Combine lines	30	and 31. Enter the	result here a	nd	32	1,	082,152.
Pa	rt III Income or Loss From Estates a	and Trusts							
33		(a) Name						(b) Emp	loyer ID no.
Α									
В									
	Passive Income	and Loss			No	npas	sive In	come and	Loss
	(c) Passive deduction or loss allo (attach Form 8582 if required	wed)) Passive income om Schedule K-1	(e) Deduct from Sch			(f) Oth	er income chedule K-1
Α									
В									

D							
	Passive Income and Loss Nonpassive					ve Income and Loss	
	(c) Passive deduction or loss allo (attach Form 8582 if required)	wed	(d) Passive income from Schedule K-1	(e) Deduction or from Schedule	loss K-1	(f) Other income from Schedule K-1	
Α							
В							
34	a Totals						
	Totals						
					35		
36	Add columns (c) and (e) of line 34b				36		
37	Total estate and trust income or (loss). Combinesult here and include in the total on line 41 l	ine lines 35 and 36. En	ter the		37		
Pa	t IV Income or Loss From Real Esta	ate Mortgage Inves	tment Conduits (R	EMICs) - Res	sidua	l Holder	

result here and include in the total on line 41	below		* * * * * * * * * * * * * * * * * * * *	3/	
rt IV Income or Loss From Real Est	ate Mortgage Inves	tment Conduits (F	REMICs) - Res	sidua	l Holder
(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 1		(e) Income from Schedules Q, line 3b
Combine columns (d) and (e) only. Enter the	result here and include	in the total on line 41	below	39	
rt V Summary					
Net farm rental income or (loss) from Form 4	835. Also, complete line	42 below		40	
Total income or (loss). Combine lines 26, 32, Form 1040, line 17, or Form 1040NR, line 18	37, 39, and 40. Enter t	he result here and on	,.,, <u>,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41	1,082,152.
box 14, code B: Schedule K-1 (Form 1120S),	box 1/, code V; and So	chequie N-1			
	(a) Name Combine columns (d) and (e) only. Enter the tV Summary Net farm rental income or (loss) from Form 4 Total income or (loss). Combine lines 26, 32, Form 1040, line 17, or Form 1040NR, line 18 Reconciliation of farming and fishing income and fishing income reported on Form 4835, line 14. code B: Schedule K-1 (Form 1120S), box 14. code B: Schedule K-1 (Form 1120S).	(a) Name (b) Employer identification number Combine columns (d) and (e) only. Enter the result here and include t V Summary Net farm rental income or (loss) from Form 4835. Also, complete line Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the Form 1040, line 17, or Form 1040NR, line 18. Reconciliation of farming and fishing income. Enter your gross farm and fishing income reported on Form 4835, line 7; Schedule K-1 (Forbox 14, code B: Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), box 18, code V; and Schedule K-1 (Form 1120S), b	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 **Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. **Reconcilitation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1	(a) Name (b) Employer identification number (c) Excess inclusion from schedules Q, line 2c (see instructions) (a) Name (b) Employer identification number (c) Excess inclusion from schedules Q, line 2c (see instructions) (d) Taxable income columns (d) and (e) only. Enter the result here and include in the total on line 41 below. (t) Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below. Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18. Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14. code B: Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1	(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 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 1b (e) Excess inclusion from (net loss) from Schedules Q, line 1b (f) Excess inclusion from (net loss) from Schedules Q, line 1b (h) Employer (schedules Q, line 2c (see instructions) (h) Employer (identification of farming and (see instructions)) (h) Employer (schedules Q, line 2c (see instructions)) (h) Excess inclusion from (net loss) from Schedule Q, line 1b (net loss) from Schedule

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....

Schedule E (Form 1040) 2015

43

SCHEDULE SE (Form 1040)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service (99) Attach to For Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

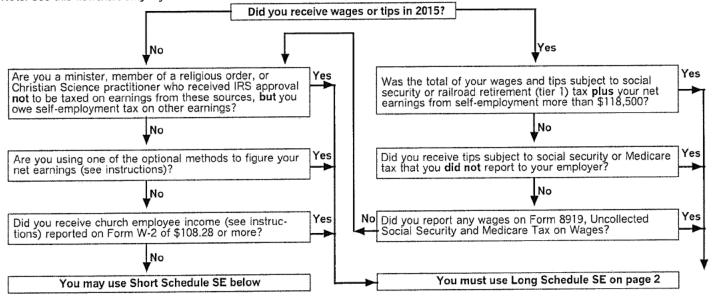
Social security number of person with self-employment income

DOUGLAS C EMHOFF

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 8	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A SEE STATEMENT 7	1 a	
i	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	1,088,402.
3	Combine lines 1a, 1b, and 2	3	1,088,402.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	1,005,139.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is: \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	43,843.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.		22.5 1940 0015

Foreign Tax Credit

(Individual, Estate, or Trust) Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Attachment Sequence No. 19

Department of the Treasury Internal Revenue Service (99) ► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116 ID no, as shown on page 1 of your tax return Name DOUGLAS C EMHOFF AND KAMALA D HARRIS Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box of each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Lump-sum distributions Section 901(j) income X Passive category income С General category income Certain income re-sourced by treaty b f Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В c (Add columns A, B, and C.) g Enter the name of the foreign country or U.S. possession..... VARIOUS 1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 8 11,736. 1 a 11,736 b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a (attach statement)..... Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 34,746 (see instructions)..... **b** Other deductions (attach statement)..... 34,746. c Add lines 3a and 3b 22,549 d Gross foreign source income (see instructions)..... e Gross income from all sources (see instructions) 1,296,330. 0.017394 f Divide line 3d by line 3e (see instructions)...... 604 g Multiply line 3c by line 3f..... 4 Pro rata share of interest expense (see instructions): a Home mortgage interest (use the Worksheet for 477 Home Mortgage Interest in the instructions) **b** Other interest expense..... 5 Losses from foreign sources...... 6 1,081 Add lines 2, 3g, 4a, 4b, and 5..... 1.081. 6 10,655 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... Part II Foreign Taxes Paid or Accrued (see instructions) Foreign taxes paid or accrued Credit is claimed COUNTRY for taxes (you In U.S. dollars In foreign currency must check one) X Paid (n) Other (r) Other (s) Total foreign (h) Taxes withheld at source on: xes paid or accrued (add columns (o) Taxes withheld at source on: foreign foreign Accrued taxes paid taxes paid through (r)) (p) Rents & (q) or accrued (I) Rents & (o) (k) (m) or accrued (i) Date paid Dividends royalties Interest Interest Dividends royalties or accrued 111. 111. 12/31/2015 В c

Par	Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	111.		
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10.	11	111.		
12	Reduction in foreign taxes (see instructions)	12			
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available fo	r cred	it	14	111.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	10,655.		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	10,655.		
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18	939,099.		
	Caution: If you figured your tax using the lower rates on qualified dividends or cap	ital ga	ins, see instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'			19	0.0113
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonramounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	it tron	1 Form 1041,	20	317,799.
	Caution: If you are completing line 20 for separate category e (lump-sum distribution	ons),	see instructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)			21	3,591.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, s lines 23 through 27 and enter this amount on line 28. Otherwise, complete the app line in Part IV (see instructions)	te ►	22	111.	
	Summary of Credits From Separate Parts III (see instructions)				
	Credit for taxes on passive category income				
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26			
27	Add lines 23 through 26.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	
28	Enter the smaller of line 20 or line 27		.,,.,,	28	111.
29	Reduction of credit for international boycott operations. See instructions for line 12	2		29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Fo Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	rm 10	40, line 48;	30	111.
					Form 1116 (2015)

Form 1116 (2015)

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.
► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Attachment Sequence No. 19

Nam	e							ID no.	as shown on pag	e I of your tax return
	DOUGLAS C	EMHOFF A	ND KAMALA	A D HARR	IS					
Use	a separate Form 1	116 for each o	ategory of inco	me listed belo	w. See Catego	ries of Income	in the instructi	ons. Check or	nly one box on	
	h Form 1116. Rep					in Part II bel		فلا مدين دريو	induith cities as	
	X Passive categ			ection 901(j)			е	Lump-sum di	Stributions	
b	General categ	jory income	d Ce	ertain income	re-sourced by	rreaty				
f	Resident of (nam	e of country)	>							
tha	e: If you paid taxes n one foreign cou	intry or U.S. p	ossession, us	e a separate	column and li	ne for each c	ountry or poss	session.		
Pa	rt I Taxable	Income or	Loss From	Sources (Outside the	United Sta	ites (for Ca	tegory Ch	ecked Abo	
				-			or U.S. Posses	C	- Add colu	Total nns A, B, and C.)
				-	Α		-	<u> </u>	(Add Cold	11115 A, D, and C.)
	g Enter the name U.S. possessio	of the foreig	n country or		VARIOUS					
1	a Gross income for shown above an (see instruction SEE STATEM	nd of the type s):	within country checked abov	ve						
					16,30	7.			1 a	16,307.
	b Check if line 1a is c an employee, your to \$250,000 or more, a determine its source	otal compensation nd vou used an a	n from all sources Alternative basis to	is						
Dec	luctions and loss	es (Caution:	See instruction	ns):						
2	Expenses defin									
3	Pro rata share	of other dedu								
	not definitely re a Certain itemized	d deductions								
	(see instruction									
	b Other deductions (a			_						
	c Add lines 3a an			_	22,54	0			-	
	d Gross foreign source e Gross income from			-	1,296,33					
	f Divide line 3d b				0.01739					
	g Multiply line 3c				0.01733	3				
	Pro rata share									
	a Home mortgage Home Mortgage						98429425 bz999544920 544545 H-25494934	Tri Mandella del trioliste de La destad		
					38	6.			-	
_	b Other interest e Losses from for								-	
5	Add lines 2, 3g				38	5			6	386.
7		from line 1a	Enter the resu	If here and o					▶ 7	15,921.
	rt II Foreign									
	Credit is claimed	Tuxoo Turo	0.7.0070	(000 1110111		n taxes paid	or accrued			
ů	for taxes (you must check one)		In foreign	currency				In U.S. doll	ars	
COURTRY	(h) X Paid	Taxes v	vithheld at sou	rce on:	(n) Other foreign	Taxes v	Taxes withheld at source on: (I		(r) Other foreign	(s) Total foreign taxes paid or accrued (add columns (o) through (r))
'	(j) Date paid	(k) Dividends	(I) Rents &	(m)	taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	taxes paid or accrued	through (r))
	or accrued	Dividends	royalties	Interest			, cyanico	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111.
	12/31/2015					111.				1 111.
В										
С									'Т	1
	Add lines A thr	ough C. colu	mn (s). Enter t	the total here	e and on line 9	, page 2			8	111.

Form 1116 (2015) DOUGLAS C EMHOFF AND KAMALA D HARRIS Part III Figuring the Credit 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued 9 111 for the category of income checked above Part I..... Carryback or carryover (attach detailed computation)..... 10 11 111 Add lines 9 and 10..... 12 Reduction in foreign taxes (see instructions)..... Taxes reclassified under high tax kickout (see instructions)..... 13 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 14 111. Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income 15 15,921 16 Adjustments to line 15 (see instructions) Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)...... 17 15,921 18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the 1,095,919 deduction for your exemption..... Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter '1'..... 19 0.0145 Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.

Part IV Summary of Credits From Separate Parts III (see instructions)

line in Part IV (see instructions)

Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. 21 Multiply line 20 by line 19 (maximum amount of credit).....

Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate

23	Credit for taxes on passive category income	23			
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26			
27	Add lines 23 through 26	,		27	
28	Enter the smaller of line 20 or line 27		28	111.	
29	Reduction of credit for international boycott operations. See instructions for line 12		29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on For				
30	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30	111.
					# 4446 (001E)

Form 1116 (2015)

303,150.

4,396.

111.

20

21

22

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

OMB No. 1545-0895

Attachment Sequence No. 22 Department of the Treasury Internal Revenue Service ► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. (99)Name(s) shown on return DOUGLAS C EMHOFF AND KAMALA D HARRIS Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked 1 Passive activity credits from line 2 of all Parts III with box B checked...... 2 2 Enter the applicable passive activity credits allowed for 2015 (see instructions)..... 3 3 Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III 4 4 with box C checked. See instructions for statement to attach..... Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D 5 5 checked (see instructions)..... 6 0 Add lines 1, 3, 4, and 5, ... 6 Allowable Credit Part II Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44..... 7 317,799. · Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return. Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b: or the amount from the applicable line of your return Alternative minimum tax: 8 • Individuals. Enter the amount from Form 6251, line 35..... • Corporations. Enter the amount from Form 4626, line 14..... 8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.......... 9 317,799. Add lines 7 and 8..... 9 10a Foreign tax credit..... 10 a 111 Certain allowable credits (see instructions)..... 10 b 111. Add lines 10a and 10b.... 10 c 317,688. Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.... 11 11 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-...... 317,688 12 13 73,172 13 Tentative minimum tax: 14 • Individuals. Enter the amount from Form 6251, line 33..... • Corporations. Enter the amount from Form 4626, line 12....... 14 303,039. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54..... 303,039. Enter the greater of line 13 or line 14..... 15 14,649. Subtract line 15 from line 11. If zero or less, enter -0-.... 16 16 17 Enter the smaller of line 6 or line 16.....

BAA For Paperwork Reduction Act Notice, see separate instructions.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

17

or reorganization.

Form 3800 (2015)

Part			
Note.	f you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	26.	Г
18	Multiply line 14 by 75% (.75) (see instructions).	18	227,279.
19	Enter the greater of line 13 or line 18	19	227,279.
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	90,409.
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	90,409.
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	246.
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	0.
25	Add lines 22 and 24	25	246.
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	246.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	244,516.
28	Add lines 17 and 26	28	246.
29	Subtract line 28 from line 27. If zero or less, enter -0	29	244,270.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	0.
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions).	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:		
	• Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	• Corporations. Form 1120, Schedule J, Part I, line 5c.		
	●Estates and trusts. Form 1041, Schedule G, line 2b	38	216

Alternative Minimum Tax — Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

2015

ZUID tachment

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

Your social security number DOUGLAS C EMHOFF AND KAMALA D HARRIS Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.). 950,632. Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), 2 line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-..... 3 177,155 Taxes from Schedule A (Form 1040), line 9..... 4 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 27..... 5 If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions 6 -25,676 Tax refund from Form 1040, line 10 or line 21. 7 7 Investment interest expense (difference between regular tax and AMT)..... 8 8 Depletion (difference between regular tax and AMT)..... 9 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 10 Alternative tax net operating loss deduction 11 11 Interest from specified private activity bonds exempt from the regular tax..... 12 226 12 Qualified small business stock, see instructions. 13 13 Exercise of incentive stock options (excess of AMT income over regular tax income)..... 14 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)..... 15 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)..... 16 16 17 Disposition of property (difference between AMT and regular tax gain or loss)..... 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)..... 18 18 Passive activities (difference between AMT and regular tax income or loss)..... 19 19 20 261 20 Circulation costs (difference between regular tax and AMT)..... 21 21 Long-term contracts (difference between AMT and regular tax income)..... 22 22 Mining costs (difference between regular tax and AMT)..... 23 23 Research and experimental costs (difference between regular tax and AMT)..... 24 Income from certain installment sales before January 1, 1987..... 25 Intangible drilling costs preference..... 26 26 Other adjustments, including income-based related adjustments..... 27 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.) 28 28 1,102,577 Alternative Minimum Tax (AMT) Part II Exemption. (If you were under age 24 at the end of 2015, see instructions.) AND line 28 is not over ... THEN enter on line 29. IF your filing status is Single or head of household......\$119,200..... 83,400 Married filing jointly or qualifying widow(er) 158,900..... 41,700 29 If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, 30 enter -0- here and on lines 31, 33, and 35, and go to line 34..... 1,102,577. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. 31 303,150. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filling separately) multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 32 111.32 Alternative minimum tax foreign tax credit (see instructions)...... 33 Tentative minimum tax. Subtract line 32 from line 31..... 33 303,039. Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)...... 34 317.688.

FDIA5312L 09/02/15

35

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from 36 line 3 of the worksheet in the instructions for line 31 36 1,102,577. Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If 37 23,303. you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. . . . Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter........ 38 38 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 39 23,303. 2555-EZ, see instructions for the amount to enter..... 40 23,303. Enter the smaller of line 36 or line 39..... 41 Subtract line 40 from line 36..... 079,274. If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from 42 298,489. 43 Enter: \$74,900 if married filing jointly or qualifying widow(er), 43 74,900. \$37,450 if single or married filing separately, or \$50,200 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. 927,329. 45 0. Subtract line 44 from line 43. If zero or less, enter -0-.... Enter the smaller of line 36 or line 37..... 46 23,303. 47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%..... 48 23,303. Subtract line 47 from line 46..... 48 49 Enter: \$413,200 if single \$232,425 if married filing separately 49 464,850. \$464,850 if married filing jointly or qualifying widow(er) \$439,000 if head of household 50 Enter the amount from line 45...... 50 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, 51 927,329. see instructions for the amount to enter..... Add line 50 and line 51..... 52 927.329. Subtract line 52 from line 49. If zero or less, enter -0-.... 53 54 Enter the smaller of line 48 or line 53..... Multiply line 54 by 15% (.15)..... 55 56 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 57 23,303. 58 4,661. 58 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. 59 Add lines 41, 56, and 57..... 59 60 Subtract line 59 from line 36..... 61 Multiply line 60 by 25% (.25)..... 61 303,150. 62 Add lines 42, 55, 58, and 61..... If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from 305,014. 63 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31. ... 64 303,150.

SCHEDULE H

Department of the Treasury Internal Revenue Service

(Form 1040)

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2015

Attachment Sequence No.

number

DOUGLAS C EMHOFF

(99)

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015. Did you pay any one household employee cash wages of \$1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

	X	Yes.	Skip lines B and C and go to line 1.
		No.	Go to line B.
В	Did	you v	vithhold federal income tax during 2015 for any household employee?
	П	Yes.	Skip line C and go to line 7.
		No.	Go to line C.
С	Did cas	you pa h waq	y total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to all household employees? (Do not count es paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)
		No.	Stop. Do not file this schedule.
		Yes.	Skip lines 1-9 and go to line 10.

Social Security, Medicare, and Federal Income Taxes Part I 9,896. Total cash wages subject to social security tax..... 1,227. Social security tax. Multiply line 1 by 12.4% (.124)..... Total cash wages subject to Medicare tax 287. Medicare tax, Multiply line 3 by 2.9% (.029)..... Total cash wages subject to Additional Medicare Tax withholding Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)..... Federal income tax withheld, if any 1,514. Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7..... 8

9	Did you pay total cash wages of \$1,000 or more in any calendar qua (Do not count cash wages paid in 2014 or 2015 to your spouse, your	arter of 2014 r child under	or 2015 age 21,	to all h or your	nousehold r parent.)	employee	es?

Stop. Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the line 9 instructions.

Yes. Go to line 10.

Schedule H (Form 1040) 2015

Par	Part II Federal Unemployment (FUTA) Tax													
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see										Yes	No			
	 Did you pay unemployment contributions to only one state? (If you paid contributions to a clean reduction state, see instructions and check 'No.'). Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions. 										X	-		
		ay all state une wages that are											X X	
		_						Dioyineni tax				12		
Next:	If you c	hecked the 'Ye s hecked the 'No '	box on ar	ill the lin	es above, co lines above,	skip Section	A and com	plete Section	n B.					
						Section					50086869660			
13	Name of	the state where ons paid to you	you paid i	unemploy	yment contri	butions	- <u>CA</u>	777T		336.				
											15		a	,896.
		h wages subjec . Multiply line 1									16			59.
16	FUIA tax	. Multiply line 1:) %6. Va c	.006). EI	iter the resu	Section		nu go to mie	20		10			33.
17	Complete	all columns be	low that ar	only (if w	nu need mor			=),						
(a)		(b)	,	s) phià (ii ài	(d)	(e)	1150 400 511	(f)	T	(g)		1	(h)	
Nam	1	able wages	State exp		State	Multiply	,				0	C	ontributi	ions
of	(as	defined in	rate p		experience			Multiply col. (b)	from c	tract col	i. (t) f zero		aid to st	
state	s) s	tate act)			rate	by .054		by col. (d)	or les	s, ente	r -0	"	fund	none
			From	То				(4)						
	+											- 		
												-		
18	Totals							1	8					
		nns (g) and (h)												
20	Total casl	h wages subjec	t to FUTA	tax (see	the line 15 is	nstructions)					20			
		ne 20 by 6.0%									21			
		ne 20 by 5.4%												
		smaller of line	19 or line	22										
						st use the work					23			
		. Subtract line 2				t here and go	to line 25.				24			
Par	III To	tal Househo	old Empl	oymen	t Taxes	· · · · · · · · · · · · · · · · · · ·	frage 1	antar 0			25		1	E1 /
		amount from li 16 (or line 24) a									26			<u>,514.</u> ,573.
		equired to file F						, . , , , , ,		[20		1	, 5 / 5 .
21	•	Stop. Include th			26 ahove o	n Form 1040	line 60a							
	Do no	ot complete Par	t IV below	,	20 above 0	11 1 OIIII 1040,	inic oca.							
	∐ No. Y	ou may have to	complete	Part IV.	See instruct	tions for detail	S.							
Par	IV A	dress and S	Signature	e — Com	plete this par	t only if require	d. See the li	ne 27 instruct	ions.					
Addres	s (number an	d street) or P.O. box	if mail is not	delivered to	street address						Apt.,	room, or	suite no.	
City to	wri or post of	fice, state, and ZIP of	ehor											
City, to	with or post of	nice, state, and 2n												
Under	penalties of p	erjury, I declare that	i have exami	ned this sch	edule, including	accompanying stat	ements, and to	o the best of my	knowledge ar	d belief, if	is true,	correct, a	and comple	ete. No
part of	any payment	erjury, I declare that made to a state und which preparer has	employment fu	ind claimed	as a credit was,	or is to be, deduct	ed from the pa	lyments to emplo	yees. Declara	ition of pre	eparer (other than	taxpayer	is based
	.													
▶								· · · · ·	Date					
	Employer's s		'e name		reparer's signal	ture		Date	Date			PTIN	,	
		Print/Type preparer	a name		rehaini a aigilai	resi a				neck if If-employe				
Paic		Firm's name >						1	Se	employe				
Use	oarer Only	Firm's name ► Firm's address ►							Fi	rm's ElN	-			
	,	, ,,, 5 duaress.							Pi	none no.				

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 2015
Attachment Sequence No. 06

Name(s) shown on tax return			Identifying number			
DOUGLAS C EMHOFF AND KAMALA D HARRIS						
Do You Have To File Form 2210?						
Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Do not file Form 2210.	You do not owe a penalty.			
↓ No						
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a pen (but if box E in Part II of Form 2210).	alty. Do not file Form 2210 applies, you must file page 1			
↑ 140						
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 22 Part II apply?	10. Does box B, C, or D in			
No	~~	No Yes	You must figure your penalty.			
Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.		IRS will figure it and so	o figure your penalty because the end you a bill for any unpaid figure it, you may use Part III or t and enter your penalty amount file only page 1 of Form 2210.			
Part I Required Annual Payment						
1 Enter your 2015 tax after credits from Form 1040, line 56 (see instru	uctions if n	ot filing Form 1040)	1 317,442.			
2 Other taxes, including self-employment tax and, if applicable, Addit	ional Medic	are Tax and/or Net				
Investment Income Tax (see instructions)						
3 Refundable credits, including the premium tax credit (see instruction						
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, sto	op; you do	not owe a penalty. Do no	ot file 4 371, 954.			
Form 2210		5 334	759.			
Multiply line 4 by 90% (.90).Withholding taxes. Do not include estimated tax payments (see inst						
7 Subtract line 6 from line 4. If less than \$1,000, stop; you do not ow						
Maximum required annual payment based on prior year's tax (see in						
9 Required annual payment. Enter the smaller of line 5 or line 8						
Next: Is line 9 more than line 6?	, ,					
No. You do not owe a penalty. Do not file Form 2210 unless bo	x E below a	applies.				
Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies. If box B, C, or D applies, you must figure your penalty and file Form 2210. If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.						
Part II Reasons for Filing. Check applicable boxes. If no	ne apply	, do not file Form 22	210.			
A You request a waiver (see instructions) of your entire penalty.						
B You request a waiver (see instructions) of part of your penalty.	You must	figure your penalty and w	valver amount and file Form 2210.			
Your income varied during the year and your penalty is reduced or e method. You must figure the penalty using Schedule Al and file	liminated wheel Form 2210	nen figured using the annu).	alized income installment			
Your penalty is lower when figured by treating the federal income tax withheld, instead of in equal amounts on the payment due date	s. You mus	t figure your penalty and	file Form 2210.			
You filed or are filing a joint return for either 2014 or 2015, but not for must file page 1 of Form 2210, but you are not required to figure	or both year re your pen	s, and line 8 above is smal alty (unless box B, C, or	D applies).			
BAA For Paperwork Reduction Act Notice, see separate instructions.			Form 2210 (2015)			

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.) Payment Due Dates **(d)** 1/15/16 Section A — Figure Your Underpayment **(b)** 6/15/15 (c) 9/15/15 (a) 4/15/15 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, 18 5,499 6,772 8,676 313,812. in each column..... Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II.... 19 9,673 126,865 127,865 100,865. Complete lines 20 through 26 of one column before going to line 20 of the next column. 20 Enter the amount, if any, from line 26 in the 20 243,456. 4,174 124,267 previous column..... 21 131,039 252,132 344,321. Add lines 19 and 20..... Add the amounts on lines 24 and 25 in the previous column..... 22 Subtract line 22 from line 21. If zero or less, enter -0-. 23 344,321 For column (a) only, enter the amount from line 19 ... 9,673 131,039 252,132 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-... 0 0 24 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to 25 line 20 of the next column. Otherwise, go to line 26... Overpayment. If line 23 is more than line 18. subtract line 18 from line 23. Then go to line 20 26 4,174 124,267 243, 456 of the next column.

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)

Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B — Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26.		
Do not file Form 2210 unless you checked a box in Part II	27	
		E 2010 (2015)

Form 2210 (2015)

Sch	Schedule AI — Annualized Income Installment Method (See the instructions.)								
Estate shown 4/30/	s and trusts, do not use the period ending dates to the right. Instead, use the following: 2728/15, (15, 7/31/15, and 11/30/15.		(a) 1/1/15 - 3/31/15	(b) 1/1/15 - 5/31/15	(c) 1/1/15 - 8/31/15	(d) 1/1/15 - 12/31/15			
	Part I Annualized Income Installments								
1	Enter your adjusted gross income for each period (see instrs). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	25,000. 4	50,000. 2.4	150,000. 1.5	1,165,760.			
		3		120,000.	225,000.	1,165,760.			
3 4	Annualized income. Multiply line 1 by line 2 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9 and enter amount from line 3	4	100,000.	100,335.	160,536.	240,804.			
5	Annualization amounts	5	4	2.4	1.5	1			
_	Multiply line 4 by line 5 (see instructions if line 3 is more than \$154,950)	6	240,804.	240,804.	240,804.	215,128.			
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0. Exception: Indian students and business apprentices, see instructions.).	7	12,600.	12,600.	12,600.	12,600.			
8	Enter the larger of line 6 or line 7	8	240,804.	240,804.	240,804.	215,128.			
9	Subtract line 8 from line 3	9	-140,804.	-120,804.	-15,804.	950,632.			
10	In each column, multiply \$4,000 by the total number of exemptions claimed (see instructions if line 3 is more than \$154,950). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions.)	10	12,000.	12,000.	12,000.	0. 950,632.			
	If zero or less, enter -0	11	-152,804.	-132,804.	-27,804.	317,799.			
12 13	Figure your tax on the amount on line 11 (see instrs). Self-employment tax from line 34 (complete Part II below)	12 13	14,130.	16,956.	20,720.	43,843.			
14		14	10,669.	10,669.	10,669.	10,669.			
15	Total tax. Add lines 12, 13, and 14	15	24,799.	27,625.	31,389.	372,311.			
16	For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 & 3 (see instrs)	16	357.	357.	357.	357.			
17	Subtract in 16 from in 15. If zero or less, enter -0	17	24,442.	27,268.	31,032.	371,954.			
18	Applicable percentage ,	18	22.5%	45%	67.5%	90%			
19	Multiply line 17 by line 18	19	5,499.	12,271.	20,947.	334,759.			
	Complete lines 20 - 25 of one column before going to line 20 of the next column.			5 400	10.071	20 047			
20	Enter the totl of the amts in all prev columns of In 25			5,499.	12,271.	20,947.			
21 22		21	5,499. 83,689.	6,772. 83,690.	8,676. 83,690.	313,812. 83,690.			
23	each column	23	03,003.	78,190.	155,108.	230,122.			
24	Add lines 22 and 23.	24	83,689.	161,880.	238,798.	313,812.			
25	Enter the smaller of line 21 or line 24 here and on	25	5,499.	6,772.	8,676.	313,812.			
0 3200	Form 2210, Part IV, line 18				AXPAYER	515,012.			
Par		16	Could to so and Louis to so	T India Only)	LACK LACE AND A				
26	Net earnings from self-employment for the period (see instructions)	26	23,088.	46,175. \$49,375	138,525. \$79,000	1,005,139. \$118,500			
27		27	\$29,625	943,3/3	373,000	4110,000			
28	Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	28							
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	29,625.	49,375.	79,000.	118,500.			
20	Annualization amounts	30	0.496	0.2976	0.186	0.124			
30	Annualization amounts	31	11,452.	13,742.	14,694.	14,694.			
31		32	0.116	0.0696	0.0435	0.029			
32 33	Annualization amounts	33	2,678.	3,214.	6,026.	29,149.			
34	Add lines 31 and 33. Enter here and on line		14,130.	16,956.	20,720.	43,843.			
	13 above	.54	14,130.	10,0001	40,1401	Form 2210 (2015)			

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2015

Attachment Sequence No. 53

Department of the Treasury Internal Revenue Service

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

DOUGLAS C EMHOFF

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions)	∏s	elf-only	X Family
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2		3,575.
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others , see instructions for the amount to enter.	3		6,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs.	4		
5	Subtract line 4 from line 3. If zero or less, enter -0	5		6,650.
	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter	6		6,650.
	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions)	7		6 650
8	Add lines 6 and 7	8		6,650.
9	Employer contributions made to your HSAs for 2015			
10	Qualified HSA funding distributions	11		
11 12	Subtract line 11 from line 8. If zero or less, enter -0-	12		6,650.
				0, 2001
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13		3,575.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Par	HSA Distributions. If you are filing jointly and both you and your spouse each have s complete a separate Part II for each spouse.	epar	ate HSAs	5,
14 8	Total distributions you received in 2015 from all HSAs (see instructions)	14 a		4,149.
	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14 b		
(Subtract line 14b from line 14a	14 c		4,149.
	Qualified medical expenses paid using HSA distributions (see instructions)	15		4,149.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' and the amount	16		0.
17 a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
ŀ	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HSA' and the amount on the line next to the box.	17 b		

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

Form 8889 (2015)

1 age	F	ag	е	2
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Par	tilli Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	ctior e se	ns before parate HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box C on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HDHP' and the amount on the line next to the box.	21	

Form 8889 (2015)

Form 8959

Department of the Treasury Internal Revenue Service Name(s) shown on return Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

2015

Attachment Sequence No. 71

Your social security number

DOUGLAS C EMHOFF AND KAMALA D HARRIS Additional Medicare Tax on Medicare Wages Part I Medicare wages and tips from Form W-2, box 5. If you have more 1 151,769 than one Form W-2, enter the total of the amounts from box 5... 2 2 Unreported tips from Form 4137, line 6..... 3 Wages from Form 8919, line 6..... 3 Add lines 1 through 3 4 151,769 5 Enter the following amount for your filing status: 250,000. Single, Head of household, or Qualifying widow(er).... \$200,000 Subtract line 5 from line 4. If zero or less, enter -0-6 0. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go 7 to Part II..... Additional Medicare Tax on Self-Employment Income Part II Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 8 1,005,139. 9 Enter the following amount for your filing status: Married filing jointly......\$250,000 Single, Head of household, or Qualifying widow(er). . . \$200,000 9 250,000 10 151,769. 10 Enter the amount from line 4..... 98,231. 11 Subtract line 10 from line 9. If zero or less, enter -0-.... 12 906,908. 12 Subtract line 11 from line 8. If zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and 13 8,162. go to Part III.... Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 Enter the following amount for your filing status: Single, Head of household, or Qualifying widow(er).... \$200,000 16 Subtract line 15 from line 14. If zero or less, enter -0-.... Additional Medicare Tax on railroad retirement (RRTA) compensation, Multiply line 16 by 0.9% (.009). Enter here and go to Part IV..... 17 **Total Additional Medicare Tax** Part IV Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, 8,162. and 1040-SS filers, see instructions) and go to Part V...... 18 Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have 19 more than one Form W-2, enter the total of the amounts 19 2,201. from box 6 151,769. 20 20 Enter the amount from line 1...... Multiply line 20 by 1.45% (.0145). This is your regular Medicare 2,201. 21 tax withholding on Medicare wages..... 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 withholding on Medicare wages.... Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, 23 box 14 (see instructions) Total Additional Medicare Tax withholding, Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, 24 see instructions).....

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

Net Investment Income Tax – Individuals, Estates, and Trusts

➤ Attach to your tax return.
➤ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

Attachment 72 Sequence No. 72

Your social security number or EIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 134. Taxable interest (see instructions). 2 Ordinary dividends (see instructions)...... 2 5,710. 3 Annuities (see instructions)...... 3 4 a Rental real estate, royalties, partnerships, S corporations, trusts, 1,082,152. 4a b Adjustment for net income or loss derived in the ordinary course of -1,078,402. a non-section 1411 trade or business (see instructions)..... c Combine lines 4a and 4b 3,750. 5 a Net gain or loss from disposition of property (see instructions)...... 18,294. b Net gain or loss from disposition of property that is not subject to 5b net investment income tax (see instructions)..... c Adjustment from disposition of partnership interest or S corporation stock (see instructions)..... d Combine lines 5a through 5c. 18,294. 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions)...... 6 Other modifications to investment income (see instructions). 7 27,888. 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7...... 8 Part II Investment Expenses Allocable to Investment Income and Modifications 9 a Investment interest expenses (see instructions)..... 9Ь 3,297. **b** State, local, and foreign income tax (see instructions)..... c Miscellaneous investment expenses (see instructions)..... 3,297. d Add lines 9a, 9b, and 9c,.... 10 Additional modifications (see instructions) Total deductions and modifications. Add lines 9d and 10..... 11 3,297. Tax Computation Part III Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. 24,591. 12 Estates and trusts complete lines 18a-21. If zero or less, enter -0-Individuals: Modified adjusted gross income (see instructions)..... 13 1,165,760. 13 14 Threshold based on filing status (see instructions)..... 250,000. 915,760. 15 24,591. 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 17 934. include on your tax return (see instructions)..... Estates and Trusts: 18 a Net investment income (line 12 above) 18a b Deductions for distributions of net investment income and 18b deductions under section 642(c) (see instructions)..... c Undistributed net investment income. Subtract line 18b from 18a 18c (see instructions). If zero or less, enter -0-..... 19 a Adjusted gross income (see instructions) 19a b Highest tax bracket for estates and trusts for the year (see instructions) c Subtract line 19b from line 19a. If zero or less, enter -0-..... 20 Enter the smaller of line 18c or line 19c 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038), Enter here and include on your tax return (see instructions)..... 21

Form **8582**

Department of the Treasury Internal Revenue Service (99)

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Part I 2015 Passive Activity Loss
Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Name(s) shown on return

Passive Activity Loss Limitations

► See separate instructions.
 ► Attach to Form 1040 or Form 1041.
 ► Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2015

Attachment Sequence No. 88

Identifying number

Ren	tal Real Estate Activities With Active Participation (For the definition of active participation, see cial Allowance for Rental Real Estate Activities in the instructions.)		
	Activities with net income (enter the amount from Worksheet 1, column (a)) 1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1 b		
	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)).	1.1	
	Combine lines 1a, 1b, and 1c,	1 d	
	mercial Revitalization Deductions From Rental Real Estate Activities Commercial revitalization deductions from Worksheet 2, column (a)		
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
c	Add lines 2a and 2b	2c	
	Other Passive Activities		
3 a	Activities with net income (enter the amount from Worksheet 3, column (a)) 3a 3,750.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b		
	Prior years unallowed losses (enter the amount from Worksheet 3, column (c)). 3c		
	Combine lines 3a, 3b, and 3c.	3 d	3,750.
			3,700.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	3,750.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. 		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and g 	o to lin	e 15.
Caut Part	i <mark>on:</mark> If your filing status is married filing separately and you lived with your spouse at any time during the year, do not compl II or Part III. Instead, go to line 15.	lete	
-	Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero (see instrs) 7 1,183,932.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Pai	Special Allowance for Commercial Revitalization Deductions From Rental Real Es Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.	tate A	ctivities
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
	t IV Total Losses Allowed		
15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to	16	
	find out how to report the losses on your tax return	16	

1.00

Total.....

Worksheet 6 — Allowed Losses (See instru						
Name of activity	Form or schedu and line numb to be reported (see instruction	er (a) Lo	oss	(b) Unallowed	loss	(c) Allowed loss
4 4 4						
Total		, •				0.
Worksheet 7 - Activities With Losses Re	eported on Two	or More For	ms or Sch	nedules (See i	nstructions)
	(a)	(b)	(c) Ra		nallowed oss	(e) Allowed loss
Name of activity						4
Form or schedule and line number to be reported on						
(see instructions):						
1 a Net loss plus prior year unallowed loss from form or schedule						
b Net income from form or schedule						
c Subtract line 1b from line 1a. If zero or less,	enter -0 ►	Of chart is an electrical conduction and an electrical	And the second s		are to the second second	
Form or schedule and line number to be reported on						
(see instructions): 1 a Net loss plus prior year unallowed loss						
from form or schedule						
b Net income from form or schedule ▶						
c Subtract line 1b from line 1a. If zero or less,	enter -0 ►					
Form or schedule and line number to be reported on (see instructions):						
1 a Net loss plus prior year unallowed loss from form or schedule						
b Net income from form or schedule ▶						
c Subtract line 1b from line 1a. If zero or less,	enter -0 ►					
Form or schedule and line number to be reported on						
(see instructions): 1 a Net loss plus prior year unallowed loss						
from form or schedule.						
b Net income from form or schedule						
c Subtract line 1b from line 1a. If zero or less, e						
Total	,	0.	1.00)	0.	0.
Name of activity	I			1		
Form or schedule and line number to be reported on (see instructions):						
1 a Net loss plus prior year unallowed loss						
from form or schedule						
b Net income from form or schedule	antor 0					
c Subtract line 1b from line 1a. If zero or less,	enter -o >					
Form or schedule and line number to be reported on (see instructions):						
1 a Net loss plus prior year unallowed loss from form or schedule.						
b Net income from form or schedule						
c Subtract line 1b from line 1a. If zero or less, e	enter -0 ►					
Form or schedule and line number to be reported on						
(see instructions):						
1 a Net loss plus prior year unallowed loss from form or schedule						
b Net income from form or schedule						
c Subtract line 1b from line 1a. If zero or less, e	enter -0 ►					
Form or schedule and line number to be reported on						
(see instructions): 1 a Net loss plus prior year unallowed loss						
from form or schedule						
b Net income from form or schedule						
c Subtract line 1b from line 1a. If zero or less, e	enter -0 ►					
Total		0.	1.00	}	0.	0.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

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

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

OMB No. 1545-0172

2015

Attachment Sequence No. 179

Identifying number

DOUGLAS C EMHOFF AND KAMALA D HARRIS
Business or activity to which this form relates

_	HEDULE E (PARTNERS												
Par	Election To Exp	ense Certain I	Property Under Sec complete Part V before	tion 179	Part I								
1	Maximum amount (see ins						1	500,000.					
2	Total cost of section 179 p						2						
3	Threshold cost of section 1						3	2,000,000.					
4	Reduction in limitation. Sul						4						
5	Dollar limitation for tax year												
	separately, see instructions			(b) Cost (business			5						
6	(a)	(c) Elected cost											
	Listed property, Enter the	and the second second	20	L	7								
8	Total elected cost of section		8										
9	Tentative deduction. Enter						9						
10	(+						10						
11		. Enter the smalle	er of business income (n	ot less than zer	o) or line 5 (see instrs)	11						
	Section 179 expense dedu						12						
	Carryover of disallowed de-				13								
	: Do not use Part II or Part												
			ce and Other Depre				(See i	nstructions.)					
14	Special depreciation allows tax year (see instructions).						14						
	Property subject to section						15						
	Other depreciation (including						16						
Par	t III MACRS Deprec	iation (Do not in			.)								
			Section				17						
17	MACRS deductions for ass	*	-				17						
18	If you are electing to group a asset accounts, check here												
		- Assets Placed			the General	Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System							
	(2)				1 / 1		0,510.						
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	93.0	(g) Depreciation deduction					
	Classification of property 3-year property	year placed	(business/investment use			(f)		(g) Depreciation					
	Classification of property	year placed	(business/investment use			(f)		(g) Depreciation					
b	Classification of property 3-year property	year placed	(business/investment use			(f)		(g) Depreciation					
b	3-year property 5-year property	year placed	(business/investment use			(f)		(g) Depreciation					
b c	3-year property 5-year property 7-year property	year placed	(business/investment use			(f)		(g) Depreciation					
c c	3-year property 5-year property 7-year property 10-year property	year placed	(business/investment use	Recovery period		(f) Method		(g) Depreciation					
d d e f	Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/investment use	Recovery period	Convention	(f) Method		(g) Depreciation					
d d e f	Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental	year placed	(business/investment use	25 yrs 27.5 yrs	Convention	S/L S/L		(g) Depreciation					
e f g	Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property.	year placed	(business/investment use	25 yrs 27.5 yrs 27.5 yrs	MM MM	S/L S/L S/L		(g) Depreciation					
e f g	Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property. Nonresidential real	year placed	(business/investment use	25 yrs 27.5 yrs	MM MM MM	S/L S/L S/L S/L		(g) Depreciation					
e f g	Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property. Nonresidential real property.	year placed in service	(business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L		(g) Depreciation deduction					
d d e f g h	Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C —	year placed in service	(business/investment use	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L		(g) Depreciation deduction					
de de de de de de de de de de de de de d	Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property. Nonresidential real property. Section C —	year placed in service	(business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L		(g) Depreciation deduction					
d de e e e e e e e e e e e e e e e e e	Classification of property 3-year property 5-year property 7-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Class life.	year placed in service	(business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs Ix Year Using the	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L		(g) Depreciation deduction					
b c c c c c c c c c c c c c c c c c c c	Classification of property 3-year property 5-year property 7-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year	year placed in service Assets Placed in	(business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L		(g) Depreciation deduction					
b c c c c c c c c c c c c c c c c c c c	Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Nonresidential rental property Class life 12-year 40-year Summary (See in	year placed in service Assets Placed in structions.)	(business/investment use only — see instructions) Service During 2015 Ta	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the 12 yrs 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L		(g) Depreciation deduction					
b c c c c c c c c c c c c c c c c c c c	Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year Listed property Enter amo Total Add amounts from line 12	Assets Placed in structions.) unt from line 28. lines 14 through 17. lines 14 through 18. lines	(business/investment use only — see instructions) Service During 2015 Ta	25 yrs 27.5 yrs 27.5 yrs 39 yrs Ex Year Using the second of the second	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	n Syst	(g) Depreciation deduction					
de e e e e e e e e e e e e e e e e e e	Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Nonresidential rental property Class life 12-year 40-year Summary (See in	Assets Placed in service Assets Placed in structions.) unt from line 28. lines 14 through 17, lin. Partnerships and Sond placed in service	Service During 2015 Ta	25 yrs 27.5 yrs 27.5 yrs 39 yrs 12 yrs 40 yrs and line 21. Enter her ar, enter	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	n Syst	(g) Depreciation deduction					

Forr	n 4562 (2015)	DOUGLAS C	EMHOFF P	AND KA	MALA	D HAI	RRIS									Page 2
Pa	entertair	Property (Inc.) Iment, recreation any vehicle for w	on, or amusem	ent.)											sed for	
	columns	(a) through (c)	of Section A,	all of S	ection B	and Se	ection C	if ap	plic	able.					oc)	
24	a Do you have eviden	•					X Yes	-				the eviden				No
	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Ços	d) st or basis	Basis (busir	(e) for deprecents/investuse only)	iation	T	(f) Recovery period	Τ,	(g) Method/ onvention	Dep	(h) preciation eduction		(i) Elected ction 179 cost
25	used more than	1 50% in a qual	e for qualified lified business	use (se	e instruc											
	Property used		, 	busines	s use:	1			Τ				Τ			
20.	14 BMW	2/01/14	83.33													
27	Property used 5	0% or less in a	qualified busi	ness us	e:											
						 			_		_				\dashv	
					···-				-						-	
28	Add amounts in	column (h), lir	nes 25 through	27. Ent	er here	and on I	ine 21,	page	1.,			28		0		
29	Add amounts in	column (i), line						_	_					. 29)	0.
Com to yo	plete this section our employees, fi	for vehicles used rst answer the			B — Info artner, or to see						elated p	erson. If	you prov	ided veh	icles vehicles.	
30	Total business/			Veh	(a) icle 1	(Vehi	b) icle 2	V	(c ehic) :le 3	Veh	(d) icle 4	(Vehi	e) icle 5	Vehi	f) cle 6
	during the year commuting mile			1	0,000											
	Total commuting m Total other pers miles driven	sonal (noncomn	nuting)		495 1,505											
33	Total miles driv	en during the y	ear. Add		2,000											
	•			Yes	No	Yes	No	Υe	s	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?		Х												
35	Was the vehicle than 5% owner	·			Х											
36	Is another vehic personal use?,				Х											
Answ 5% c	ver these question	s to determine if	C — Questions you meet an elinstructions).											ot more t	han	
37	Do you maintair by your employe	a written polices?	cy statement th	at prohi	bits all p	ersonal	use of	vehic	cles,	includi	ng com	muting,			Yes	No
38	Do you maintair employees? Se	a written nolic	v statement th	at probi	hits pers	onal us	e of veh	icles ctors	s, ex	cept co	mmutir more o	ng, by yo wners	our			
	Do you treat all Do you provide n vehicles, and re	ore than five ve	hicles to your e	mnlovee	s obtain	informat	tion from	VOLI	emr	olovees	about th	ne use of	the			
41	Do you meet the Note: If your an															
Par																
	Desc	(a) críption of costs		Date a	(b) mortization egins		(c) Amortizab amount	lé		C	d) ode ction	pe	(e) ortization eriod or rcentage	1	(f) Amortization for this year	
42	Amortization of	costs that begi	ns during your	2015 ta	x year (see inst	ructions):	_							
	<u></u>					_			+							
43	Amortization of Total, Add amo												43			
44	iotal, Add amo	ones in column	(i). See the if	iau ucuo		Z0812L 10							1	Fo	orm 456	2 (2015)

2	n	1	5

FEDERAL STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS	
STATEMENT 1 FORM 1040 WAGE SCHEDULE	11:38AM
SPOUSE - EMPLOYER WAGES W/H FICA CARE W STATE OF CALIFORNIA 139,402. 31,460. 7,347. 2,201. 11	FATE N/H SDI ,112. ,112. 0.
STATEMENT 2 FORM 1040, LINE 9B QUALIFIED DIVIDENDS MERRILL LYNCH 15265	5,009. 5,009.
STATEMENT 3 FORM 1040, PAGE 1, LINE 10 TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES 1. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR) 2. REFUNDS ATTRIBUTABLE TO POST 12/31/2014 PAYMENTS PER IRS PUB. 525 3. NET STATE AND LOCAL INCOME TAX REFUNDS 4. STATE AND LOCAL TAXES PAID FROM PRIOR YEAR SCH. A, LINE 5 5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION 6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES 7. ENTER THE SMALLER OF LINE 3 OR LINE 6 8. ITEMIZED DEDUCTION FROM PRIOR YEAR SCH. A, LINE 29 9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS (IF PHASEOUT) 10. PRIOR YEAR BASE STANDARD DEDUCTION (IF PHASEOUT) 11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS 12. PRIOR YEAR ADD'L STANDARD DEDUCTION (ADD LINE 10 AND 11) 13. ENTER THE LARGER OF LINE 9 OR LINE 12 14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0) 15. ENTER THE SMALLER OF LINE 7 OR LINE 14 16. NEGATIVE TAXABLE INCOME (PRIOR YEAR) 17. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE _ 18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)	0. 21. 92,195. 2,942. 89,253. 21. 192,686. 192,665. 12,400. 192,665. 21. 21. 0.
RECOMPUTED ITEMIZED DEDUCTIONS FOR STATE REFUNDS TAXABLE THIS YEAR (PRIOR YEAR AMOUNTS) 1. ADD AMOUNTS ON PRIOR YEAR SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 2. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR) 3. SUBTRACT LINE 2 FROM LINE 1 4. ADD AMOUNTS ON PRIOR YEAR SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING LOSSES AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 5. SUBTRACT LINE 4 FROM LINE 3 6. MULTIPLY LINE 5 ABOVE BY 80% (.80) 7. ENER AMOUNT FROM PRIOR YEAR FORM 1040, LINE 38 8. THRESHOLD BASED ON FILING STATUS (\$305,050 IF MFJ/QW,	220,513. 21. 220,492. 0. 220,492.

FEDERAL STATEMENTS

PAGE 2

	DOUGLAS C EMHOFF AND KAMALA D HARRIS	
10/11/16		11:38AM
RECOMPUTED (PRIOR YEAR	ITEMIZED DEDUCTIONS FOR STATE REFUNDS TAXABLE THIS YEAR (CONTINUED AMOUNTS))
9. SUBTRAC' 10. MULTIPL' 11. ENTER TI 12. RECOMPU' AND LOC	O IF HOH, \$254,200 IF S, \$152,525 IF MFS) IF LINE 8 FROM LINE 7 Y LINE 9 ABOVE BY 3% (.03) HE SMALLER OF LINE 6 OR LINE 10 FED ITEMIZED DEDUCTIONS FOR LINE 9 OF STATE AL REFUNDS TAXABLE IN CURRENT YEAR ET (SUBTRACT LINE 11 FROM LINE 3)	27,827. 192,665.
STATEMENT 4 SCHEDULE A, HOME MORTG		
WELLS FARGO WELLS FARGO WELLS FARGO	TEREST LIMITATION \$ - 0764	-29,586. 5,178. 4,390. 720. 50,000. 30,702.
CASA OF LOS CHARITABLE (COLLEGE TRA(UNICEF		100. 20,597. 1,000. 10,000. 1,250. 32,947.
		16,839. 16,839.
<u>VENABLE LLP</u> SELF-EMPL	C, PAGE 1 SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES OYMENT INCOME FROM ENTITY. \$ SED EXPENSES	1,119,019. -40,617. 1,078,402.

FEDERAL STATEMENTS

PAGE 3

11:38AM

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

STATEMENT 7 (CONTINUED) SCHEDULE SE, PAGE 1

TAXPAYER'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES

TOTAL SE INCOME - NONFARM \$ 1,078,402.

STATEMENT 8	
FORM 1116, LINE 1A - PASSIVE INCOME	
GROSS INCOME FROM SOURCES OUTSIDE U.	s.

DIVIDENDS		701.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	5,009.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT	-2,479.	2 520
NET FOREIGN SOURCE QUALIFIED DIVIDENDS	16 020	2,530.
CAPITAL GAIN DISTRIBUTIONS	16,839.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT	-8,334.	0 505
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	moma 7 - A	8,505.
	TOTAL \$	11,/36.

STATEMENT 9 FORM 1116, LINE 1A - PASSIVE INCOME (AMT) GROSS INCOME FROM SOURCES OUTSIDE U.S.

DIVIDENDS	701.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	5,009.
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT	-1,431.
NET FOREIGN SOURCE QUALIFIED DIVIDENDS	3,578.
CAPITAL GAIN DISTRIBUTIONS	16,839.
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT	<u>-4,811.</u> 12.028.
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	TOTAL \$ 16.307.
	101AL \$ 16,307.

Vehicle/Unreimbursed Expenses

Page 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

01:35PM

Vehicle Expenses - Sch K-1 (Partnerships) VENABLE LLP

	2014 BMW
 Date placed in service Total mileage Business mileage Business use percentage (divide line 3 by line 2) 	2/01/14 12,000 10,000 0.8333
Standard Mileage Rate:	
5. Multiply line 3 by 57.5 cents (.575)	5,750.
Depr. portion of mileage (24 cents per mile) Oper. exp. portion of mileage (33.5 cents per mile)	2,400. 3,350.
Actual Expenses:	
6. Gasoline, lube and oil 7. Repairs	3,087.
8. Tires 9. Insurance 10. Miscellaneous 11. Auto license (except personal property taxes)	2,929. 390.
12. Value of employer-provided vehicle 13. Vehicle rent or lease (less inclusion) 14. Add lines 6 through 13 15. Multiply line 14 by line 4	15,855. 22,261. 18,550.
16. Depreciation and section 179 deduction 17. Add lines 15 and 16	18,550.
Total Vehicle Expenses:	Actual Exp
18. Enter line 5 or line 17 19. Parking fees and tolls 20. Add lines 18 and 19	18,550. 1,671. 20,221.
Vehicle Expense Allocation:	
21. Car and truck expenses	7,009.
22. Depreciation 23. Vehicle rent or lease payments 24. Add lines 21, 22, and 23	13,212. 20,221.
25. Interest expense (business portion)26. Taxes and licenses (business portion)27. Personal property taxes (Schedule A)	528. 106.
Other Unreimbursed Expenses:	
1. Other unreimbursed expenses	19,868.

2	n	1	C

VEHICLE/UNREIMBURSED EXPENSES

PAGE 2

DOUGLAS C EMHOFF AND KAMALA D HARRIS	
10/11/16	 01:36PM
UNREIMBURSED EXPENSES - SCHEDULE E PG. 2 (K-1) VENABLE LLP	
VEHICLE EXPENSES MEAL AND ENTERTAINMENT EXPENSES. INTEREST - VENABLE K-1 OFFICE SUPPLIES PROFESSIONAL FEES TRAVEL MCTMT CELL PHONE/INTERNET. TOTAL	\$ 20,749. 3,258. 6,509. 345. 2,497. 3,692. 605. 2,962. 40,617.

PAGE 1		11:38AM	CURRENT			0	0	0	0	0	0				
			LIFE RATE			kΩ.	5	S							
			METHOD LIFE RATE			200DB HY	200DB HY	200DB HY							
			PRIOR DEPR						0	0	0				
щ			DEPR. BASIS			0	0	0	0	0	0				
2015 FEDERAL DEPRECIATION SCHEDULE	RRIS		/BASIS REDUCT						0	0	0				
ON SC	LA D HA		DEC. BAL DEPR.						0	0	0				
CIATIC	C EMHOFF AND KAMALA D HARRIS	PRIOR 179/	BONUS/ SP. DEPR.			790	066	1,200	2,980	2,980	2,980				
EPRE	IOFF AN	SPECIAL	DEPR. ALLOW.						0	0	0				
SAL D		CUR	BONUS.						0	0	0				
EDEF	DOUGLAS		N BUS.			790	066	1,200	2,980	2,980	2,980				
2015 F			COST/ BASIS												
•			SOLD												
			DATE ACOUIRED			7/01/11	7/01/11	7/01/14							
2			DESCRIPTION	SCH K-1 (PARTNERSHIPS) - VENABLE LLP	MACHINERY AND EQUIPMENT	ONE	Q	LAPTOP COMPUTER	TOTAL MACHINERY AND EQUIPME	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION				
12/31/15		10/11/16	CN	SCH K-1 (MACHIN	1 I PHONE	2 I PAD	3 LAP	T0T	T0T.	GRA				

		-									 	 	 	
PAGE 1		11:38AM 59 (E)(2) AMORT.			0	0	0	0	0	0				
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JLE		REAL PROP						0	0					
XED(POST-86 RI						0	0					
OS NC		OWN P			0	0	0	0		 				
CIATIO		REG. DFPR.												
EPRE	D HARRIS	AMT DEPR.			0	0	0	0	0	0				
TAX	AMALA	AMT RATE					-		200	1				
Σ	ID K	AMT			52		S.							
<u>N</u>	OFF AN	AMT			150DB HY	150DB HY	150DB HY							
ATIVE MINIMUM TAX DEPRECIATION SCHEDULE	DOUGLAS C EMHOFF AND KAMALA D HARRIS	AMT PRIOR DEPR.						0	0	0				
2015 FEDERAL ALTERN	DOUG	AMT BASIS			0	0	0	0		0				
RAL A		DATE		v.										
FEDEF		DATE			11/10//	7/01/11	7/01/14							
2015 F		DESCRIPTION	VABLE LLP	MACHINERY AND EQUIPMENT			LAPTOP COMPUTER	TOTAL MACHINERY AND EQUIPME	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION				
12/31/15		10/11/16 NO.	SCH K-1 (PARTI	MACHINERY /	1 I PHONE	2 I PAD	3 LAPTOP C	TOTAL M	TOTAL DI	GRAND T				

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" INCLUDE YOUR SSN, DAYTIME PHONE # AND "2015 FORM 4868" MAIL YOUR PAYMENT TO:

INTERNAL REVENUE SERVICE P.O. BOX 7122 SAN FRANCISCO, CA 94120-7122

▼ DETACHHERE ▼ 1030 **Application for Automatic Extension of Time** FDIA4601L 07/29/15 Form **4868** To File U.S. Individual Income Tax Return 2015 Department of the Treasury Internal Revenue Service (99) For calendar year 2015, or other tax year beginning , 2015, ending Part II Individual Income Tax Part I Identification 4 Estimate of total tax liability for 2015... \$ 388,808. DOUGLAS C EMHOFF 365,268. 5 Total 2015 payments..... Balance due, Subtract line 5 from line 4 23,540. (see instructions)..... Amount you are paying (see instructions)..... 23.540. did not receive wages as an employee subject to U.S. income tax withholding.....

FORM TAXABLE YEAR California Resident **Income Tax Return** APE ATTACH FEDERAL RETURN **EMHO** Α С DOUGLAS EMHOFF R KAMALA D HARRIS RP 10-20-1964 10-13-1964 APE 4.5 FS SCHG1 5870A 5805 5805F DESIGNEE TPIDP FNCCF 3805P NODC 3805Z IRC453A IRC1341

ELLA ROSE EMHOFF
DAUGHTER

Filing Status	1		Single	4 Head of household (with qualifying person). See instructions,
	2	X	Married/RDP filing jointly. See inst.	5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died
	3		Married/RDP filing separately. Enter spouse's	/RDP's SSN or ITIN above and full name here
		If yo	our California filing status is different from your	r federal filing status, check the box here
	6	If so	omeone can claim you (or your spouse/RDP) as	s a dependent, check the box here. See instructions

CAIA3912L 12/17/15

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:
Exemptions		For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
	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
		the box. If you checked the box on line 6, see instructions
	8 9	Senior: If you (or your spouse/RDP) are visually imparied, enter 1; if both are 65 or older, enter 2
	10	Dependents: Do not include yourself or your spouse/RDP.
	10	Dependent 1 Dependent 2 Dependent 3
		First Name ELLA ROSE O
		Last Name EMHOFF
		SSN • • • • •
		Dependent's
		relationship DAUGHTER to you
		Total dependent exemptions
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32
Taxable Income	12	State wages from your Form(s) W-2, box 16
		Q12
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4
	14	California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C • 16 12, 609.
	17	California adjusted gross income. Combine line 15 and line 16
	18	Enter the Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status:
		Single or Married/RDP filing separately\$4,044
		Married/RDP filing jointly, Head of household, or Qualifying widow(er)\$8,088 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18 54,471.
	19	Subtract line 18 from line 17. This is your taxable income, If less than zero, enter -0:
Тах	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule
		● FTB 3800 ● FTB 3803
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$178,706, see instructions
	33	
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A
	35	Add line 33 and line 34

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:		
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	
	43	Enter credit name OTHER STATE code ● 187 and amount	• 43	35,952.
	44	Enter credit name	• 44	
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	
	46	Nonrefundable renter's credit. See instructions	• 46	
	47	Add line 40 and line 43 through line 46. These are your total credits	• 47	35,952.
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	75,130.
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	• 61	
	62	Mental Health Services Tax. See instructions	• 62	1,239.
	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	76,369.
Payments	71	California income tax withheld. See instructions	• 71	11,112.
	72	2015 CA estimated tax and other payments. See instructions	• 72	68,000.
	73	Withholding (Form 592-B and/or 593). See instructions	• 73	
	74	Excess SDI (or VPDI) withheld. See instructions.	• 74	0.
	75	Earned Income Tax Credit (EITC)	• 75	
	76	Add lines 71 through 75. These are your total payments. See instructions	③ 76	79,112.
Use Tax	91	Use Tax. This is not a total line. See instructions]
Overpaid Tax/ Tax Due	92	Payments balance, If line 76 is more than line 91, subtract line 91 from line 76	92	79,112.
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	93	
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	94	2,743.
	95	Amount of line 94 you want applied to your 2016 estimated tax.	• 95	2,743.
	96	Overpaid tax available this year. Subtract line 95 from line 94	9 96	
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	97	

3103156 Form 540 C1 2015 Side 3

Your name:	DOUGLAS	C	EMHOFF	

Your SSN or ITIN:

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	• 400	
	Alzheimer's Disease/Related Disorders Fund	401	
	Rare and Endangered Species Preservation Program	• 403	
	California Breast Cancer Research Fund	• 405	
	California Firefighters' Memorial Fund	• 406	
	Emergency Food for Families Fund	• 407	
	California Peace Officer Memorial Foundation Fund	• 408	
	California Sea Otter Fund	• 410	
	California Cancer Research Fund	• 413	
	Child Victims of Human Trafficking Fund	• 419	
	School Supplies for Homeless Children Fund	• 422	
	State Parks Protection Fund/Parks Pass Purchase	• 423	
	Protect Our Coast and Oceans Fund	• 424	
	Keep Arts in Schools Fund	• 425	
	California Senior Legislature Fund	• 427	
	Habitat For Humanity Fund.	• 428	
	California Sexual Violence Victim Services Fund.	• 429	
	State Children's Trust Fund for the Prevention of Child Abuse	• 430	
	Prevention of Animal Homelessness & Cruelty Fund	• 431	
110	Add and a 400 through code 431. This is your total contribution	• 110	

Your name:	DOUGLA	S C EMHOFF			Your SSN or ITIN	:		
Amount You Owe	11	Mail to: FRANCHIS PO BOX 9 SACRAME	SE TAX BOARD 42867	amount on line 96, add lin			Participation 1	
Interest an Penalties	nd ¹¹	3 Underpayment of es	timated tax. Check the	yment penalties box: ● X FTB 5805 a se, but do not staple, a	attached • FTB	5805F attached	• 113	
Refund an Direct Dep	Fill Han All	Mail to: FRANCHIS PO BOX 94 SACRAME	SE TAX BOARD 42840 ENTO CA 94240-0001. Ithorize direct deposit ting and account num of my refund (line 115 Type Checking Savings	hbers? Use whole dollars b) is authorized for direct Account number	or two accounts. Do no s only.	unt shown below 116 Dire shown below:	• 115 Line check or a deposit slip. See in	O.
To learn about	t your privac	ne instructions to fi y rights, how we may use this notice by mail, call & and to the best of my kn	your information, and l 800.852.5711. Under pe	the consequences for not enalties of perjury, I decla	providing the requested are that I have examined	information, go t	o ftb.ca.gov and search for	
Your signature	e		Da	te	Spouse's/RDP's sig	nature (if a joint i	tax return, both must sign)	
X					х			
Sign Here It is unlawful to forge a spouse's/ RDP's signature. Joint tax return? (See instructions)	Paid prepar	address (optional). Enterer's signature	r only one email addres		ich preparer has any kr	nowledge)	Date Date PTIN FEIN	al)
		nt to allow another perso Party Designee's Name	on to discuss this tax r	eturn with us? See instr	ructions ,	Telep	● X Yes	No

Form 540 C1 2015 Side 5

SCHEDULE

California Adjustments — Residents 2015

CA (540)

Impo	rtant: Attach this schedule behind Form 540, Side 5 as a supporting	g Ca	lifornia schedule.				
Name(s) as shown on tax return				SSN or ITIN		
DOU	GLAS C EMHOFF AND KAMALA D HARRIS						
Part	I Income Adjustment Schedule	A	Federal Amounts	В	Subtractions	С	Additions
	on A – Income		(taxable amounts from your federal tax return)		See instructions	_	See instructions
7	Wages, salaries, tips, etc. See instructions before making an					Γ	
,	entry in column B or C	•	139,402.	•		•	
8	Taxable interest (b) 2, 646	_				•	
9	Ordinary dividends. See instructions (b) 5,009. 9	a 🖲		0		0	2,646.
10	Taxable refunds, credits, offsets of state and local income taxes	©	21.	0	21.		
11	Alimony received					(V
12	Business income or (loss))	(CONTRACTOR CONTRACTOR	<u></u>	
13	Capital gain or (loss). See instructions	\sim		Ŏ		Ŏ	
14	Other gains or (losses)			Ŏ		Ŏ	
		b 🖲		Ŏ	··- ·· ·	ŏ	
15	The state of the s	b ©		<u></u>		ŏ	
16	1 dilototto ditto dittidizioni boo interiori i i i i i i i i i i i i i i i i i			Ŏ		6	6,409.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc S.T 1 17		1,002,132.	Ö		8	0,409.
18	Farm income or (loss)	- 200		6			
19	Unemployment compensation	ь		8		200 Miles	
20				a (e	5	а	
21	Other income.			b ©		b	
	California lottery winnings e NOL from FTB 3805D, 3805Z, Disaster loss deduction from FTB 3805V e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809 21			c	/	c C)
	213000011033 4044010111111111111111111111	<u> </u>	10,000.	d 💽)	d	/
	Federal NOL (Form 1040, line 21) f Other (describe):					e	
d	NOL deduction from FTB 3805V			e 🥑 f 💽	<u>)</u>	f 🧿	<u> </u>
					y	۷ ک)
-	Total Countries But 7 Housest Bas 21 in column A Add line 7				··········	Π	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B22	•	1,255,713.	•	21.	•	9,055.
	through the bit in column b and column of the column						
Secti	on B — Adjustments to Income	<u>ا</u>				Talowicou.	
23	Educator expenses	•		\odot			
24	Certain business expenses of reservists, performing artists,						
	and fee-basis government officials	· <u> •</u>		(O)		•	
25	Health savings account deduction		3,575.	\odot	3,575.		
26	Moving expenses	•)				
27	Deductible part of self-employment tax 27	•	21,922.				
28	Self-employed SEP, SIMPLE, and qualified plans 28		57,125.				
29	Self-employed health insurance deduction	•	7,331.				
30	Penalty on early withdrawal of savings)				
	Alimony paid.						
D	Recipient's: SSN •	-					
	Last name 31	a 💽)			•	
32	IRA deduction						
33	Student loan interest deduction	ē				0	
34	Tuition and fees			O	The state of the s		
	Domestic production activities deduction	_		Ŏ			
35	Domestic production activities deduction	۲		_			The second secon
26	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.						
36			89,953.	(0)	3,575.	•	
	See mana.	۳	09,903.	Ĕ	3,373.	Ť	
37	Total. Subtract line 36 from line 22 in columns A, B, and C.		1,165,760.	(-3,554.	(9,055.
	See instructions		1,100,700.	_	J, JJ.4.	<u></u>	CA/A4012L 12/24/15

Part II Adjustments to Federal Itemized Deductions

l'ai	th Adjustments to rederal itemized beddedons	
38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	240,804.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions	137,832.
40	Subtract line 39 from line 38	102,972.
41	Other adjustments including California lottery losses. See instructions.	
	Specify	
	Combine line 40 and line 41	102,972.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? REDUCTION	-48,501.
	Single or married/RDP filing separately \$178,706 Head of household \$268,063 Married/RDP filing jointly or qualifying widow(er) \$357,417	
	No. Transfer the amount on line 42 to line 43.	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	54,471.
44	Enter the larger of the amount on line 43 or your standard deduction listed below	
	Single or married/RDP filing separately. See instructions	
	Married/RDP filing jointly, head of household, or qualifying widow(er). \$8,088	
	Transfer the amount on line 44 to Form 540, line 18	54,471.
	Transfer the amount on the 44 to 1 only 440, the 100 to 10	

CAIA4012L 12/24/15 Side 2 Schedule CA (540) 2015

•		

Atta	ch to Form 540, Long Form 540NR, or Form 541.			
	SUMMA	RY		,,
Name	(s) as shown on your California tax return		SSN, ITIN, or FEIN	
	JGLAS C EMHOFF AND KAMALA D HARRI	S		
Par	t Double-Taxed Income (Read specific line instr	ructions for Part I before completing.)		
(a) l	ncome item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by	other state
(e)		•	\odot	
<u> </u>		. <u> </u>	<u> </u>	
ŏ		<u> </u>		
_				
1	Total double-taxed income	◉	\odot	
•	Total double-taxed income			
Par	t II Figure Your Other State Tax Credit (Read spe	cific line instructions for Part II before cor	npleting.)	
· ui	(II Tigure 10th Other Clare 7th Oyear (10th Oyear			
2	California tax liability. See instructions		① 2	
~	Camornia tax hability. See instructions	,		·
3	Double-taxed income taxable by California. Enter the	e amount from Part I line 1 column (h)	📵 3	
3	Double-taxed income taxable by California. Effect the	e amount from Fart 1, time 1, column (b) .		
4	California adjusted gross income. See instructions		4	
4	California adjusted gross income. See instructions.			
_	Divide line 3 by line 4. Do not enter more than 1.000	20	6 5	
5	Divide line 3 by line 4. Do not enter more than 1.000	JO , ,		
	Multiply line 2 by line 5		6 6	
6	inditiply line 2 by line 5			
-	for any tradition and to name of other state Augo	state's abbraulation)	nns (a) 7	
7	Income tax liability paid to name of other state (use	state's abbreviation)See instruction	JIIS	
	Double-taxed income taxable by other state. Enter the	he amount from Bart I line 1 column (c)	(A) 8	
8	Double-taxed income taxable by other state. Enter the	the amount from Fart I, fille 1, column (c)		
	A III at a first and a second and the bound to be a taken Com.		© 9	
9	Adjusted gross income taxable by other state. See it	risu ucuons		
		20	(A) 10	
10	Divide line 8 by line 9. Do not enter more than 1.000	JU		
	50 to 10 to 10 to 10		© 11	
11	Multiply line 7 by line 10			
		Page 11 Has Condit Onda 107 Can instance	Mana @13	35 053
12	Other state tax credit. Enter the smaller of line 6 or	line 11. Use Credit Code 187. See instruc	lions 🕶 12	33,952.

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

				SSN, ITIN	as CCIN	
	s) as shown on your California tax return			55N, 111N	, or HEIN	
Par	IGLAS C EMHOFF AND KAMALA D HARRIS Double-Taxed Income (Read specific line instruc		pefore completing)			
-			ome taxable by California	(c) Double-taxe	d income	taxable by other state
`~'		·	299,527.		a moomo	000 505
	ENABLE LLP	<u>ŏ</u>	233/02/1	<u> </u>		
<u> </u>		<u> </u>		\overline{ullet}		
1 Par	Total double-taxed income		299, 527.			299,527.
rai	Tigure Tour Other State Tax Great (Nead Specia	ic inic instruction	is for t are it before compr	cting.y		
2	California tax liability. See instructions) 2	111,082.
_	Camorna tax habitty. Occ histractions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			´	
3	Double-taxed income taxable by California. Enter the a	amount from Par	t I, line 1, column (b)) 3	299,527.
			.,			
4	California adjusted gross income. See instructions		.,,	,) 4	1,178,369.
5	Divide line 3 by line 4. Do not enter more than 1.0000) 5	0.2542
				<u>.</u>		
6	Multiply line 2 by line 5			,,. (9 6	28,237.
_			-VOND On the time			20 067
7	Income tax liability paid to name of other state (use st	ate's appreviatio	n) <u>MD</u> See instructions		ッ ′ <u> </u>	20,967.
8	Double-taxed income taxable by other state. Enter the	amount from Pa	art I line 1 column (c)		3 8	299,527.
٥	Double-taxed income taxable by other state. Enter the	amount nom re	art i, inic i, column (c)			23370211
9	Adjusted gross income taxable by other state. See insi	tructions			9	299,527.
-	7 tajactou grand 17 tarina ay a mar				_	
10	Divide line 8 by line 9. Do not enter more than 1.0000			.,	010	1.0000
11	Multiply line 7 by line 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)11	20,967.
12	Other state tax credit. Enter the smaller of line 6 or lin	e 11. Use Credit	Code 187. See instruction	ns (e	J12	20,967.

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

				Loon	TAL TELL	
	(s) as shown on your California tax return			5514,	ITIN, or FEIN	
	IGLAS C EMHOFF AND KAMALA D HARRI					
Par						13.1
-	come item(s) description	• •	come taxable by California	• •		axable by other state
7	ENABLE LLP	• • •	43,869.	<u> </u>		43,869.
<u> </u>		<u> </u>		<u>•</u>		
<u> </u>		<u> </u>		<u> </u>		
1 Par	Total double-taxed income		43,869.			43,869.
Par	III Figure Four Other State Fax Credit (Nead Spe	cine inte instructio	ins tot I art it before compi	cuilg.)		
2	California tax liability. See instructions				② 2	111,082.
2	Camorina tax habinty. See instructions		, , , , , , , , , , , , , , , , , , , ,			
3	Double-taxed income taxable by California. Enter th	e amount from Pa	rt I. line 1. column (b)		● 3	43,869.
-	bodbie taxed meetine taxable by camerina. Elike an		, , (=>			
4	California adjusted gross income. See instructions.				(4	1,178,369.
·	Camorina dajactor gross mosmor ero marane					
5	Divide line 3 by line 4. Do not enter more than 1.000	00			• 5	0.0372
6	Multiply line 2 by line 5				● 6	4,132.
7	Income tax liability paid to name of other state (use	state's abbreviation	on) VA See instructions		. • 7	2,519.
-8	Double-taxed income taxable by other state. Enter t	the amount from P	art I, line 1, column (c)	.,,,,,,,	. 💿 8	43,869.
9	Adjusted gross income taxable by other state. See i	instructions			. 💿 🤋	43,869.
10	Divide line 8 by line 9. Do not enter more than 1.000	00		*****	. ① 10	1.0000
11	Multiply line 7 by line 10				. •11	2,519.
12	Other state tax credit. Enter the smaller of line 6 or	line 11. Use Credi	t Code 187. See instruction	ns ,	● 12	2,519.

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

Name	s) as shown on your California tax return			SSN, IT	IN, or FEIN	
DOU	GLAS C EMHOFF AND KAMALA D HARRI					
Par						
	come item(s) description	. ,	ome taxable by California			axable by other state
	ENABLE LLP	<u> </u>	131,481.	<u> </u>		131,481.
<u> </u>		<u>•</u>		<u> </u>		
<u> </u>		<u> </u>		<u>•</u>		
1 Pari	Total double-taxed income		131,481.			131,481.
Par	II Figure Four Other State Fax Credit (Nead spe	cine tine tristraction	is to I dit il setore compi	ourig.)		
2	California tax liability. See instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		② 2	111,082.
2	Camorna tax hability. See instructions		.,			
3	Double-taxed income taxable by California. Enter the	amount from Par	t I, line 1, column (b)		3	131,481.
ŭ	bouble taxed income taxable by cultivitia. Elice and					
4	California adjusted gross income. See instructions				4	1,178,369.
5	Divide line 3 by line 4. Do not enter more than 1.000	00		********	5	0.1116
6	Multiply line 2 by line 5	.,,			● 6	12,397.
					~ -	
7	Income tax liability paid to name of other state (use	state's abbreviation	n) NY See instructions		7	11,597.
			30 C H - 4 - 1 - 23		.	131,481.
8	Double-taxed income taxable by other state. Enter the	ne amount from Pa	art I, line I, column (c)		• ·	131,401.
•	Adjusted gross income taxable by other state. See in	netructions			9 9	131,481.
9	Adjusted gross income taxable by other state. See if	istructions			<u> </u>	10171011
10	Divide line 8 by line 9. Do not enter more than 1.000	00			10	1.0000
10	Divide line 8 by line 9. Do not effet more than 1.000					
11	Multiply line 7 by line 10				11	11,597.
• • •	manapy and 7 by and 19		•		_	
12	Other state tax credit. Enter the smaller of line 6 or	line 11. Use Credit	Code 187 . See instruction	ns	12	11,597.

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

Name	e(s) as shown on your California tax return			SSN, IT	IN, or FEIN	_
DO	UGLAS C EMHOFF AND KAMALA D HARRIS					
Par	t Double-Taxed Income (Read specific line instruction	ons for Part I before compl	eting.)			
(a) li	ncome item(s) description (b)) Double-taxed income taxable by (California	(c) Double-ta	xed income taxabl	e by other state
(e)	VENABLE LLC)	3,411.	•		3,411.
)		<u> </u>		
⊙)		<u> </u>		
1	Total double-taxed income)				3,411.
Par	Till Figure Four Other State Tax Credit (Read Specific	Time instructions for Part II	before comple	ung.)		
2	California tax liability. See instructions		* * * * * * * * * * * * * * * * * * * *		● 2	111,082.
3	Double-taxed income taxable by California. Enter the arr	nount from Part I, line 1, co	olumn (b)		⊚ з	3,411.
4	California adjusted gross income. See instructions				4	,178,369.
5	Divide line 3 by line 4. Do not enter more than 1.0000				• 5	0.0029
6	Multiply line 2 by line 5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			● 6	322.
7	Income tax liability paid to name of other state (use state	te's abbreviation) <u>DE</u> Se	e instructions.		7	225.
8	Double-taxed income taxable by other state. Enter the a	mount from Part I, line 1, c	column (c)		● 8	3,411.
9	Adjusted gross income taxable by other state. See instru	uctions	· · · · · · · · · · · · · · · · · · ·	******	● 9	3,411.
10	Divide line 8 by line 9. Do not enter more than 1.0000		, , , , , , , , , , , ,		● 10	1.0000
11	Multiply line 7 by line 10				● 11	225.
12	Other state tax credit. Enter the smaller of line 6 or line	11. Use Credit Code 187, S	See instructions	.	12	225.

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

Name	e(s) as shown on your California tax return			Lesn	, ITIN, or FEIN	
				551	, itilia, or i cilia	
Par	UGLAS C EMHOFF AND KAMALA D HARRIS † Double-Taxed Income (Read specific line instru		pefore completing)	1.:		
			ome taxable by California	(c) Double	e-taxed income to	axable by other state
	1,7		6,777.		tanda moonio a	-
<u></u>	Y DEVILOUE DE L	<u></u>		<u></u>		
<u> </u>		<u> </u>		<u> </u>		
1 Par	Total double-taxed income		6,777.			6,777.
2	California tax liability. See instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 💿 2	111,082.
3	Double-taxed income taxable by California. Enter the	amount from Part	t I, line 1, column (b)		. 💿 3	6,777.
					_	
4	California adjusted gross income. See instructions				. 💿 4	1,178,369.
					•	
5	Divide line 3 by line 4. Do not enter more than 1.0000				. • 5	0.0058
_					0.0	
6	Multiply line 2 by line 5			*******	. • 6	644.
7	Income tax liability paid to name of other state (use st	tatala abbraulatia	n) MN See instruction		A 7	669
7	income tax habinty paid to hame of other state (use si	late 5 appreviation	in) FIN See instructions),,,,,,,,,,,	. • /	000.
8	Double-taxed income taxable by other state. Enter the	amount from Pa	rt I. line 1. column (c)			6.777
·	bodolo-taxed meetine taxable by ethor state, Emer me	angune nour a	11 11 11 (o) 11			<u> </u>
9	Adjusted gross income taxable by other state. See ins	tructions			. 📵 9	6,777.
	, ,					
10	Divide line 8 by line 9. Do not enter more than 1.0000	. 4		* * * * * * * * * *	. •10	1.0000
11	Multiply line 7 by line 10				. 💿11	668.
		44.11.00.111	0.1.207.0		044	
12	Other state tax credit. Enter the smaller of line 6 or lin	ie II. Use Credit	Code 187. See instruction	ns,	. •12	644.

CALIFORNIA STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

11:38AM

STATEMENT 1 SCHEDULE CA, LINE 17 RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC.

TOTAL \$ 6,409.

Underpayment of Estimated Tax by Individuals and Fiduciaries



CALIFORNIA FORM

5805

Attach this form to the back of your Form 540, Long Form 540NR, or Form 541. Also, check the box for unon Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.	derpayment of estimated tax located
Name(s) as shown on return	SSN, ITIN, or FEIN

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

See General Information B.

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

• The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2014 or 2015 was less than \$500 (or less than \$250 if married/RDP filing a separate return).

• Your 2014 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.

• The amount of your withholding plus your estimated tax payments, if paid in the required installments, is at least 90% of the tax shown on your 2015 return or 100% of the tax shown on your 2014 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) and you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2015 tax return if they do not meet one of the two conditions above.

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

1 Are you requesting a waiver of the penalty? If 'Yes,' provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C.

ar	questions. All filers must complete this part. Estates and Trusts, see General Information E.		
1	Are you requesting a waiver of the penalty? If 'Yes,' provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C.	1 ⊙ ☐ Yes	XNo
2	Did you use the convenience installment mathed? If Weet are instructions for Dad III and be sure to		
	Did you use the annualized income installment method? If 'Yes,' see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44	2 X Yes	No
3	Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? If 'Yes,' enter the actual uneven amounts withheld on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.	3 ● Yes	
	4/15/15 •\$;6/15/15 •\$;9/15/15 •\$;1/15/16	•)\$	
4	For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E.	4 Yes	No

Par	t II Required Annual Payment. All filers must complete this part.		
1 2	Current year tax. Enter your 2015 tax after credits. See instructions	1	76,369.
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	11,112.
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	65,257.
5	Enter the tax shown on your 2014 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2015, more than \$75,000).	5	68,732.
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	68,732.
	t Method ion: See the instructions to find out if you can use the short method. If you answered 'Yes' to Question 2 in Part I, skip Part III. If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Workshell	this pet II	part and go to in the instructions.
Cauti	ion: See the instructions to find out if you can use the short method. If you answered 'Yes' to Question 2 in Part I, skip Part III If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Workshop	this p	part and go to
	Enter the amount, if any, from Part II, line 3 above		
9	Enter the total amount, if any, of estimated tax payments you made	.9	
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805.	10	
	Multiply line 10 by .02128976 • If the amount on line 10 was paid on or after 4/15/16, enter -0 • If the amount on line 10 was paid before 4/15/16, enter the result of the following computation:	11	
	Amount on Number of days paid line 10 X before 4/15/16 X .00008	12	
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541 line 44. Also, check the box for 'FTR 5805 '>	112	

Side 2 FTB 5805 2015 059 7672154 CAIZ6112L 12/15/15

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2015 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, in the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

Exa	mple B: If you worked all year and earned a monthly salary th	at did	not change much during th	e year, you should not con	plete this schedule.	
line dates	omplete this schedule correctly, you must first complete Side 2, led through line 6. Estates and trusts, do not use the period ending shown to the right. Instead, use the following: 2/28/15, 4/30//15, and 11/30/15. Fiscal year filers must adjust dates according	9 15,	(a) 1/1/15 to 3/31/15	(b) 1/1/15 to 5/31/15	(c) 1/1/15 to 8/31/15	(d) 1/1/15 to 12/31/15
1	period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable	1	25,000.	50,000.	150,000	1 170 260
2	to each period. See instructions	2		2.4	150,000.	1,178,369.
3		3				1
4	Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9.		100,000. 25,743.	120,000. 42,905.	225,000.	1,178,369. 102,972.
5		5	4	2.4	1.5	102,972.
6		6	102,972.	102,972.	102,972.	54,471.
7		7	8,088.	8,088.	8,088.	8,088.
8	Enter line 6 or line 7, whichever is larger	8	102,972.	102,972.	102,972.	54,471.
9	Subtract line 8 from line 3	9	-2,972.	17,028.	122,028.	1,123,898.
10		10	2,3.2.	183.	6,302.	111,082.
	Enter the total amount of exemption credits from your 2015 Form 540, line 32 or Form 541, line 22. If you filed a Long Form 540NR, see instructions.	11	0.	0.	0.	0.
12	Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I in the instructions	12		183.	6,302.	111,082.
13	Enter the total credit amount from your 2015 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see inst	13	35,952.	35,952.	35,952.	35,952.
14	 a Subtract line 13 from line 12. If zero or less, enter -0 b Enter the alternative minimum tax and mental health tax. 	14a	0.	0.	0.	75,130.
	See Instructions.	14b	1,239.	1,239.	1,239.	1,239.
	C Add line 14a and line 14b	14c	1,239.	1,239.	1,239.	76,369.
	d Enter the excess SDI from Form 540, line 74 or Long Form 540NR, line 84	14d	1 000			
15		14e 15	1,239.	1,239.	1,239.	76,369.
16	Applicable percentage	16	27%	63%	63%	90%
Com	plete Line 17 through Line 23 of each column before you the next column.	10	335.	781.	781.	68,732.
	Enter the combined amounts shown on line 23 from all preceding columns.	17		335.	781.	781.
	Subtract line 17 from line 16. If zero or less, enter -0	18	335.	446.	0.	67,951.
19	Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c	19	20,620.	27,493.		20,619.
20	Enter the amount from line 22 from the preceding column	20		20,285.	47,332.	47,332.
21	Add line 19 and line 20	21	20,620.	47,778.	47,332.	67,951.
22	Subtract line 18 from line 21. If zero or less, enter -0	22	20,285.	47,332.	47,332.	0.
23	Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1	23	335.	446.	⊙ 0. (9 67,951.

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

CAIZ6112L 12/15/15 059 7673154 FTB 5805 2015 **Side 3**

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Worksheet II Regular Method to Figure Your Under

				Payment	Due Dates	
Par	I Figure Your Underpayment.		(a) 4/15/15	(b) 6/15/15	(c) 9/15/15	(d) 1/15/16
1	Required Installments. See instructions	1	335.	446.		67,951
	Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer 'Yes' to a question in Part I)	2	3,334.	27,445.	15,000.	28,333
ONE	PLETE LINE 3 THROUGH LINE 9 OF COLUMN BEFORE GOING TO THE COLUMN.					
3	Enter amount, if any, from line 9 of previous column	3		2,999.	29,998.	44,998.
4	Add line 2 and line 3	4		30,444.	44,998.	73,331.
	Add amounts on line 7 and line 8 of the previous column	5				107002
6	Subtract line 5 from line 4. If zero or less, enter -0 For column (a) only, enter the amount from line 2	6	3,334.	30,444.	44,998.	73,331.
7	If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0:	7		0.	0.	
8	Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9	8				
	Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9	2,999.	29,998.		
		te line	10 and line 11 of one	column before going to	the next column.	
Rate	Period:					
10	April 15, 2015 — April 15, 2016		4/15/15	6/15/15	9/15/15	1/15/16
10	Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/2016, whichever is earlier	10	Days:	Days:	Days:	Days:
11,	Underpayment on line 8 value (see instructions) value Number of days on line 10 value (see instructions) value (see instr	11	\$	Ş	\$	\$
	PENALTY. Add amounts on line 11 in all Part II, line 13, and on Form 540, line 113; L				ide 2,	

FTB 5805 Schedule B 2015 CAIZ6103L 12/16/15

UNDERPAYMENT PENALTY WORKSHEET

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Required Installment	Payment				Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period	
FIRST QTR 335.	4/15/15	2	335.						
SECOND QTR 446.	6/15/15	2	446.						
THIRD QTR									
FOURTH QTR 67,951.	6/15/15 6/15/15 6/15/15 9/14/15 12/30/15	2 3 3	2,553. 4,445. 23,000. 15,000. 22,953.	65,398. 60,953. 37,953. 22,953.					
			100						
TOTAL UNDERP	AYMENT PEN	ALT	· · · · · · · · · · · · · · · · · · ·					0.	

* 1 = Overpayment

2 = Withholding

3 = Estimate

4 = Extension

5 = Paid with return

Underpayment

x Days Late 366 or 365 x Rate

FDIL1601L 10/27/15

							,- ^ ·				
PAGE 1		11:38AM CURRENT DEPR			0	0	0	0	0	0	
		LIFE RATE			ĸ	ιò	22				
		METHOD LIFE RATE			200DB HY	200DB HY	200DB HY				
		PRIOR DEPR.						0	0	0	
ULE		DEPR. BASIS			0	0	0	0	0	0	
2015 CALIFORNIA DEPRECIATION SCHEDULE	RRIS	SALVAG /BASIS REDIICT						0	0	0	
S NOI	LA D HA	PRIOR DEC. BAL DEPR.						0	0	0	
ECIAT	C EMHOFF AND KAMALA D HARRIS	PRIOR 179/ BONUS/ SP. DEPR			790	066	1,200	2,980	2,980	2,980	
DEPR	OFF AN	SPECIAL DEPR. ALLOW.						0		0	
RNIA		CUR 179 BONIIS.						0	0	0	
LFO	DOUGLAS	BUS. PCT.			790	066	1,200	2,980	2,980	2,980	
5 CA	00	COST/ BASIS				0.	7-	2,	2,5	2,	
201		DATE		1							
		DATE ACQUIRED.			7/01/11	11/10//	7/01/14				
		DESCRIPTION	SCH K-1 (PARTNERSHIPS) - VENABLE LLP	D EQUIPMENT			MPUTER	TOTAL MACHINERY AND EQUIPME	RECIATION	GRAND TOTAL DEPRECIATION	
12/31/15			XH K-1 (PARTNE!	MACHINERY AND EQUIPMENT	1 I PHONE	2 I PAD	3 LAPTOP COMPUTER	TOTAL MAC	TOTAL DEPRECIATION	GRAND TOT.	
12/		10/11/16 NO	SS	!							

12/31/15 2015 CALIFORNIA ALTE	ALIFOF	SNIA /	ALTERI	NATIVE	M	MUM	TAX	RNATIVE MINIMUM TAX DEPRECIATION SCHEDULE	HATIC	S NC	SHED	ULE	4	PAGE 1
			DOUG	DOUGLAS C EMHOFF AND KAMALA D HARRIS	10FF AN	ID KA	MALA	D HARRIS						
10/11/16 NDDESCRIPTION	DATE	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT MFTHOD	AMT	AMT	AMT R DEPR DE	REG. C	OWN POS	POST-86 READL	REAL PROP LEAS	LEAS PER 59 (PROP PRFF AM	11:38AM 59 (E)(2) AMORT
SCH K-1 (PARTNERSHIPS) - VENABLE LLP														
MACHINERY AND EQUIPMENT		I												
1 I PHONE	7/01/11		0		150DB HY	5		0	0					0
2 IPAD	7/01/11		0		150DB HY			0	0					0
3 LAPTOP COMPUTER	7/01/14	1	0		150DB HY	ιù	I	0	0		***************************************		-	0
TOTAL MACHINERY AND EQUIPME			0	0				0	0		0	0	0	0
TOTAL DEPRECIATION			0	0				0			0	0	0	0
GRAND TOTAL DEPRECIATION		11	0	0			Į	0	0		0	0		0
														30 (m)

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space. For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning 2016, ending 20 See separate instructions. Your first name and initial Last name Your social security number DOUGLAS C EMHOFF If a joint return, spouse's first name and initial Last name Spouse's social security number KAMALA D HARRIS Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). 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 Foreign country name Foreign province/state/county Foreign postal code refund. You Spouse Head of household (with qualifying person). (See 1 Filing Status instructions.) If the qualifying person is a child 2 Married filing jointly (even if only one had income) but not your dependent, enter this child's Married filing separately. Enter spouse's SSN above & full name here . > Check only name here. . -Qualifying widow(er) with dependent child one box. Boxes checked 6a Yourself. If someone can claim you as a dependent, do not check box 6a..... Exemptions 2 on 6a and 6b b Spouse. No. of children on 6c who: c Dependents: (2) Dependent's (3) Dependent's (4) ✓ if lived child under age 17 qualifying for child tax credit social security relationship with you. . number to you did not live with you due to divorce (1) First name Last name ELLA ROSE EMHOFF DAUGHTER (see instructions) If more than four Dependents on 6c not dependents, see instructions and check here . . > Add numbers **d** Total number of exemptions claimed..... 7 143,800. 7 Wages, salaries, tips, etc. Attach Form(s) W-2..... Income 8a Taxable interest. Attach Schedule B if required..... 8a 226. 9a Ordinary dividends. Attach Schedule B if required..... 4,799. Attach Form(s) W-2 here. Also attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes 5,466. 10 W-2G and 1099-R 11 if tax was with held. Business income or (loss). Attach Schedule C or C-EZ..... 12 If you did not 12,934 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. get a W-2, 14 see instructions. **b** Taxable amount...... 15 b 16a Pensions and annuities | 16a **b** Taxable amount...... 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 1,085,410 18 18 Farm income or (loss). Attach Schedule F..... 19 Unemployment compensation 19 20 b 20 a Social security benefits 20 a **b** Taxable amount... 21 Other income. List type and amount _ _ _ _ _ _ 22 22 1,252,635 Combine the amounts in the far right column for lines 7 through 21. This is your total income. Adjusted Certain business expenses of reservists, performing artists, and fee-basis 24 Gross Income 25 5,046. Health savings account deduction. Attach Form 8889...... Moving expenses. Attach Form 3903..... Deductible part of self-employment tax. Attach Schedule SE 27 23,703 59,000 28 Self-employed SEP, SIMPLE, and qualified plans......DB. 28 29 7,756 Self-employed health insurance deduction..... 30 Penalty on early withdrawal of savings..... 31 a Alimony paid b Recipient's SSN.... 31 a 32 **32** IRA deduction..... Student loan interest deduction..... 33 34 Tuition and fees. Attach Form 8917..... 35 Domestic production activities deduction. Attach Form 8903. 36 95,505. Subtract line 36 from line 22. This is your adjusted gross income 37 1,157,130

Form 1040 (2016)	DOUGLAS C EMHOFF AND KAMALA D HARRIS		Page 2
	38 Amount from line 37 (adjusted gross income)	38	1, 157, 130.
Tax and	39 a Check You were born before January 2, 1952, Blind. Total boxes	· 1	
Credits	if: Spouse was born before January 2, 1952, Blind. checked > 39 a		
		1	
Standard	b If your spouse itemizes on a separate return or you were a dual-status alien, check here	_	
Deduction for —	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	211,899.
101 -	41 Subtract line 40 from line 38,	41	945, 231.
 People who 	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	0.
check any box	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	045 001
on line 39a or 39b or who can	If line 42 is more than line 41, enter 40-	43	945, 231.
be claimed as a	44 Tax (see instructions), Check if any from: a Form(s) 8814 c	1 1	
dependent, see	b ☐ Form 4972	44	316,553.
instructions.	45 Alternative minimum tax (see instructions). Attach Form 6251	45	0.
• All others:	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
Single or	47 Add lines 44, 45, and 46	47	316, 553.
Married filing	48 Foreign tax credit. Attach Form 1116 if required	1: 1	010,000.
separately,	•	┨. ⋅	
\$6,300		1	
Married filing	50 Education credits from Form 8863, line 19	Į. I	
jointly or	51 Retirement savings contributions credit. Attach Form 8880]	
Qualifying widow(er).	52 Child tax credit. Attach Schedule 8812, if required 52	1 ' [
\$12,600	53 Residential energy credits. Attach Form 5695	1 I	
Head of		1: :	
household.	54 Other crs from Form: a X 3800 b 8801 c 54 292.	1 1	
\$9,300	55 Add lines 48 through 54. These are your total credits	55	392.
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	316, 161.
- · ·		57	47, 405.
Other	57 Self-employment tax. Attach Schedule SE	\rightarrow	47,405.
Taxes	58 Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a Household employment taxes from Schedule H	60 a	4,444.
	b First-time homebuyer credit repayment, Attach Form 5405 if required	60b	
	b First-time homebuyer credit repayment. Attach Form 5405 if required. 61 Health care: individual responsibility (see instructions) Full-year coverage	61	
	or reaction by seminary of the	62	9, 920.
	62 Taxes from: a X Form 8959 b X Form 8960 c Instrs; enter code(s)		
	63 Add lines 56 through 62. This is your total tax	63	377,930.
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64 32, 671.		
If you have a	65 2016 estimated tax payments and amount applied from 2015 return 65 295, 314.	1 · 1	
qualifying	66 a Earned income credit (EIC)	1 I	
child, attach		1 1	
Schedule EIC.	b Nontaxable combat pay election	1:1	
	67 Additional child tax credit. Attach Schedule 8812	1	
	68 American opportunity credit from Form 8863, line 8 68	<u> </u>	
	69 Net premium tax credit. Attach Form 8962	•	
	70 Amount paid with request for extension to file	1. : 1	
	71 Excess social security and tier 1 RRTA tax withheld 71	1	
		1 1	
	The street is to the street in the street is the street in	- 1	
	73 Credits from Form; a 2439 b Reserved c 8885 d 73	1 1	
		- 1	421 QQE
Refund	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments.	74	421,985.
REIUIIU	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments.	+	
	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	75	44,055.
	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	+	
	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number	75	44,055.
Direct deposit?	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75	44,055.
	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. 6 b Routing number. 77 C Type: Checking Savings 6 Account number. 78 Amount of line 75 you want applied to your 2017 estimated tax. 79 Amount of line 75 you want applied to your 2017 estimated tax.	75 76a	44,055.
Direct deposit? See instructions.	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75	44,055.
Direct deposit? See instructions.	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. 6 b Routing number. 70 Checking Savings 71 Amount of line 75 you want applied to your 2017 estimated tax. 73 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	75 76a	44,055. 0.
Direct deposit? See instructions. Amount You Owe	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number. 6 Account number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions). 79 120.	75 76a 78	44,055.
Direct deposit? See instructions. Amount You Owe Third Party	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. To Experiment of line 75 you want applied to your 2017 estimated tax. To Amount of line 75 you want applied to your 2017 estimated tax. To Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Com	75 76a 78	44,055. 0. clow. No
Direct deposit? See instructions. Amount You Owe	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number. 6 Account number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions) 79 Designee's Phone Phone	75 76a 78	44,055. 0. clow. No
Direct deposit? See instructions. Amount You Owe Third Party Designee	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Personal in the property of the prop	44,055. 0. clow. No
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number	75 76a 78 Personal in the property of the prop	44,055. 0. clow. No
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Personal inumber (Pat of my kher than tr	44,055. 0. clow. No
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return?	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Personal inumber (Pat of my kher than tr	elow. Industrial on an industrial of the year payer) is based on all
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions.	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 plete be bersonal in umber (P st of my kher than to Daykin	elow. dentification IN) inowledge and belief, they appayer) is based on all me phone number
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Plete be Personal in tumber (Plant than to Daykin	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter it
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions.	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions). 79 Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bear true, correct, and accurately list all amounts and sources of income I received during the lax year. Declaration of preparer (oil information of which preparer has any knowledge. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation ATTORNEY GENERAL	75 76a 78 Plete be Personal in umber (P st of my ker than the plan. If the I Plin. here	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter if (see inst.)
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Plete be Personal in umber (P st of my ker than the plant in	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter it
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. • b Routing number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions). 79 Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bear true, correct, and accurately list all amounts and sources of income I received during the lax year. Declaration of preparer (oil information of which preparer has any knowledge. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation ATTORNEY GENERAL	75 76a 78 Plete be Personal in umber (P st of my ker than the plant in	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter if (see inst.)
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number	75 76a 78 Plete be Personal in umber (P st of my ker than the plant in	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter if (see inst.)
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions) 79 Designea's name 70 Do you want to allow another person to discuss this return with the IRS (see instructions)? 79 Interpolation of which preparer has any knowledge. 79 Your signature 79 Date 79 Your occupation 79 ATTORNEY 80 Spouse's signature. If a joint return, both must sign. 79 Date 70 Date 70 Check Date Check Self-employer	75 76a 78 Personal in the frame of than to Daytin lift to I provided in the frame of the frame o	elow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter it (see inst.)
Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76 a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number. c Type: Checking Savings d Account number. 77 Amount of line 75 you want applied to your 2017 estimated tax. 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79 Estimated tax penalty (see instructions). 79 Do you want to allow another person to discuss this return with the IRS (see instructions)? 120. 120. 120. 121. 121. 120. 121. 120. 120. 120. 121. 120.	75 76a 78 Personal leumber (Pst of my kner than to Personal leumber) If the I Pin leumber (Pst of my kner than to Pst of my kner than the Pst of my kner tha	ellow. dentification IN) mowledge and belief, they appayer) is based on all me phone number RS sent you an identity Protection enter if (see inst.)

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.

Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074 **2016**

Attachment Sequence No. **06**

Identifying number

9

Name(s) shown on tax return

DOLICIAS C EMUOTE AND KAMALA D HADDIS

DOUGLAS C EMHOLL AND KAMATA D HAKKIS	
Do You Have To File Fo	orm 2210?
Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Don't file Form 2210. You don't owe a penalty.
No	
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	You don't owe a penalty. Don't file Form 2210 (but if box E in Part II applies, you must file page 1
↓ No	of Form 2210).
You may owe a penalty. Does any box in Part II below apply? Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No	No Yes You must figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or
worksheet and enter your penalty amount on your tax return, but don't file Form 2210.	Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.
Part I Required Annual Payment	
1 Enter your 2016 tax after credits from Form 1040, line 56 (see instructions in	f not filing Form 1040)
2 Other taxes, including self-employment tax and, if applicable, Additional Me Investment Income Tax (see instructions)	dicare Tax and/or Net
3 Refundable credits, including the premium tax credit (see instructions)	
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you of Form 2210	don't owe a penalty. Don't file 4 377,930
5 Multiply line 4 by 90% (0.90)	5 340,137.
6 Withholding taxes. Don't include estimated tax payments (see instructions).	· · · · · · · · · · · · · · · · · · ·
7 Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalt	· · · · · · · · · · · · · · · · · · ·
8 Maximum required annual payment based on prior year's tax (see instructio	ns)

Next: Is line 9 more than line 6?

No. You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

- X Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies.
 - If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Par	t II	Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210.
Α		You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
В		You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
С	Χ	Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment

- Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule Al and file Form 2210.

 Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- You filed or are filing a joint return for either 2015 or 2016, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box **B, C,** or **D** applies).

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2016)

340,137.

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

O 11 A F1 V 11 1				Payment Due Dates							
	Section A — Figure Your Underpayment		(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 1/15/17					
	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column	18	3,144.	6,959.	6,482.	323,552.					
19	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II. Complete lines 20 through 26 of one column	19	26,482.	78,168.	108,168.	115,167.					
	before going to line 20 of the next column.										
20	Enter the amount, if any, from line 26 in the previous column	20		23,338.	94,547.	196,233.					
21	Add lines 19 and 20	21		101,506.	202,715.	311,400.					
22	Add the amounts on lines 24 and 25 in the previous column	22									
	Subtract line 22 from line 21. If zero or less, enter -0 For column (a) only, enter the amount from line 19	23	26,482.	101,506.	202,715.	311,400.					
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0	24		0.	0.						
25	line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.	25				12,152.					
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26	23,338.	94,547.	196,233.						

Section B — Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B — Figure the Penalty in the instructions.)

27	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B — Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26.		
	Don't file Form 2210 unless you checked a box in Part II.	27	120.
			Form 2210 (2016)

Schedule AI – Annualized Income Installment Method (See the instructions.)								
Estate showr 4/30/	s and trusts, don't use the period ending dates to the right. Instead, use the following: 2/29/16, (16, 7/31/16, and 11/30/16.		(a) 1/1/16 - 3/31/16	(b) 1/1/16 - 5/31/16	(c) 1/1/16 - 8/31/16	(d) 1/1/16 - 12/31/16		
Pai	· · ·	ents			1			
1	Enter your adjusted gross income for each period (see instrs). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	35,000.	58,000.	93,000.	1,157,130.		
2	Annualization amounts. (Estates & trusts, see instrs).	2	4	2.4	1.5	1		
3	Annualized income. Multiply line 1 by line 2	ε	140,000.	139,200.	139,500.	1,157,130.		
4	If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. Exception: Estates and trusts,							
	skip to line 9 and enter amount from line 3	4	59,319.	98,864.	158,183.	237,274.		
5	Annualization amounts	5	4	2.4	1.5	1		
6	Multiply line 4 by line 5 (see instructions if line 3 is more than \$155,650)	6	237,276.	237,274.	237,275.	211,899.		
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0 Exception: Indian students and business apprentices, see instructions.).	7	12,600.	12,600.	12,600.	12,600.		
8	Enter the larger of line 6 or line 7	8	237,276.	237,274.	237,275.	211,899.		
9	Subtract line 8 from line 3	9	-97,276.	-98,074.	-97,775.	945,231.		
	In each column, multiply \$4,050 by the total number of exemptions claimed (see instructions if line 3 is more than \$155,650). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions.)	10	12,150.	12,150.	12,150.	0.		
11	Subtract line 10 from line 9. If zero or less, enter -0	11	-109,426.	-110,224.	-109,925.	945,231.		
12	Figure your tax on the amount on line 11 (see instrs).	12				316,553.		
13	Self-employment tax from line 34 (complete Part II below)	13		8,478.	10,598.	47,405.		
14	Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	14	14,364.	14,364.	14,364.	14,364.		
15	Total tax. Add lines 12, 13, and 14	15	14,364.	22,842.	24,962.	378,322.		
16	For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 & 3 (see instrs)	16	392.	392.	392.	392.		
17	Subtract In 16 from In 15. If zero or less, enter -0	17	13,972.	22,450.	24,570.	377,930.		
18	Applicable percentage	18	22.5%	45%	67.5%	90%		
19	Multiply line 17 by line 18	19	3,144.	10,103.	16,585.	340,137.		
	Complete lines 20 - 25 of one column before going to line 20 of the next column.		3,211	==,====				
20	Enter the totl of the amts in all prev columns of In 25	20		3,144.	10,103.	16,585.		
21	Subtract In 20 from In 19. If zero or less, enter -0	21	3,144.	6,959.	6,482.	323,552.		
22	Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	22	85,034.	85,034.	85,034.	85,035.		
23	Subtract line 25 of the previous column from line 24 of that column.	23		81,890.	159,965.	238,517.		
24	Add lines 22 and 23	24	85,034.	166,924.	244,999.	323,552.		
25	Enter the smaller of line 21 or line 24 here and on							
	Form 2210, Part IV, line 18	25	3,144.	6,959.	6,482.	323,552.		
Pai		t Га	★ (Form 1040 and Form 1040)	NR filers only) T	AXPAYER			
26	Net earnings from self-employment for the period (see instructions)	26		23,088.	46,175.	1,127,972.		
27	Prorated social security tax limit	27	\$29,625	\$49,375	\$79,000	\$118,500		
28	Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception : If you filed Form 4137 or Form 8919, see instructions	28						
29	Subtract line 28 from line 27. If zero or less,		_			440		
	enter -0	29	0.	49,375.	79,000.	118,500.		
30	Annualization amounts	30	0.496	0.2976	0.186	0.124		
31	Multiply line 30 by the smaller of line 26 or line 29	31		6,871.	8,589.	14,694.		
32	Annualization amounts	32	0.116	0.0696	0.0435	0.029		
33	Multiply line 26 by line 32	33		1,607.	2,009.	32,711.		
34	Add lines 31 and 33. Enter here and on line 13 above	34		8,478.	10,598.	47,405.		

2016

UNDERPAYMENT PENALTY WORKSHEET

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Required Installment	ı	ent	Penalty					
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 3,144.	4/15/16	1	3,144.					
SECOND QTR 6,959.	4/15/16	1	6,959.					
THIRD QTR 6,482.	4/15/16	1	6,482.					
FOURTH QTR 323,552.	4/15/16 4/15/16 6/15/16 6/15/16 9/15/16 9/15/16 1/01/17 1/15/17 4/15/17	2 2 3 2 3 3 2	8,168. 100,000. 107,000. 8,167.	313,655. 305,487. 235,487. 227,319. 127,319. 20,319.		0.040	119.86	119.86

1 = Overpayment

2 = Withholding

3 = Estimate

4 = Extension

5 = Paid with return

TOTAL UNDERPAYMENT PENALTY.....

*** Underpayment x Days Late 366 or 365 x Rate

120.

FDIL1601L 06/21/16

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment

Your social security number DOUGLAS C EMHOFF AND KAMALA D HARRIS Medical Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)..... and 1 Dental 2 Enter amount from Form 1040, line 38. **Expenses** Multiply line 2 by 10% (0.10). But if either you or your spouse was born before 3 January 2, 1952, multiply line 2 by 7.5% (0.075) instead Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-0. Taxes You State and local (check only one box): Paid a X Income taxes, or 131,197 **b** General sales taxes 6 Real estate taxes (see instructions) 6 39,194 7 Personal property taxes 369 Other taxes. List type and amount ► 9 Add lines 5 through 8..... 170,760. Home mortgage interest and points reported to you on Form 1098. $\ensuremath{\textit{S.E.E.}}$, $\ensuremath{\textit{S.T.}}$, 4Interest 10 29,270 You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person 11 from whom you bought the home, see instructions and show that person's name, identifying no., and address > Note: Your mortgage interest deduction may be limited (see 11 instructions). 12 Points not reported to you on Form 1098. See instructions for special rules. 12 13 Mortgage insurance premiums (see instructions)..... 13 Investment interest. Attach Form 4952 if required. 15 15 Add lines 10 through 14 29,270. Gifts by cash or check. If you made any gift of \$250 or Gifts to more, see instructions SEE STATEMENT 5 Charity 37,244 17 Other than by cash or check. If any gift of \$250 or If you made a more, see instructions. You must attach Form 8283 if gift and got a benefit for it, 17 see instructions. 18 Carryover from prior year..... 19 Add lines 16 through 18 19 37,244. Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 0. Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if Job Expenses and Certain Miscellaneous required. (See instructions.) **Deductions** 21 1,139.22 **22** Tax preparation fees Other expenses-investment, safe deposit box, etc. List type and amount 4,938 MERRIL LYNCH 23 24 24 6,077 Enter amount from Form 1040, line 38. **25** 25 Multiply line 25 by 2% (0.02)..... 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other 28 Other-from list in instructions. List type and amount Miscellaneous **Deductions** 28 0. Total Is Form 1040, line 38, over \$155,650? REDUCTION Itemized No. Your deduction is not limited. Add the amounts in the far right column -25,375. Deductions ${
m J}$ for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 211,899. \fbox{X} Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here.....

SCHEDULE B

(Form 1040A or 1040)

Name(s) shown on return

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016
Attachment Sequence No. 0

Your social security number

DOUGLAS C EMHOFF AND KAMALA D HARRIS Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used Amount the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address Interest CARDINAL BANK 13. (See instructions VENABLE LLP 40. for Form 1040A, or Form 1040, WELLS FARGO 0764 56 line 8a.) WELLS FARGO 7248 117 Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer 1 name as the payer and enter the total interest shown on that form. 2 Add the amounts on line 1..... 2 226. Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach 3 4 226. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ 4,799 MERRILL LYNCH 15265 **Ordinary Dividends** (See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.) **Note:** If you received a Form 1099-DIV or substitute statement 5 from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 4,799. 6 Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had Yes No a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Part III 7a At any time during 2016, did you have a financial interest in or signature authority over a financial Foreign account (such as a bank account, securities account, or brokerage account) located in a foreign country? Χ Accounts See instructions If Yes, are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing and Trusts requirements and exceptions to those requirements...... instructions b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial on back.) account is located > During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If you may have to file Form 3520. See instructions on back.......

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

2016

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Name(s) shown on return

Your social security number

Part I	Short-Term Ca	pital Gains and	Losses - A	ssets Held One	Year or Less

ente This	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round ents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Form(s) 8949, Par		(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		Adjustments to gain or loss from Form(s) 8949, Part I,		(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					(3)				
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	m gain or (loss) from Fo	orms 4684, 6781, and 8	8824	4					
5	Net short-term gain or (loss) from partnerships	s, S corporations, estate	es, and trusts from Sch	iedule(s) K-1	5					
6	Short-term capital loss carryover. Enter the an Worksheet in the instructions	6								
7	Net short-term capital gain or (loss). Combine line capital gains or losses, go to Part II below. Other	es 1a through 6 in columi nerwise, go to Part III o	n (h). If you have any lon on the back	g-term	7					

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

See	instructions for how to figure the amounts to			(g)		(h) Gain or (loss)
	r on the lines below.	(d)	(e)	Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		Subtract column (e)
	form may be easier to complete if you round ents to whole dollars.	Proceeds (sales price)	Cost (or other basis)			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	11,038.	9,031.			2,007.
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 forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships	, S corporations, estate	es, and trusts from Sch	edule(s) K-1	12	
13	Capital gain distributions. See the instrs SEE . $ST.$.	13	10,927.			
14	Long-term capital loss carryover. Enter the an Worksheet in the instructions	14				
	Net long-term capital gain or (loss). Combine lines the back.	15	12,934.			
BAA	For Paperwork Reduction Act Notice, see you	Schedu	ile D (Form 1040) 2016			

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	12,934.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains?		
	X Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	0.
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. 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, line 13, or Form 1040NR, line 14, the smaller of: The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500)	21	
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2016

Schedule E (Form 1040) 2016			Attachment	Sequence No	. 13				Page 2
lame(s) shown on return. Do not enter name and social security number if shown on Page 1.				Your social	securi	ty numbe	er		
DOUGLAS C EMHOFF AND KAMALA D HA									
Caution: The IRS compares amounts reported on y				lule(s) K-1.					
Part II Income or Loss From Partners Note: If you report a loss from an at-ris 28 and attach Form 6198. See instruct	sk activity for which any			, you must ch	eck t	he box	in colum	ın (e) o	n line
27 Are you reporting any loss not allowed in a pr prior year unallowed loss from a passive active	ior year due to the at-ri	rep	orted on Form 858	32), or unreim	burse	ed			٦.,
partnership expenses? If you answered 'Yes,'	see instructions before	cor		on			X Yes	s _	No
28 (a) Name			(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership		d) Emp dentific numl	cation	any a	neck if mount at risk
A VENABLE LLP			P						
B UPE			P						
С									
D									
Passive Income and Loss	T		N	onpassive Inc					
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss om Schedule K-1	(i) Secti expense of from For	on 17 leduc m 45	tion 62	inco Sch e	npassi me froi edule K	m (-1
A							1,	127,	<u>418.</u>
В			42,008	•					
C									
<u>D</u>							1	107	410
29 a Totals			42,008				Ι,	127,	418.
5 Totals						30	1	127,	/112
31 Add columns (f), (h), and (i) of line 29b						31		-42,	
32 Total partnership and S corporation income include in the total on line 41 below.	or (loss). Combine lines	s 30	and 31. Enter the	result here a	nd	32	1,	085,	
Part III Income or Loss From Estates a	and Trusts						, , , , , , , , , , , , , , , , , , ,		
33	(a) Name						(b) Emp	loyer II	D no.
Α									
В									
Passive Income	e and Loss	Nonpassive			sive In	Income and Loss			
(c) Passive deduction or loss allo (attach Form 8582 if required			(d) Passive income from Schedule K-1 (e) Deduction or los from Schedule K-2						
Α									
В									
34 a Totals									
b Totals.						25			
Add columns (d) and (f) of line 34a						35			
36 Add columns (c) and (e) of line 34b					• • • •	36			
37 Total estate and trust income or (loss). Comb result here and include in the total on line 41 Part IV Income or Loss From Real Est.	below				<u> </u>	37			
Part IV I Income or Loss From Real Est	ate Mortaage Inveg	ztm.	ent Conduits (HEIVII(:S) -	. Ke	รเตเเล	LHOIDE	r	

-	rida colarriris (a) aria (i) or ilire ora		-			
36	Add columns (c) and (e) of line 34b	36				
37	Total estate and trust income or (loss). Comb result here and include in the total on line 41	below			37	
Par	t IV Income or Loss From Real Est	ate Mortgage Inves		REMICs) – Res	sidua	l Holder
38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable inco (net loss) from Schedules Q, lin	ome n ie 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 l	pelow	39	
Par	t V Summary			•	•	
40	Net farm rental income or (loss) from Form 4	835. Also, complete line	e 42 below		40	

41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on		
	Form 1040, line 17, or Form 1040NR, line 18	41	1,085,410
42	Reconciliation of farming and fishing income. Enter your gross farming		

43	Reconciliation for real estate professionals. If you were a real estate	
	(Form 1041), box 14, code F (see instructions)	
	box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1	
_	and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065),	

state
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ţ

42	
40	

SCHEDULE SE (Form 1040)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

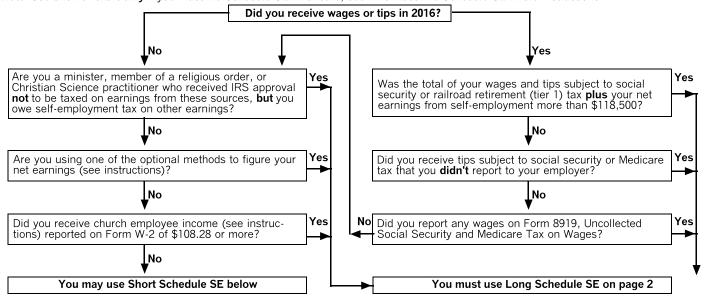
DOUGLAS C EMHOFF

Social security number of person with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
ŀ	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report		1,221,410.
3	Combine lines 1a, 1b, and 2	3	1,221,410.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	1,127,972.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is: •\$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55		
	●More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57 , or Form 1040NR, line 55	5	47,405.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27. 6 23, 703.		

Foreign Tax Credit

(Individual, Estate, or Trust) Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Sequence No. ID no. as shown on page 1 of your tax return

Department of the Treasury Internal Revenue Service (99)

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Attachment

DOUGLAS C EMHOFF AND KAMALA D HARRIS Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Section 901(i) income X Passive category income С Lump-sum distributions b General category income d Certain income re-sourced by treaty **f** Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В C (Add columns A, B, and C.) g Enter the name of the foreign country or U.S. possession **VARIOUS** 1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 8 1 a 8,071 8,071. **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). **Deductions and losses (Caution:** See instructions.): Expenses definitely related to the income on line 1a (attach statement)...... Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 35,004 (see instructions)..... **b** Other deductions (attach statement)...... 35,004 **d** Gross foreign source income (see instructions)...... 15,726 1,294,643 f Divide line 3d by line 3e (see instructions)....... 0.012147 **q** Multiply line 3c by line 3f..... 425 4 Pro rata share of interest expense (see instructions): a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) 318 **b** Other interest expense..... Losses from foreign sources..... Add lines 2, 3g, 4a, 4b, and 5..... 743 6 743 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. 7 Part II Foreign Taxes Paid or Accrued (see instructions) Credit is claimed Foreign taxes paid or accrued for taxes (you In U.S. dollars In foreign currency must check one) X Paid (h) (r) Other (n) Other (s) Total foreign Taxes withheld at source on: Taxes withheld at source on: ixes paid or accrued (add columns (o) through (r)) foreign foreign Accrued taxes paid taxes paid (j) Date paid (p) Rents & (k) (I) Rents & (m) **(o)** or accrued (q) or accrued Dividends Dividends or accrued royalties Interest royalties Interest 100 100 Α В С 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2... 8 100

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	100.		
10	Carryback or carryover (attach detailed computation).	10			
11	Add lines 9 and 10	11	100.		
12	Reduction in foreign taxes (see instructions).	12			
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for	or cred	lit	14	100.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	7,328.		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	7 220		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18	936,583.		
	Caution: If you figured your tax using the lower rates on qualified dividends or cap				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'			19	0.0078
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonr amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39			20	316,553.
	$\textbf{Caution:} \ \textbf{If you are completing line 20 for separate category } \textbf{e} \textbf{(lump-sum distribution)} \\$	ons),	see instructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)			21	2,469.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, slines 23 through 27 and enter this amount on line 28. Otherwise, complete the appline in Part IV (see instructions).	skip propria	te ►	22	100.
Pa	Summary of Credits From Separate Parts III (see instructions)				
23	Credit for taxes on passive category income.	23			
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions				
27	Add lines 23 through 26			27	
28	Enter the smaller of line 20 or line 27			28	100.
29	Reduction of credit for international boycott operations. See instructions for line 12			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Foreign tax credit.				
5 0	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		+o, iiiie +o, 	30	100.

Form **1116** (2016)

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

Attachment Sequence No. 19

Department of the Treasury (99) Internal Revenue Service

IName	-							lib no.	as snown	on page	i or your tax return	
	DOUGLAS C											
Use	a separate Form 1	1116 for each o	category of inco	me listed bel	ow. See Catego	ries of Income	in the instruct	ions. Check or	nly one b	ox on		
	h Form 1116. Rep					in Part II be						
	X Passive cated			ection 901(j)			е	Lump-sum di	stributio	ns		
b	General cate	gory income	d ∐C∈	ertain income	e re-sourced by	treaty						
	Resident of (nam											
Note	e: If you paid taxes n one foreign cou	s to only one for	oreign country o	or U.S. posses	ssion, use colun	nn A in Part I a	and line A in P	art II. If you pa	aid taxes	to mor	е	
									l d	A la av		
Га	irti Taxable	income or	LOSS From	Sources	Outside the	United Sta	or U.S. Posse	seion	ескеа		re) Total	
				_	A		3	C			nns A, B, and C	١
						<u> </u>			(/ laa	l	115 71, 13, 4114 0	<u>·/</u>
9	g Enter the name	of the foreig	ın country or		TAD TOUC							
_	U.S. possessio			_	VARIOUS							
1	a Gross income f shown above a	rom sources	within country checked abo	Ve								
	(see instruction	is):	cricenca abo	VC								
	SEE STATEM	ENT 9										
					11,30	7.			1 a		11,307	
	b Check if line 1a is o	compensation for	personal services	as								
	an employee, your t \$250,000 or more, a	total compensatio	on trom all sources	s is								
	determine its sourc	e (see instruction	18)	ĭ ►								
Ded	uctions and losse	s (Caution: Se	ee instructions.)):								
2	Expenses defin	nitely related	to the income	on line 1a								
	(attach stateme											
3	Pro rata share		ctions									
	not definitely re a Certain itemize	elated:	or standard d	eduction								
	(see instruction											
	b Other deductions (a											
	c Add lines 3a ar			<u> </u>								
	d Gross foreign sourc	e income (see in:	structions)		15,72	6						
	e Gross income from	•	·	H	1,294,64							
	f Divide line 3d b		· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.01214							
	a Multiply line 3c	-		 	0.01214	<i>'</i>						
	Pro rata share	•		-								
	a Home mortgage											
	Home Mortgage	e Interest in t	he instructions	s)	25	6.						
	b Other interest e	expense										
5	Losses from for	reign sources										
6	Add lines 2, 3g				25				6		256	
7						e 2			▶ 7		11,051	
Pa	rt II Foreign	Taxes Paid	d or Accrue	d (see instru	uctions)							
COU	Credit is claimed				Foreig	n taxes paid	or accrued					
	for taxes (you must check one)		In foreigr	currency				In U.S. dolla	ars			
N T R Y	(h) X Paid	Т	withhold at a co	1400 015:	(n) Other	T	withheld at so	11K00 0E:	(r) O	ther	(s) Total foreign	
Ϋ́	(i) Accrued	raxes \	withheld at sou	arce on:	foreign	raxes v	withheid at so	urce on:	fore	ign	(S) Total foreign taxes paid or accrue (add columns (o)	ed
	(j) Date paid	(k)	(I) Rents &	(m)	 taxes paid or accrued 	(o)	(p) Rents &	(p)	taxes or acc		through (r))	
	or accrued	Dividends	royalties	Interest	3. 400/404	Dividends	royalties	Interest	3, 400			
Α					1	100.					100	-
В												_
С					1						·	_
		1	1	ı	1		1	ı				_
8	Add lines A thr	ough C, colu	mn (s). Enter	the total her	e and on line 9	, page 2	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	8		100	

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	100.		
10	Carryback or carryover (attach detailed computation).	10			
11	Add lines 9 and 10	11	100.		
12	Reduction in foreign taxes (see instructions).	12			
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for	or cred	dit	14	100.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	11,051.		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	11,051.		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption.		1,080,330.		
	Caution: If you figured your tax using the lower rates on qualified dividends or cap	ital ga	ins, see instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'			19	0.0102
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonr amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39			20	298,766.
	Caution: If you are completing line 20 for separate category e (lump-sum distribution)	ons),	see instructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)			21	3,047.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, slines 23 through 27 and enter this amount on line 28. Otherwise, complete the appline in Part IV (see instructions).	skip ropria	ate ▶	22	100.
Pa	Summary of Credits From Separate Parts III (see instructions)				
23	Credit for taxes on passive category income.	23			
24	Credit for taxes on general category income.	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions				
27	Add lines 23 through 26			27	
28	Enter the smaller of line 20 or line 27			28	100.
29	Reduction of credit for international boycott operations. See instructions for line 12			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	rm 10	40, line 48;	30	100.

Form **1116** (2016)

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

General Business Credit

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

Identifying number

Attachment Sequence No. **22**

DOUGLAS C EMHOFF AND KAMALA D HARRIS Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) 1 General business credit from line 2 of all Parts III with box A checked...... Passive activity credits from line 2 of all Parts III with box B checked....... 2 2 3 Enter the applicable passive activity credits allowed for 2016 (see instructions)...... 3 0. 4 Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III 4 with box C checked. See instructions for statement to attach..... Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D 5 5 checked (see instructions)..... 6 Add lines 1, 3, 4, and 5.... 6 Part II **Allowable Credit** Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44..... Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable 7 316,553. line of your return..... Estates and trusts. Enter the sum of the amounts from Form 1041. Schedule G. lines 1a and 1b; or the amount from the applicable line of your return 8 Alternative minimum tax: ●Corporations. Enter the amount from Form 4626, line 14..... 8 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56..... Add lines 7 and 8..... 9 316,553. 9 10 a 100. 10 a Certain allowable credits (see instructions)..... 10 b Add lines 10a and 10b. 10 c 100. 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.... 316,453. **Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-...... 12 12 316,453. 13 13 72,863 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)..... Tentative minimum tax: 14 Individuals. Enter the amount from Form 6251, line 33..... • Corporations. Enter the amount from Form 4626, line 12..... 14 298,666. Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54..... 15 Enter the greater of line 13 or line 14..... 15 298,666. Subtract line 15 from line 11. If zero or less, enter -0-16 17,787. 16 Enter the **smaller** of line 6 or line 16..... 17 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2016)

	3800 (2016) DOUGLAS C EMHOFF AND KAMALA D HARRIS		Page 2
Part Note:	Allowable Credit (Continued) If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	<u>.</u> 6.	
18	Multiply line 14 by 75% (.75) (see instructions).	18	224,000.
19	Enter the greater of line 13 or line 18	19	224,000.
20	Subtract line 19 from line 11. If zero or less, enter -0	20	92,453.
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	92,453.
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	292.
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2016 (see instructions).	24	0.
25	Add lines 22 and 24.	25	292.
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	292.
27	Subtract line 13 from line 11. If zero or less, enter -0	27	243,590.
28	Add lines 17 and 26.	28	292.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	243,298.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	_
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2016 (see instructions)	33	0.
34	Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	_
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Form 1040, line 54, or Form 1040NR, line 51	38	202
		JO	292

DOUG	LAS C EMHOFF AND KAMALA D HARRIS			
Part	III General Business Credits or Eligible Small Business Credits	(see ii	nstructions)	
Comp	ete a separate Part III for each box checked below (see instructions).			
A X	General Business Credit From a Non-Passive Activity E Reserve	ed		
в	General Business Credit From a Passive Activity F Reserve	ed		
с	General Business Credit Carryforwards G Eligible	Small E	Business Credit Carryfo	rwards
Ď	General Business Credit Carrybacks H Reserve			
	, , ,		additional Part III combi	nina
an	you are filing more than one Part III with box A or B checked, complete and attach f nounts from all Parts III with box A or B checked. Check here if this is the consolida	ted Part		·························-▶ □
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is ne ch pass-through entity.	eded	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
b	Reserved	1 b		
c	Increasing research activities (Form 6765).	1 c		
d	Low-income housing (Form 8586, Part I only)	1 d		
е	Disabled access (Form 8826) (see instructions for limitation)	1 e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1 f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1 h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1 k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896).	1 m		
n	Distilled spirits (Form 8906).	1 n		
0	Nonconventional source fuel (carryforward only).	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (carryforward only).	1 q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1 s		
t	Reserved.	1t		
u	Mine rescue team training (Form 8923)			
V	Agricultural chemicals security (carryforward only)	1 v		
W	Employer differential wage payments (Form 8932)	1 w		
Х	Carbon dioxide sequestration (Form 8933).	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	New hire retention (carryforward only)	1 aa		
		1 bb 1 zz		
2	Other. Enhanced oil recovery (Form 8830) and certain other credits	2		
2	Add lines to dirough 122 and enter here and on the applicable line of Fart 1			0.
3	Enter the amount from Form 8844 here and on the applicable line of Part II			292.
4 a	Investment (Form 3468, Part III) (attach Form 3468)			
b	Work opportunity (Form 5884)	4 b		
c	Biofuel producer (Form 6478)			
d	Low-income housing (Form 8586, Part II).			
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4 e 4 f		
g	Qualified railroad track maintenance (Form 8900)	4 g		
h	Small employer health insurance premiums (Form 8941)	4 h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		292.

Alternative Minimum Tax — Individuals

OMB No. 1545-0074

Attachment Sequence No. **32**

Department of the Treasury

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251. ► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR Your social security number DOUGLAS C EMHOFF AND KAMALA D HARRIS Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise. enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.). 1 945,231. Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), 2 Taxes from Schedule A (Form 1040), line 9. 3 3 170,760. 4 Miscellaneous deductions from Schedule A (Form 1040), line 27..... 5 5 If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions 6 6 -25,375 Tax refund from Form 1040, line 10 or line 21..... 7 7 -5,4668 Investment interest expense (difference between regular tax and AMT)..... 8 9 Depletion (difference between regular tax and AMT). 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 10 Alternative tax net operating loss deduction 11 11 Interest from specified private activity bonds exempt from the regular tax 12 234 Qualified small business stock, see instructions. 13 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income)..... 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)..... 15 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)..... 16 16 Disposition of property (difference between AMT and regular tax gain or loss)..... 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)..... 18 18 19 Passive activities (difference between AMT and regular tax income or loss)..... 19 Loss limitations (difference between AMT and regular tax income or loss)..... 20 20 -62 21 21 Circulation costs (difference between regular tax and AMT)..... Long-term contracts (difference between AMT and regular tax income)..... 22 22 23 Mining costs (difference between regular tax and AMT). 23 24 Research and experimental costs (difference between regular tax and AMT)..... 24 Income from certain installment sales before January 1, 1987..... 25 25 Intangible drilling costs preference..... 26 26 27 Other adjustments, including income-based related adjustments..... 27 28 1,085,322 Alternative Minimum Tax (AMT) Exemption. (If you were under age 24 at the end of 2016, see instructions.) IF your filing status is ... AND line 28 is not over... THEN enter on line 29 Single or head of household......\$119,700..... \$53,900 Married filing jointly or qualifying widow(er) 159,700..... 83,800 41 900 29 If line 28 is **over** the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34..... 30 1,085,322. • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. 31 298,766. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. **32** Alternative minimum tax foreign tax credit (see instructions)...... 32 100. 33 Tentative minimum tax. Subtract line 32 from line 31..... 33 298,666. Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)........ 34 316,453.

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

35

Form 6251 (2016)

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31.	36	1,085,322.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	37	17 474
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	17,474.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount	38	
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	39	17,474.
40	Enter the smaller of line 36 or line 39	40	17,474.
41	Subtract line 40 from line 36	41	1,067,848.
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	295,271.
43	Enter:		
	 \$75,300 if married filing jointly or qualifying widow(er), \$37,650 if single or married filing separately, or \$50.400 if head of household. 	43	75,300.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	44	927,757.
45	Subtract line 44 from line 43. If zero or less, enter -0	45	0.
46	Enter the smaller of line 36 or line 37	46	17,474.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	,
48	Subtract line 47 from line 46	48	17,474.
49	Enter: • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household	49	466,950.
50	Enter the amount from line 45.	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter.	51	927,757.
52	Add line 50 and line 51.	52	927,757.
53	Subtract line 52 from line 49. If zero or less, enter -0	53	0.
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (0.15)	55	
56 57	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. Subtract line 56 from line 46	56 57	17,474.
58	Multiply line 57 by 20% (0.20)	58	3,495.
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		,
59	Add lines 41, 56, and 57.	59	
60 61	Subtract line 59 from line 36. Multiply line 60 by 25% (0.25).	60 61	
62	Add lines 42, 55, 58, and 61.	62	298,766.
-			250,700.
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	300,164.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	298,766.
	,		1,50

SCHEDULE H

Department of the Treasury Internal Revenue Service

(Form 1040)

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2016

Attachment Sequence No.

Employer identification number

Social security number

DOUGLAS C EMHOFF

(99)

Cale	ndar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.		
Α	Did you pay any one household employee cash wages of \$2,000 or more in 2016? (If any household employee was your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer the	ur spou his que	se, estion.)
	X Yes. Skip lines B and C and go to line 1.		
	No. Go to line B.		
В	Did you withhold federal income tax during 2016 for any household employee?		
	Yes. Skip line C and go to line 7.		
	No. Go to line C.		
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 to all household empcash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)	oloyees	? (Don't count
	No. Stop. Don't file this schedule.		
	Yes. Skip lines 1-9 and go to line 10.		
Pa	Social Security, Medicare, and Federal Income Taxes		
1	Total cash wages subject to social security tax		
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	3,410.
3	Total cash wages subject to Medicare tax		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	798.
5	Total cash wages subject to Additional Medicare Tax withholding 5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	400.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 DISABILITY 248.	8	4,360.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 to all household emp (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)	oloyees	?
	No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form line 9 instructions.	m 1040), see the
	X Yes. Go to line 10.		

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

Schedule H (Form 1040) 2016

Par	t II Fe	ederal Unem	ploymer	nt (FUT	A) Tax							1	
10	Did you n	av unemnlovmen	t contributi	ons to onl	ly one state?	(If you paid contribut	ions to a credit	reduction	state see			Yes	No
	instructio	ns and check 'N	lo.')		-)16 by April 18, 201						X X	
11 12		-				ole for your state's i	-					X	
		_				omplete Section A.	anompioymone	tux				21	
	If you c	checked the 'No'	box on a	ny of the	lines above	, skip Section A and	d complete Se	ction B.					
						Section A							
13						ibutions ► <u>C</u>							
14										15		1 /	,000.
15 16		,				sult here, skip Sect				16		14	84.
	TOTA (a)	C Multiply lifte 1	3 by 0.0 %	(0.000).	Litter the re	Section B	ion b, and go	to fille 2.		10			04.
17	Complete	e all columns be	low that a	ipply (if y	ou need mo	re space, see instru	ictions):						
(a)		(b)		c)	(d)	(e)	(f)		(g)			(h)	
Nan		kable wages		perience	State	Multiply	Multipl	v	Subtract co	l (f)		ontribut	
of stat		s defined in state act)	rate p	period	experience rate	col. (b) by 0.054	col. (b) fr	om col. (e).	lf zero		aid to s [.] employi	
		•		T =			by col (d)	.	or less, ente	r -U		fund	
			From	То									
18								18					
19										20			
20						nstructions)							
21		-								21			
22 23		smaller of line											
	Ziitoi tiio				on state mus	st use the workshee	t on page H-7	and ched	ck here)	23			
24	FUTA tax	c. Subtract line 2	23 from lir	ne 21. En	ter the resul	t here and go to line	e 25			24			
Pai		otal Househo											
25			-			box on line C of pag				25			<u>,360.</u>
26 27		required to file F								26		4	,444.
۷,		•			26 abovo o	on Form 1040, line 6	:02						
	X Yes.	t complete Part	IV below.	II OIII III IE	: 20 above 0	in romi ro40, line c	ooa.						
	☐ No. \	ou may have to	complete	e Part IV.	See instruc	tions for details.							
Par						t only if required. See	the line 27 inst	ructions.		•			
Addre	ss (number a	nd street) or P.O. box	if mail isn't	delivered to	street address					Apt.,	room, or	suite no.	
City, t	own or post o	ffice, state, and ZIP o	code										
Under	penalties of p	perjury, I declare that	I have exam	ined this sch	edule, including	accompanying statements or is to be, deducted from	s, and to the best of	f my knowle	dge and belief, i	t is true	, correct, a	and comple	ete. No
		f which preparer has			as a credit was,	or is to be, deducted from	Title payments to e	mpioyees. L	eciaration of pr	eparer (otrier triar	i taxpayer)	is baseu
•	•							•					
	Employer's	signature						Da	ite				
	<u> </u>	Print/Type preparer	's name	F	Preparer's signat	ture	Date				PTIN		
Paid	d								Check if self-employe	ed 🔲			
Pre	parer	Firm's name ►											
USE	Only	Firm's address ►							Firm's EIN I	<u> </u>			

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attachment Sequence No. 52

Department of the Treasury Internal Revenue Service ► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
 ► Attach to Form 1040 or Form 1040NR.

► Attach to Form 1040 or Form 1040NR.

DOUGLAS C EMHOFF

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 X Family Self-only (see instructions)..... HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. **Do not** include employer contributions, contributions through 2 a cafeteria plan, or rollovers (see instructions)...... 5,046. If you were under age 55 at the end of 2016, and on the first day of **every** month during 2016, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,350 (\$6,750 for family coverage). All others, see the instructions for the amount to enter..... 3 6,750. 4 5 6,750. Subtract line 4 from line 3. If zero or less, enter -0-Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter..... 6 6,750. 7 If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under 7 an HDHP at any time during 2016, enter your additional contribution amount (see instructions) 8 6,750. 8 Add lines 6 and 7..... Employer contributions made to your HSAs for 2016..... 9 10 Qualified HSA funding distributions 10 11 Add lines 9 and 10..... 12 Subtract line 11 from line 8. If zero or less, enter -0-..... 12 6,750. 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, 13 5,046. line 25..... Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs. complete a separate Part II for each spouse. 14a Total distributions you received in 2016 from all HSAs (see instructions). 14 a 3,227. **b** Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)...... 14b 14 c Qualified medical expenses paid using HSA distributions (see instructions)...... 15 3,227. **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' 0. 16 and the amount 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here.....

amount on the line next to the box.

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

b Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HSA' and the

Form **8889** (2016)

17 b

<u>Par</u>	till Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	ction e se	s before parate HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HDHP' and the amount on the line next to the box.	21	

Form 8889 (2016)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

2016

Attachment Sequence No. **71**

Your social security number

	LAS C EMHOFF AND KAMALA D HARKIS				
Part	Additional Medicare Tax on Medicare Wages	1	T		
1	Medicare wages and tips from Form W-2, box 5. If you have more	1	156 400		
_	than one Form W-2, enter the total of the amounts from box 5	2	156,498.		
2	Unreported tips from Form 4137, line 6				
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	156,498.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately\$125,000	_	350,000		
6	Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		0
6	Subtract line 5 from line 4. If zero or less, enter -0			6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.99	% (0.0	09). Enter here and go	7	
ъ.	to Part II			/	
Part		ome	! T		
8	Self-employment income from Schedule SE (Form 1040), Section				
	A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	1,127,972.		
•	·	0	1,127,972.		
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately\$125,000		050.000		
	Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	-	
10	Enter the amount from line 4	10	156,498.		
11	Subtract line 10 from line 9. If zero or less, enter -0	11	93,502.	10	1 004 470
12	Subtract line 11 from line 8. If zero or less, enter -0			12	1,034,470.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by			4.0	0.210
	go to Part III.			13	9,310.
Part		I ax	Act (RRTA) Compensat	ion	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
4-		14			
15	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately\$125,000	4.5			
16	Single, Head of household, or Qualifying widow(er) \$200,000	15		16	
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation (0.009). Enter here and go to Part IV			17	
D t				17	
Part			- 1010ND 1010 DD	1	
18	Add lines 7, 13, and 17. Also include this amount on Form 1040, lir and 1040-SS filers, see instructions) and go to Part V			18	9,310.
Dart	, , ,			10	9,310.
Part		ı	ı		
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	2,269.		
20	Enter the amount from line 1	20	156,498.		
		20	130,430.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,269.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your		ional Medicare Tax		
	withholding on Medicare wages			22	
23	Additional Medicare Tax withholding on railroad retirement (RRTA)				
	box 14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. A federal income tax withholding on Form 1040, line 64 (Form 1040NI				
	see instructions)	14, 104	10 1 11, and 10+0-00 mers,	2/	

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

Net Investment Income Tax – Individuals, Estates, and Trusts

2016

Your social security number or EIN

► Attach to your tax return.

► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Attachment 72

OMB No. 1545-2227

DOUGLAS C EMHOFF AND KAMALA D HARRIS **Investment Income** Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) Taxable interest (see instructions). 226. 2 2 Ordinary dividends (see instructions)..... 4,799. Annuities (see instructions)..... 3 4 a Rental real estate, royalties, partnerships, S corporations, trusts, 4a 1,085,410. **b** Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)..... -1,085,410. c Combine lines 4a and 4b..... 4c **5a** Net gain or loss from disposition of property (see instructions)..... 12,934. **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)..... 12,934. 5d 6 Other modifications to investment income (see instructions)..... 132. 7 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7...... 8 18,091. Investment Expenses Allocable to Investment Income and Modifications 9 a Investment interest expenses (see instructions)..... **b** State, local, and foreign income tax (see instructions)..... 9b 2,051. c Miscellaneous investment expenses (see instructions)..... **d** Add lines 9a, 9b, and 9c. 94 2,051. **10** Additional modifications (see instructions)..... 10 Total deductions and modifications. Add lines 9d and 10. 11 2,051. Tax Computation 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 16,040. Individuals: Modified adjusted gross income (see instructions)..... 13 1,157,130. 250,000. Threshold based on filing status (see instructions)..... 15 907,130. 16,040. 16 Enter the smaller of line 12 or line 15 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions) 610. 17 **Estates and Trusts:** 18a Net investment income (line 12 above)..... **b** Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)..... 18b c Undistributed net investment income. Subtract line 18b from 18a 18c (see instructions). If zero or less, enter -0- 19 a Adjusted gross income (see instructions)..... 19a **b** Highest tax bracket for estates and trusts for the year (see instructions)..... 19h c Subtract line 19b from line 19a. If zero or less, enter -0-..... 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here 21

Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return.

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

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

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

	JGLAS C EMHOFF AND ess or activity to which this form relate		HARRIS					
	,		ADIE IID					
Par	HEDULE E (PARTNERS		Property Under Sec	stion 170				
Par	Note: If you have ar	ny listed property,	complete Part V before	e you complete F	Part I.			
1	Maximum amount (see ins	tructions)					1	500,000.
2	Total cost of section 179 p	roperty placed in	service (see instruction	s)			2	
3	Threshold cost of section 1	79 property before	re reduction in limitation	(see instruction	s)		3	2,010,000.
4	Reduction in limitation. Sul						4	
5	Dollar limitation for tax year						-	
6	separately, see instructions	S		(b) Cost (business	use only)	(c) Elected cost	5	
	(a)	Description of property		(b) Cost (business	use only)	(C) Elected cost	_	
7	Listed property. Enter the a	amount from line	29		7			
8	Total elected cost of section						8	
9	Tentative deduction. Enter	the smaller of lin	ne 5 or line 8	· · · · · · · · · · · · · · · · · · ·			9	
10	Carryover of disallowed de		_			-	10	
11	Business income limitation Section 179 expense dedu	. Enter the small	er of business income (not less than zer	o) or line 5 (s	see instrs)	11	
12 13	Carryover of disallowed de						12	
	: Don't use Part II or Part II				13			
Par			ce and Other Depre		include lister	d property) (S	See insti	ructions)
14	Special depreciation allows			•			700 11101	1401101101.)
14	tax year (see instructions).						14	
15	Property subject to section	168(f)(1) election	n				15	
16	Other depreciation (including	ng ACRS)					16	
Par	t III MACRS Deprec	iation (Don't ind	clude listed property.) (S	See instructions.)				
			Section	on A		1		
17	MACRS deductions for ass	ets placed in serv	vice in tax years beginn	ing before 2016.			17	
18	If you are electing to group a							
	asset accounts, check here		in Service During 2016				Syctom	
	(a)	(b) Month and	(c) Basis for depreciation	(d)	(e)	(f)	Jysteili	(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method		deduction
19 a	3-year property		,					
	5-year property							
	: 7-year property							
- 0	10-year property							
6	15-year property							
f	20-year property							
	25-year property			25 yrs		S/L		
ŀ	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
		Assets Placed in	n Service During 2016 T	ax Year Using th	ne Alternative		1 Syster	n
	Class life					S/L		
_	12-year			12 yrs	101	S/L		
	40-year	1 1: \		40 yrs	MM	S/L		
	t IV Summary (See in						21	
	Listed property. Enter amo Total . Add amounts from line 12,			and line 21 Enter her	and or		۲۱	
	the appropriate lines of your return	n. Partnerships and S	corporations — see instruction	18			22	
23	For assets shown above are the portion of the basis att				23			

Pai	14362 (2016)	DOUGLAS C	, LIMIOI I	IND INA		אבוו ע	1110								Page Z
	t V Listed	Property (Indian ment, recreated	clude automob	iles, cert	ain othe	r vehicle	es, certa	iin air	craft, cerl	ain com	puters,	and pro	perty us	sed for	
	Note: For	any vehicle for w	hich you are usi	ng the sta	ndard mi	leage rate	e or dedu	cting I	ease expei	nse, comp	olete onl y	, 24a, 24t),		
	columns	(a) through (c)	of Section A,	all of Se	ection B,	and Se	ction C	if app	licable.						
		A – Deprecia			· · · · · · · · · · · · · · · · · · ·						•				П.,
24 a	a Do you have evidend		1			<u>[</u>	Yes	<u> </u>		'Yes,' is the				X Yes	∐ No
	(a) Type of property	(b) Date placed	(c) Business/	(d Cost		Basis f	(e) or depreci	ation	(f) Recovery		(g) ethod/		(h) reciation	E	(i) lected
	(list vehicles first)	in service	investment use percentage	other	basis		ess/investr use only)	nent	period	Cor	vention		duction	sec	tion 179 cost
25	Special depreci	ation allowance		listed pro	pperty pl			durin	n the tax	<u> </u>	1				
	used more than	50% in a qual	lified business	use (see	instruct	tions)					25				
26	Property used r		· · · · · · · · · · · · · · · · · · ·	business	use:	ı		1							
<u> 20:</u>	L4 BMW	2/01/14	83.33												
27	Property used 5	N% or less in a	a qualified busi	nace lie											
	Troperty used 5	0 /6 01 1633 111 8		11633 436	J.										
28	Add amounts in	column (h), lir	nes 25 through	27. Ente	er here a	and on li	ine 21, _I	oage i	1		28		C).	
29	Add amounts in	column (i), lin	e 26. Enter he	re and o	n line 7,	page 1		<u> </u>					29	9	0.
				Section											
Com	plete this section of our employees, fi	for vehicles used	d by a sole prop	rietor, pa	rtner, or	other 'm	ore than	5% o	wner,' or r	elated pe	erson. If	you prov	ided vel	nicles	
<u> </u>	our employees, n	13t allswel tile	questions in a	T	10 366 1	you iii	cet an e	xcebi		T	1113 30	T	11036	T	
30	Total business/	investment mile	es driven	Vehi	a) cle 1	(t Vehi	o) cle 2	Ve	(c) hicle 3	Vehi	d) cle 4	Vehi	e) cle 5	Vehi	f) cle 6
	during the year commuting mile				0,000	* 0111	010 E			10111	0.0	70111	0,00	70111	010 0
31	Total commuting m				495										
32	Total other pers	•	•		130										
	miles driven				1,505										
33	Total miles driv lines 30 through	en during the y	ear. Add	1	2,000										
	ililes 30 tillougi	1 32		Yes	No No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle	available for p	personal use	X										1	
	during off-duty			Λ											
35	Was the vehicle than 5% owner	used primarily or related pers	y by a more		Х										
36	Is another vehic														
_	personal use?.				X										
			C – Questions	_	-					-	-	-			
	wer these questic	ons to determin	ne if you meet	an excep	otion to d	completi	ng Sect	ion B	for vehic	les used	by emp	oloyees v	who are	en't more	than
Ansv 5% (owners or related	persons (see	instructions).											Yes	No
5% (owners or related	l persons (see	<u> </u>												110
5% (owners or related Do you maintain	l persons (see n a written poli	cy statement th												
5% (Do you maintain by your employ	a written polices?	cy statement the	nat nrohi	hits ners	onal us	 e of vel	 icles	except c	ommutin	 Ia hv v	our			
37	owners or related Do you maintain	a written polices?	cy statement the	nat nrohi	hits ners	onal us	 e of vel	 icles	except c	ommutin	 Ia hv v	our			
37	Do you maintain by your employed Do you maintain employees? Se	I persons (see a written polices? a written police the instructiouse of vehicles	cy statement the cy sta	nat prohi used by s as pers	bits pers corpora	sonal us ate office e?	e of vehers, dire	icles, ctors,	except coor 1% or	ommutin more ov	ig, by yowners	our			
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37 38 39 40 41	Do you maintain by your employed Do you maintain employees? Se Do you treat all Do you provide no vehicles, and re Do you meet the Note: If your and teles.	I persons (see In a written polices? In a written police the instruction use of vehicles the properties of the informer of the informer of the properties of the informer of the informe	cy statement the cy sta	nat prohi used by s as pers mployees? alified a is 'Yes,'	bits personal uses on all uses	sonal us ate office e?informatle demo	e of vehers, dire	icles, ctors, your of use B for le	except cor 1% or 1	ommutin more over a about the struction red vehice (d)	g, by your winers	f the (e) ortization eriod or rcentage		(f) Amortization	

FEDERAL STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

DOUGLAS C EMHOFF AND KAMALA D HARRIS	
10/13/17	12:42PM
STATEMENT 1 FORM 1040 WAGE SCHEDULE SPOUSE - EMPLOYER WAGES W/H FICA CARE W/H STATE OF CALLEDNIA 142,000 32,671 7,247 2,260 11,521	SDI
STATE OF CALIFORNIA 143,800. 32,671. 7,347. 2,269. 11,521. GRAND TOTAL 143,800. 32,671. 7,347. 2,269. 11,521.	
STATEMENT 2 FORM 1040, LINE 9B QUALIFIED DIVIDENDS	
QUALITIES STATEMENTS	
MERRILL LYNCH 15265	4,540. 4,540.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION 6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES 7. ENTER THE SMALLER OF LINE 3 OR LINE 6 8. ITEMIZED DEDUCTION FROM PRIOR YEAR SCH. A, LINE 29 9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS (IF PHASEOUT) 10. PRIOR YEAR BASE STANDARD DEDUCTION 12,600. 11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS 0. 12. PRIOR YEAR TOTAL STANDARD DEDUCTION (ADD LINE 10 AND 11) 13. ENTER THE LARGER OF LINE 9 OR LINE 12 14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0) 15. ENTER THE SMALLER OF LINE 7 OR LINE 14 16. NEGATIVE TAXABLE INCOME (PRIOR YEAR) 17. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)	5,639. 173. 5,466. 137,832. 2,793. 135,039. 5,466. 215,128. 209,662. 12,600. 209,662. 5,466. 5,466. 0. 0. 5,466.
RECOMPUTED ITEMIZED DEDUCTIONS FOR STATE REFUNDS TAXABLE THIS YEAR (PRIOR YEAR AMOUNTS)	
 STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR) SUBTRACT LINE 2 FROM LINE 1 ADD AMOUNTS ON PRIOR YEAR SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING LOSSES AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 	240,804. 5,466. 235,338. 0. 235,338.

FEDERAL STATEMENTS

PAGE 2

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17 12:42PM RECOMPUTED ITEMIZED DEDUCTIONS FOR STATE REFUNDS TAXABLE THIS YEAR (CONTINUED) (PRIOR YEAR AMOUNTS) \$284,050 IF HOH, \$258,250 IF S, \$154,950 IF MFS)
9. SUBTRACT LINE 8 FROM LINE 7 309,900. 855,860. 10. MULTIPLY LINE 9 ABOVE BY 3% (.03) 25,676. 11. ENTER THE SMALLER OF LINE 6 OR LINE 10
12. RECOMPUTED ITEMIZED DEDUCTIONS FOR LINE 9 OF STATE 25.676. AND LOCAL REFUNDS TAXABLE IN CURRENT YEAR WORKSHEET (SUBTRACT LINE 11 FROM LINE 3) 209,662. STATEMENT 4 SCHEDULE A. LINE 10 **HOME MORTGAGE INTEREST REPORTED ON FORM 1098** MORTGAGE INTEREST LIMITATION \$ -35,309.WELLS FARGO - 1131998..... 1,695. WELLS FARGO - 190198.... 6,291. WELLS FARGO - 2741998..... 725. WELLS FARGO - 40764.
WELLS FARGO - 5993.
WELLS FARGO - 9287. 4,971. 17,153. 33,744. 29,270. TOTAL \$ STATEMENT 5 **SCHEDULE A, LINE 16** CONTRIBUTIONS BY CASH OR CHECK 21,994. CHARITABLE CONTRIBUTIONS FROM K-1.....\$ PREVENT CANCER FOUNDATION..... 250. THE JEWISH FEDERATION..... 300. THE MAPLE COUNSELING CENTER. 1,200. 10,000. UNIVERSITY OF SOUTHERN CALIFORNIA..... 2,000. WILDWOOD SCHOOL 1,500. TOTAL \$ 37,244. STATEMENT 6 **SCHEDULE D, LINE 13** CAPITAL GAIN DISTRIBUTIONS MERRILL LYNCH 15265..... TOTAL

7	n	1	
_	u		r

FEDERAL STATEMENTS

PAGE 3

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17	12:42PM
STATEMENT 7 SCHEDULE SE, PAGE 1 TAXPAYER'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES VENABLE LLP SELF-EMPLOYMENT INCOME FROM ENTITY. \$ 1,263	3,418. 2,008. 1,410.
CAPITAL GAIN DĪSTRIBUTIONS	259. 2,293. 3,519. 3,071.
CAPITAL GAIN DĪSTRIBUTIONS	259. 3,243. 2,805. 3,307.

2016

VEHICLE/UNREIMBURSED EXPENSES

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17 12:46PM

VEHICLE EXPENSES - SCH K-1 (PARTNERSHIPS) VENABLE LLP

	2014 BMW
1. DATE PLACED IN SERVICE 2. TOTAL MILEAGE 3. BUSINESS MILEAGE 4. BUSINESS USE PERCENTAGE (DIVIDE LINE 3 BY LINE 2)	2/01/14 12,000 10,000 0.8333
STANDARD MILEAGE RATE:	
5. MULTIPLY LINE 3 BY 54 CENTS (.54)	5,400.
DEPR. PORTION OF MILEAGE (24 CENTS PER MILE) OPER. EXP. PORTION OF MILEAGE (30 CENTS PER MILE)	2,400. 3,000.
ACTUAL EXPENSES:	
6. GASOLINE, LUBE AND OIL 7. REPAIRS 8. TIRES	3,148.
9. INSURANCE 10. MISCELLANEOUS 11. AUTO LICENSE (EXCEPT PERSONAL PROPERTY TAXES)	2,988. 397.
12. VALUE OF EMPLOYER-PROVIDED VEHICLE 13. VEHICLE RENT OR LEASE (LESS INCLUSION) 14. ADD LINES 6 THROUGH 13 15. MULTIPLY LINE 14 BY LINE 4 16. DEPRECIATION AND SECTION 179 DEDUCTION	15,411. 21,944. 18,286.
17. ADD LINES 15 AND 16	18,286.
TOTAL VEHICLE EXPENSES:	ACTUAL EXP
18. ENTER LINE 5 OR LINE 17 19. PARKING FEES AND TOLLS 20. ADD LINES 18 AND 19	18,286. 1,704. 19,990.
VEHICLE EXPENSE ALLOCATION:	
21. CAR AND TRUCK EXPENSES 22. DEPRECIATION	7,148.
23. VEHICLE RENT OR LEASE PAYMENTS 24. ADD LINES 21, 22, AND 23 25. INTEREST EXPENSE (BUSINESS PORTION)	12,842. 19,990.
26. TAXES AND LICENSES (BUSINESS PORTION) 27. PERSONAL PROPERTY TAXES (SCHEDULE A)	401. 80.
OTHER UNREIMBURSED EXPENSES:	
1. OTHER UNREIMBURSED EXPENSES	21,617.

2016

VEHICLE/UNREIMBURSED EXPENSES

PAGE 2

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17	12:46PM
UNREIMBURSED EXPENSES - SCHEDULE E PG. 2 (K-1) VENABLE LLP	
VEHICLE EXPENSES. MEAL AND ENTERTAINMENT EXPENSES. INTEREST - VENABLE K-1. OFFICE SUPPLIES. PROFESSIONAL FEES. TRAVEL. MCTMT. CELL PHONE/INTERNET. DUES AND SUBSCRIPTIONS. TOTAL	\$ 20,391. 3,323. 6,185. 250. 3,416. 3,766. 456. 3,021. 1,200. 42,008.

12/31/16		2016 FEDERAL DEPRECIATION SCHEDULE	FEDE	RAL	DEPF	≀ECI⊅	\TION	SCF	EDU	빌				PAGE 1
		۵	OUGL	AS C E	DOUGLAS C EMHOFF AND KAMALA D HARRIS	AND K	AMALA	D HAF	RIS					
10/13/17														12:42PM
NO. DESCRIPTION	DATE DA	DATE COST/ SOLD BASIS	T/ BUS.	CUR S. 179 L. BONUS	SPECIAL DEPR. S. ALLOW.	PRIOR AL 179/ BONUS/ W_SP. DEPR.	- 1	PRIOR S DEC. BAL / DFPR. R	SALVAG /BASIS REDUCT	DEPR. Basis	PRIOR DEPR.	METHOD	METHOD LIFE RATE	CURRENT DEPR.
SCH K-1 (PARTNERSHIPS) - VENABLE LLP														
MACHINERY AND EQUIPMENT														
1 I PHONE	7/01/11		790				790			0		200DB HY	rs.	0
2 I PAD 3 LAPTOP COMPUTER	7/01/11		990				990			0 0		200DB HY 200DB HY	s s	0
TOTAL MACHINERY AND EQUIPME			2,980		0	0	2,980	0	 °	0		I 0		0
TOTAL DEPRECIATION			2,980				2,980	0		0		0 		0
GRAND TOTAL DEPRECIATION			2,980		0	°	2,980	0	0	0		0]		0

	$\overline{}$	_					
PAGE 1		12:42PM 59 (E)(2) AMORT.		000	0	0	0
		LEAS PER PROP PREF			0	0	0
2016 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE	DOUGLAS C EMHOFF AND KAMALA D HARRIS	REAL PROP PREF.			0	0	0
		POST-86 DEPR ADJ.			0	0	0
		OWN PCT.			'		"
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TAX		AMT			•	•	•
Σ		AMT		2 2 2			
		AMT METHOD		150DB HY 150DB HY 150DB HY			
TERNATIVE N		AMT PRIOR DEPR.			0	0	0
		AMT BASIS		0 0 0	0	0	0
AL AL		DATE SOLD	I		I	1 1	"
FEDER		DATE ACQUIRED		7/01/11			
2016		DESCRIPTION	IIPS) - VENABLE LLP JUIPMENT	ER .	TOTAL MACHINERY AND EQUIPME	ATION	DEPRECIATION
12/31/16		10/13/17 NODESC	SCH K-1 (PARTNERSHIPS) - VENABLE LLP 	1 I PHONE 2 I PAD 3 LAPTOP COMPLITER		TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" INCLUDE YOUR SSN, DAYTIME PHONE # AND "2016 FORM 4868" MAIL YOUR PAYMENT TO:

INTERNAL REVENUE SERVICE P.O. BOX 7122 SAN FRANCISCO, CA 94120-7122

▼ DETACH HERE ▼ **Application for Automatic Extension of Time** Form **4868** FDIA4601L 10/17/16. To File U.S. Individual Income Tax Return Department of the Treasury Internal Revenue Service (99) For calendar year 2016, or other tax year beginning , 2016, ending Part I Identification Part II Individual Income Tax Estimate of total tax liability for 2016... \$ 377,930. DOUGLAS C EMHOFF **5** Total 2016 payments..... 327,985. KAMALA D HARRIS Balance due. Subtract line 5 from line 4 49,945. (see instructions)..... Amount you are paying 94,000. (see instructions). Check here if you are 'out of the country' and a U.S. income tax withholding.....

TAXABLE YEAR		FORM
	gnature Authorization for Individ	
Your name	Your	r SSN or ITIN
DOUGLAS C EMHOFF		
Spouse's/RDP's name	Брои	use's/RDP's SSN or ITIN
Part I Tax Return Information (whole doll	are only)	
·	ne 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; o	
	me 17, Form 940 2E2, time 16, Long Form 940NA, time 32, C	
	10 2EZ, line 31; Long Form 540NR, line 121; or Short Form	
	Form 540 2EZ, line 32; Long Form 540NR, line 125; or Sh	
Part II Taxpayer Declaration and Signature	e Authorization (Be sure you obtain and keep a copy of yo	ur return)
and amounts shown on the corresponding lines of my the amount on line 2 and/or the estimated tax payme Individuals, or a comparable form. If applicable, I declare stated on my return. If I have filed a joint return, this electronic funds withdrawal or direct deposit. I authorize in the Franchise Tax Board (FTB). If the processing of a service provider, and for transmitter the reason(s) to understand that if the FTB does not receive full and timerest and penalties. I acknowledge that I have read electronic income tax return. I have selected a person applicable, my Electronic Funds Withdrawal Consent.	identification number) and the amounts shown in Part I aby electronic income tax return. If applicable, I authorize an ents as shown on my return and on form FTB 8455. Californed that direct deposit refund amount on line 3 agrees with the direct so an irrevocable appointment of the other spouse/RDP as my ERO, transmitter, or intermediate service provider to transming return or refund is delayed, I authorize the FTB to discount to the date when the refund was sent. If I am filmely payment of my tax liability, I remain liable for the tax d and consent to the Electronic Funds Withdrawal Consent nal identification number (PIN) as my signature for my electronic funds.	electronic funds withdrawal of nia e-file Payment Record for ect deposit authorization an agent to authorize an iit my complete return to close to my ERO, intermediate filing a balance due return, I x liability and all applicable included on the copy of my
Taxpayer's PIN: check one box only		
X I authorize	ERO firm name	my PIN Do not enter all zeros
as my signature on my 2016 e-filed Californ		DO HOL GIRE: All Teros
I will enter my PIN as my signature on my 2016	6 e-filed California individual income tax return. Check this box Practitioner PIN method. The ERO must complete Part III belov	only if you are entering w.
Your signature ▶	Da	ale F
Spouse's/RDP's PIN: check one box only		
X I authorize	to enter	my PIN
<u> </u>	ERO Ilim name	DO NOT enter all zeros
as my signature on my 2016 e-filed Californ	iia individual income tax return.	
I will enter my PIN as my signature on my 2016 your own PN and your return is filed using the	6 e-filed California individual income tax return. Check this box of Practitioner PIN method. The ERO must complete Part III belo	only if you are entering ow.
Spouse's/RDP's signature ▶	Oa	ale •
Practitioner F	PIN Method Returns Only – continue below	· ·
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	•	not antar all zeras
I certify that the above numeric entry is my PIN, which is indicated above. I confirm that I am submitting this re 1345, 2016 e-file Handbook for Authorized entire Provi	my signature for the 2016 California individual income tax returnin accordance with the requirements of the Practition	n for the taxpaver(s)

2016 California Resident Income Tax Return

APE ATTACH FEDERAL RETURN **EMHO** Α DOUGLAS С EMHOFF R KAMALA D HARRIS RP CA 10-13-1964 10-20-1964 APE SCHG1 5870A 5805 5805F DESIGNEE TPIDP FNCCF 3805P NQDC 3805Z IRC453A IRC1341

F.I.I.A	ROSE	EMHOFF
		DAUGHTER

Filing Status	1 2 3	=	Married/RDP filing jointly. See inst.	4 Head of household (with qualifying person). See instructions. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died	
		If yo	our California filing status is different from your	your federal filing status, check the box here	
	6	If so	omeone can claim you (or your spouse/RDP) as	P) as a dependent, check the box here. See instructions	

3101166 Form 540 C1 2016 **Side 1**

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:
Your name: DOUG		For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 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. Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3 First Name ELLA ROSE Dependent 3 Dependent 3 Dependent 4 SSN Dependent's relationship DAUGHTER Total dependent exemptions. 10 1 x \$344 = © \$ 344.
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 32.
Taxable Income	12	State wages from your Form(s) W-2, box 16
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4
	14	California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions
	16	California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C
	17	California adjusted gross income. Combine line 15 and line 16
	18	Enter the larger of Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: Single or Married/RDP filing separately
Тах	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule
Iax	31	■ FTB 3800 ■ FTB 3803 ■ 108,457.
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions
	33	Subtract line 32 from line 31. If less than zero, enter -0
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A
	35	Add line 33 and line 34

Your name: DOUG	LAS	C EMHOFF Your SSN or ITIN:		
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	
	43	Enter credit name	• 43	36,973.
	44	Enter credit name code ● and amount	• 44	-
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	
	73			
	46	Nonrefundable renter's credit. See instructions	• 46	
	47	Add line 40 and line 43 through line 46. These are your total credits	47	36,973.
	48	Subtract line 47 from line 35. If less than zero, enter -0	• 48	71,484.
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540).	• 61	
	62	Mental Health Services Tax. See instructions	• 62	1,072.
	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	72,556.
Payments	71	California income tax withheld. See instructions.	• 71	11,521.
	72	2016 CA estimated tax and other payments. See instructions	• 72	77,243.
	73	Withholding (Form 592-B and/or 593). See instructions	• 73	
	74	Excess SDI (or VPDI) withheld. See instructions.	• 74	0.
	75	Earned Income Tax Credit (EITC)	• 75	
	76	Add lines 71 through 75. These are your total payments. See instructions	• 76	88,764.
Use Tax	91	Use Tax. See instructions. ● 91]
Overpaid Tax/ Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	92	88,764.
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	93	
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	94	16,208.
	95	Amount of line 94 you want applied to your 2017 estimated tax	• 95	15,952.
	96	Overpaid tax available this year. Subtract line 95 from line 94	• 96	256.
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64.	97	

CAIA3912L 03/22/17 059 3103166 Form 540 C1 2016 Side 3

Vour name	DOUGLAS	$\overline{}$	EMHOEE
Your name:	DOUGLAS	L	EMHOFF

Your SSN or ITIN:

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	• 400	
	Alzheimer's Disease/Related Disorders Fund	• 401	
	Rare and Endangered Species Preservation Program	• 403	
	California Breast Cancer Research Fund	• 405	
	California Firefighters' Memorial Fund.	• 406	
	Emergency Food for Families Fund	• 407	
	California Peace Officer Memorial Foundation Fund	• 408	
	California Sea Otter Fund.	• 410	
	California Cancer Research Fund.	• 413	
	RESERVED (DO NOT USE)	• 419	
	School Supplies for Homeless Children Fund.	• 422	
	State Parks Protection Fund/Parks Pass Purchase	• 423	
	Protect Our Coast and Oceans Fund	• 424	
	Keep Arts in Schools Fund.	• 425	
	State Children's Trust Fund for the Prevention of Child Abuse	• 430	
	Prevention of Animal Homelessness and Cruelty Fund	• 431	
	Revive the Salton Sea Fund	• 432	
	California Domestic Violence Victims Fund	• 433	
	Special Olympics Fund.	• 434	
	Type 1 Diabetes Research Fund	• 435	
110	Add code 400 through code 435. This is your total contribution.	• 110	



Your name: D	OUGLAS	C EMHOFF			Your SSN or ITIN	:		
Amount You Owe	111	Mail to: FRANCHI PO BOX S	SE TAX BOARD 942867			10. See instructions. Do not send cas		
			ftb.ca.gov for more					_
								_
Interest and Penalties	112	interest, late return	n penalties, and late pa	ayment penalties		112		_
	113	Underpayment of ea	stimated tax. Check the	: box: ● X FTB 5805	attached ● ☐ FTB	5805F attached • 113	256	6.
	114	Total amount due.	See instructions, Encl	ose, but do not staple,	any payment	114		
Refund and Direct Depo	115 sit	Mail to: FRANCHI PO BOX 9	SE TAX BOARD 142840	·	line 112 and line 113 fro	om line 96. See instructions.		0.
	All or ◆ Roo The r	the following amoun	Type Checking Savings	◆ Account number	rs only. ect deposit into the acco	• 116 Direct deposit amount		
IMPORTAN	T: See the	e instructions to	find out if you sho	ould attach a copy	of your complete f	ederal tax return.		_
		-	•			d information, go to ftb.ca.gov and sed this tax return, including accompany		
				is true, correct, and com	plete.			
Your signature			D	ate	Spouse's/RDP's sig	nature (if a joint tax return, both mu	ist sign)	
X					x			
Sign	Your ema	ail address. Enter only	y one email address.			Preferred phor	ne number	
Here '								_
P Disuntawful D	aid preparer	's :ignat		information of w	hich preparer has any ka	nowledge)		_
to forge a	irmia nomo					<i>0/13/17</i> ● PTIN		_
RDP's r signalure.	irm's name	(ог уош					·	_
Joint tax	irm's addre	55				• FEIN		_
return? (See instructions)					·			_
					-			_
	Do you want	to allow another pers	son to discuss this tax	return with us? See ins	tructions	• X	Yes No	
F	rint Third P	arty Designee's Name	<u>. </u>			Telephone Number		
								_
					<u> </u>		<u> </u>	_

059

Form 540 C1 2016 Side 5

California Adjustments — Residents

CA (540)

	Frant: Attach this schedule behind Form 540, Side 5 as a support	ing	Cal	ifornia schedule.		CON ITIN			
	Name(s) as shown of the strent shown of the strength shown of the streng								
MIGLAS C AND KAMALA D HARRIS									
	Income Adjustment Schedule		Α	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	С	Additions See instructions	
	iอก A − Income		┢	your federal tax return)		See instructions		See instructions	
7	Wages, salaries, tips, etc. See instructions before making an	_		140 000					
	entry in column B or C.		\odot	143,800.	_	40	\odot		
_	Taxable interest (b) 2,690.			226.			\odot	0.600	
9	Ordinary dividends. See instructions (b) 4,540.			4,799.	-		9	2,690.	
10	Taxable refunds, credits, offsets of state and local income taxes		\odot	5,466.	$lue{lue}$	5,466.			
11	Alimony received		\odot				\odot		
12	Business income or (loss)		\odot	10.004	\odot		\odot		
13	Capital gain or (loss). See instructions		<u>@</u>	12,934.	<u> </u>)		
14	Other gains or (losses)		\odot		\odot		\odot		
15	IRA distributions. See instructions(a) 1	5 b)		\odot		
16	Pensions and annuities. See instructions (a)	6 b	8	4 405 444	<u> </u>		\odot		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc S.T 1	7	\otimes	1,085,410.	<u> </u>		\odot	6,379.	
18	Farm income or (loss)		$\overline{}$		<u> </u>		\odot		
19	Unemployment compensation		\odot		<u> </u>				
20	Social security benefits (a) 2	:0 b	$oldsymbol{igo}$		<u> </u>				
21	Other income.				a 🧿	,	a_		
	California lottery winnings e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809 2				ь©		b Z		
		21	$oldsymbol{\odot}$		c		c (<u> </u>	
	Federal NOL (Form 1040, line 21) f Other (describe):				ď		d_		
•	NOL deduction from FTB 3805V				e 🤦		e -		
					f <u>@</u>)	f <u>(</u>		
22	Total Cambina line 7 through line 21 in column A. Add line 7								
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B 2	2	\odot	1,252,635.	\odot	5,506.	\odot	9,069.	
	through the 211 in column 2 and column or do to coolin 2		Ŭ		Ŭ	0,000.		2,0000	
Sect	ion B — Adjustments to Income				_				
23	Educator expenses	23	\odot		\odot				
24	Certain business expenses of reservists, performing artists,								
	and fee-basis government officials		\odot		\odot		$oldsymbol{\odot}$		
25	Health savings account deduction		\odot	5,046.	$oldsymbol{\odot}$	5,046.			
26	Moving expenses		\odot						
27	Deductible part of self-employment tax		\odot	23,703.					
28	, , , , , , , , , , , , , , ,		\odot	59,000.					
29	Self-employed health insurance deduction		\odot	7,756.					
30	Penalty on early withdrawal of savings	0	\odot						
3 1 a	Alimony paid.								
Ŀ	Recipient's: SSN								
			_				_		
			\odot				$oldsymbol{\odot}$		
32	IRA deduction		\odot						
33	Student loan interest deduction	3	\odot				$oldsymbol{\odot}$		
34	Tuition and fees		\odot		\odot				
35	Domestic production activities deduction	5	\odot		\odot				
				·					
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C.		L				_		
	See instrs	6	\odot	95,505.	$oldsymbol{\odot}$	5,046.	$oldsymbol{\odot}$		
37	Total. Subtract line 36 from line 22 in columns A, B, and C.								
3/		7	\odot	1,157,130.	\odot	460.	\odot	9,069.	

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	⊚38	237,274.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions		131,197.
40	Subtract line 39 from line 38	• 40	106,077.
41	Other adjustments including California lottery losses. See instructions.		
	Specify	@41	
42	* ·· · · · · · · · · · · · · · · · · ·	(42	106,077.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? RED Single or married/RDP filing separately		-47,532. 58,545.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately. See instructions. \$4,129 Married/RDP filing jointly, head of household, or qualifying widow(er). \$8,258 Transfer the amount on line 44 to Form 540, line 18.	⊚44	58,545.

Side 2 Schedule CA (540) 2016 059 7732164 CAIA4012L 12/14/16

TAXABLE YEAR

CALIFORNIA SCHEDULE

2016 Other State Tax Credit

	_	
4	•	
•	•	
•	_	

Atta	ch to Form 540, Long Form 540NR, or Form 541.		
	SUMMARY		
Name	(s) as shown on your California tax return	SSN, ITIN, or FEIN	
DOI	JGLAS C EMHOFF AND KAMALA D HARRIS		
Par			
	ncome item(s) description (b) Double-taxed income taxable by California	(c) Double-taxed income taxa	hle by other state
-			ble by other state
<u>⊚</u> ⊚		- <u> </u>	
<u> </u>	<u> </u>	_ 👱	
ledow	<u>•</u>	<u> </u>	
1	Total double-taxed income	<u> </u>	
Par	Figure Your Other State Tax Credit (Read specific line instructions for Part II before com	pleting.)	
2	California tax liability. See instructions	① 2	
	,		
3	Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	🌀 3	
ŭ	bodbie-taxed income taxable by damonia. Enter the amount norm rarely line 1, column (b)	······································	
	Collifornia adjusted aveca income. Con instructions	A	
4	California adjusted gross income. See instructions	🛡 4	
_		0 -	
5	Divide line 3 by line 4. Do not enter more than 1.0000	• 5	
6	Multiply line 2 by line 5	• 6	
7	Income tax liability paid to name of other state (use state's abbreviation) See instruction	ns (6) 7	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) .	♠ 8	
٠	bouble-taxed income taxable by other state. Enter the amount norm art i, line 1, column (c)	·····	
	A Production of Section Local Laboration and the Open Section Production	O 1	
9	Adjusted gross income taxable by other state. See instructions	• • <u>• </u>	
		~	
10	Divide line 8 by line 9. Do not enter more than 1.0000		
11	Multiply line 7 by line 10		
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instruction	ons	36,973.
			,-,-,

TAXABLE YEAR

CALIFORNIA SCHEDULE

2016 Other State Tax Credit

S

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

Name	(s) as shown on your California tax return			SSN, ITIN, or FEIN	
DO	JGLAS C EMHOFF AND KAMALA D HARRI	IS			
Par			efore completing.)		
(a) li	ncome item(s) description	(b) Double-taxed inco	ome taxable by California	(c) Double-taxed income	taxable by other state
_	JENABLE LLP	<u> </u>	288,277.	\odot	288,277.
_					
<u> </u>		<u> </u>		<u> </u>	
1	Total double-taxed income		288,277.	<u> </u>	288,277.
Par	t Figure Your Other State Tax Credit (Read spe	ecific line instruction	ns for Part II before compl	eting.)	
2	California tax liability. See instructions				108,457.
3	Double-taxed income taxable by California. Enter the	he amount from Part	t I, line 1, column (b)	• 3 _	288,277.
4	California adjusted gross income. See instructions.			• 4_	1,165,739.
5	Divide line 3 by line 4. Do not enter more than 1.00)00			0.2473
6	Multiply line 2 by line 5				26,821.
7	Income tax liability paid to name of other state (use	e state's abbreviation	n) MD See instructions	, ⑥ 7 _	21,621.
8	Double-taxed income taxable by other state. Enter t	the amount from Pa	art I, line 1, column (c)	8	288,277.
9	Adjusted gross income taxable by other state. See	instructions		• 9	288,277.
10	Divide line 8 by line 9. Do not enter more than 1.00	000			1.0000
11	Multiply line 7 by line 10				21,621.
12	Other state tax credit. Enter the smaller of line 6 or	r line 11. Use Credit	Code 187 . See instruction	ns 12	21,621.

S

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

Name	(s) as shown on your California tax return			SSN, ITIN, or FE	IN
	•,			33N, THIN, OF PE	
	JGLAS C EMHOFF AND KAMALA D HARRI		h - f - H \		
<u>Par</u>	, ,			435 11 1 11	
_	ncome item(s) description	```	come taxable by California	· -	me taxable by other state
	VENABLE LLP	_ 👱	39,800.		39,800.
<u> </u>		_ <u> </u>		<u> </u>	
ledot		<u> </u>		lacktriangle	
1	Total double-taxed income		39,800.	<u> </u>	39,800.
Par	t Figure Your Other State Tax Credit (Read spe	ecific line instructio	ns for Part II before compl	eting.)	
2	California tax liability. See instructions				108,457.
3	Double-taxed income taxable by California. Enter the	he amount from Pa	rt I, line 1, column (b)	• з	39,800.
4	California adjusted gross income. See instructions.			• 4	1,165,739.
5	Divide line 3 by line 4. Do not enter more than 1.00	000		• 5	0.0341
6	Multiply line 2 by line 5			• 6	3,698.
7	Income tax liability paid to name of other state (use	e state's abbreviation	on) VA See instructions	① 7	2,286.
8	Double-taxed income taxable by other state. Enter t	the amount from P	art I, line 1, column (c)	• 8	39,800.
9	Adjusted gross income taxable by other state. See	instructions		• 9	39,800.
10	Divide line 8 by line 9. Do not enter more than 1.00	000			1.0000
11	Multiply line 7 by line 10				2,286.
12	Other state toy credit. Enter the smaller of line 6 or	r lina 11 . Llaa Cradi	t Code 197 See instruction	ns @12	2 206

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

Name	(s) as shown on your California tax return			SSN, ITIN, or FEIN	
	IGLAS C EMHOFF AND KAMALA D HARR				
Par	Double-Taxed Income (Read specific line ins	structions for Part I	before completing.)		
(a) Ir	come item(s) description	(b) Double-taxed in	come taxable by California	(c) Double-taxed income	taxable by other state
<u> </u>	YENABLE LLP		137,645.	<u> </u>	137,645.
<u> </u>		_ <u> </u>		<u>⊚</u> ⊙	
<u> </u>		_		<u> </u>	
1	Total double-taxed income	⊚	137,645.	●	137,645.
Par	Figure Your Other State Tax Credit (Read sp	pecific line instruction	ons for Part II before compl	leting.)	
2	California tax liability. See instructions			③ 2 _	108,457.
3	Double-taxed income taxable by California. Enter t	the amount from Pa	art I, line 1, column (b)	💿 з _	137,645.
4	California adjusted gross income. See instructions	i		• 4_	1,165,739.
5	Divide line 3 by line 4. Do not enter more than 1.00	000			0.1181
6	Multiply line 2 by line 5				12,809.
7	Income tax liability paid to name of other state (us	se state's abbreviat	ion) NY See instructions	s • 7 _	12,140.
8	Double-taxed income taxable by other state. Enter	r the amount from F	Part I, line 1, column (c)	💿 8	137,645.
9	Adjusted gross income taxable by other state. See	instructions		• 9 _	137,645.
10	Divide line 8 by line 9. Do not enter more than 1.00	000			1.0000
11	Multiply line 7 by line 10				12,140.
12	Other state tax credit. Enter the smaller of line 6 o	or line 11. Use Cred	lit Code 187 See instruction	ns (a)12	12.140.

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

Name	(s) as shown on your California tax return			SSN, ITIN, or FEIN	
	JGLAS C EMHOFF AND KAMALA D HARR				
Par					
`_'	ncome item(s) description	(b) Double-taxed incom		(c) Double-taxed income	•
	VENABLE LLC	_ 👱	3,347.	<u> </u>	3,347.
<u> </u>		_ 👲		<u>⊚</u> ⊙	
$oldsymbol{\odot}$		<u> </u>		<u>•</u>	
1	Total double-taxed income	<u>©</u>	3,347.	<u> </u>	3,347.
Par	t Figure Your Other State Tax Credit (Read sp	pecific line instructions	for Part II before compl	eting.)	
2	California tax liability. See instructions			• 2_	108,457.
3	Double-taxed income taxable by California. Enter t	the amount from Part I	, line 1, column (b)	• 3_	3,347.
4	California adjusted gross income. See instructions			• 4_	1,165,739.
5	Divide line 3 by line 4. Do not enter more than 1.00	000			0.0029
6	Multiply line 2 by line 5				315.
7	Income tax liability paid to name of other state (us	se state's abbreviation)		s 	221.
8	Double-taxed income taxable by other state. Enter	r the amount from Part	I, line 1, column (c)	• 8 _	3,347.
9	Adjusted gross income taxable by other state. See	e instructions		• 9_	3,347.
10	Divide line 8 by line 9. Do not enter more than 1.00	000			1.0000
11	Multiply line 7 by line 10				221.
12	Other state tax credit. Enter the smaller of line 6 o	or line 11. Use Credit C	ode 187 See instruction	ns (a)12	221.

S

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

Name	(s) as shown on your California tax return			SSN, ITIN,	or FEIN	_
DO	JGLAS C EMHOFF AND KAMALA D HARRI	rs .				
Par	t Double-Taxed Income (Read specific line inst	tructions for Part I before	completing.)			
(a) ∣	ncome item(s) description	(b) Double-taxed income tax	able by California	(c) Double-taxed	income taxable	by other state
⊙ ′	VENABLE LLP	<u> </u>	7,598.	\odot		7,598.
lacksquare		<u> </u>		O		
<u> </u>		lacktriangle		\odot		
1 Par	Total double-taxed income		7,598.			7,598.
· ai	I I I I I I I I I I I I I I I I I I I		r are in belote comp	ourig.)		
2	California tax liability. See instructions			•	2	108,457.
_	odinorna tax nabinty. Oce moractions					100,1071
3	Double-taxed income taxable by California. Enter th	ne amount from Part I. line	e 1 column (h)	•	3	7.598.
•	bouble taxed interne taxable by Gamonia. Enter th	io amount nom r art i, ini	o 1, coldini (b)			,,050.
4	California adjusted gross income. See instructions				4 1	.165.739.
•	Camornia adjusted gross income. See instructions.				·	,100,7051
5	Divide line 3 by line 4. Do not enter more than 1.000	00			5	0.0065
•	Divide line 3 by line 4. Bo not enter more than 1.000	• • • • • • • • • • • • • • • • • • • •				0.000
6	Multiply line 2 by line 5				6	705.
•	manapy into 2 by into 0					,,,,,
7	Income tax liability paid to name of other state (use	state's abbreviation)	MN See instructions		7	748.
-	mounte tax nability para to name of other state (ase		occ manachons	,		,
8	Double-taxed income taxable by other state. Enter t	the amount from Part I li	ne 1 column (c)		8	7.598.
•	bouble taxed interne taxable by other state. Enter t	and amount nomin arti, in	110 1, 001011111 (0)			,,050.
9	Adjusted gross income taxable by other state. See i	instructions			9	7.598
•	Adjusted gloss modific taxable by other state. See i	mistractions				,,,,,,,,,
10	Divide line 8 by line 9. Do not enter more than 1.000	00			10	1.0000
	Divide line 3 by line 3. Do not enter more than 1.000	00				1.0000
11	Multiply line 7 by line 10				11	748.
••	manapy line / by line to			•••••••••••••••••••••••••••••••••••••••		740.
12	Other state tax credit. Enter the smaller of line 6 or	line 11 Use Credit Code	187 See instruction	ns 🕟	12	705

CALIFORNIA STATEMENTS

PAGE 1

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10	/13/17	12:42PM
	STATEMENT 1 SCHEDULE CA, LINE 17 RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC.	
	PARTNERSHIP/S-CORPORATION INCOME ADJUSTMENT	 6,379. 6,379

Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM

5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return SSN, ITIN, or FEIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

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

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits
 (including the withholding credit) but not including estimated tax payments for either 2015 or 2016 was less than \$500 (or less than \$250
 if married/RDP filing a separate return).
- Your 2015 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, if paid in the required installments, is at least 90% of the tax shown on your 2016 return or 100% of the tax shown on your 2015 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) and you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2016 tax return if they do not meet one of the two conditions above.

Par	Questions. All filers must complete this part. Estates and Trusts, see General information E.		
1	Are you requesting a waiver of the penalty? If 'Yes,' provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C.	1 ⊚ Yes	ХNо
2	Did you use the annualized income installment method? If 'Yes,' see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44	2	X No
3	Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld?	3 ③ ☐ Yes	X No
4	4/15/16 •\$; 6/15/16 •\$; 9/15/16 •\$; 1/15/17 • For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E.	•\$Yes	No

Par	t II Required Annual Payment. All filers must complete this part.		
1 2	Current year tax. Enter your 2016 tax after credits. See instructions. Multiply line 1 by 90% (.90)	1	72,556.
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	11,521.
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	61,035.
5	Enter the tax shown on your 2015 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2016, more than \$75,000).	5	65,300.
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	65,300.
	rt Method tion: See the instructions to find out if you can use the short method. If you answered 'Yes' to Question 2 in Part I, ski Part III. If you answered 'No' to Question 2 in Part I and you cannot use the short method, go to Worksh		
7	Enter the amount, if any, from Part II, line 3 above		
8	Enter the total amount, if any, of estimated tax payments you made		
9	Add line 7 and line 8.	9	
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	
11	Multiply line 10 by .02393173	11	
12	 If the amount on line 10 was paid on or after 4/15/17, enter -0 If the amount on line 10 was paid before 4/15/17, enter the result of the following computation: 		
	Amount on Number of days paid line 10 X before 4/15/17 X .00010	12	
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. Also, check the box for 'FTB 5805.'▶	€13	256.

Side 2 FTB 5805 2016 059 7672164 CAIZ6112L 05/22/17

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

-				Payment	Due Dates	
Par	: I Figure Your Underpayment.		(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 1/15/17
1	Required Installments. See instructions	1	19,590.	26,120.		19,590.
	Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer 'Yes' to a question in Part I)	2	6,199.	23,608.	7,500.	46,457.
ONE	PLETE LINE 3 THROUGH LINE 9 OF COLUMN BEFORE GOING TO THE COLUMN.					
3	Enter amount, if any, from line 9 of previous column	3				
	Add line 2 and line 3	4		23,608.	7,500.	46,457.
5	Add amounts on line 7 and line 8 of the previous column	5		13,391.	15,903.	8,403.
6	Subtract line 5 from line 4. If zero or			13,391.	15,903.	0,403.
	less, enter -0 For column (a) only, enter the amount from line 2	6	6,199.	10,217.	0.	38,054.
7	If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7		0.	8,403.	
8	Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9 ▶	8	13,391.	15,903.		
9	Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9				
Par		te line	e 10 through line 13 of a	one column before goin	ig to the next column.	
Rate	Period 1:					
	April 15, 2016 — December, 2016		4/15/16	6/15/16	9/15/16	1/15/17
10	Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 12/31/2016, whichever is earlier.	10	Days: 59	Days: 198	Days:	
11	Underpayment on line 8 (see instructions) Number of days on line 10 x .03					
	(see instructions) ————————————————————————————————————	11	\$ 64.76	\$ 191.09	\$	
Rate	Period 2:					
	January 1, 2017 — April 15, 2017		1/1/17	1/1/17	1/1/17	1/15/17
12	Number of days from the date shown above line 12 to the date the amount on line 8 was paid or 4/15/2017, whichever is earlier	12	Days:	Days:	Days:	Days:
13	Underpayment on line 8 (see instructions) x Mumber of days on line 12 x .04	13	\$	ş	s	ş
	PENALTY. Add amounts on line 11 and line Part II, line 13, and on Form 540, line 113; I and check the box on that line	13 in Long F	all columns. Enter the tot orm 540NR, line 123; or l	al here, on form FTB 580 Form 541, line 44,		\$ 256.

UNDERPAYMENT PENALTY WORKSHEET

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Required Installment	ı	Payme	ent			Po	enalty	
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 19,590. TOTAL	4/15/16 4/15/16 6/13/16	2	2,743. 3,456. 13,391.			0.030	64.76	64.76
SECOND QTR 26,120. TOTAL THIRD QTR	6/13/16 6/15/16 9/12/16 12/30/16	2 3	5,609. 4,608. 7,500. 8,403.	20,511. 15,903. 8,403.	89			191.09
FOURTH QTR 19,590.	12/30/16	3	19,590.					

1 = Overpayment 2 = Withholding

3 = Estimate

4 = Extension 5 = Paid with return

TOTAL UNDERPAYMENT PENALTY.....

*** Underpayment x Days Late 366 or 365 x Rate

256.

FDIL1601L 06/21/16

12/31/16		2016	CALI	FOR	AN	DEPR	2016 CALIFORNIA DEPRECIATION SCHEDULE	ION S	CHEI	OULE				PAGE 1
			DOOL	SPTE	С ЕМН	OFF AN	DOUGLAS C EMHOFF AND KAMALA D HARRIS	LA D HA	RRIS					
10/13/17 NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DFPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD LIFE RATE	12:42PM CURRENT DEPR.
K-1 (PARTNE														
MACHINERY AND EQUIPMENT		I												
1 I PHONE	7/01/11		790				790			0		200DB HY	5	
2 IPAD	7/01/11		066				066			0		200DB HY		
3 LAPTOP COMPUTER	7/01/14	1	1,200	ı			1,200		İ	0		200DB HY	S.	
TOTAL MACHINERY AND EQUIPME			2,980		0	0	2,980	0	0	0	0			
TOTAL DEPRECIATION		· •	2,980	· •	0	0	2,980		0	0	0			
GRAND TOTAL DEPRECIATION		•	2,980	•	0	0	2,980	0	0	0	0			

1		Ň									
PAGE 1		12:42PM 59 (E)(2) AMORT.			0	0	0	0	0	0	
		LEAS PER PROP PREF						0	0	0	
JULE		REAL PROP PREF.						0	0	0	
SCHEI		POST-86 DEPR ADJ.						0	0	0	
NO.		OWN PCT. I			0	0	0	0	 	- II - ○II	
ECIAT		REG. De Pr.									
2016 CALIFORNIA ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE	GLAS C EMHOFF AND KAMALA D HARRIS	AMT DEPR.			0	0	0	0	0	0	
M TA	AMAL,	AMT									
5	ND K	AMT			5	2	2				
Σ	OFF A	AMT METHOD			150DB HY	150DB HY	150DB HY				
IATIVE	AS C EMH	AMT PRIOR DEPR.						0	0	0	
\LTER\	DOUGL	AMT BASIS			0	0	0	0	0	0	
NIA A		DATE SOLD	ı				ı			ı	
ALIFOF		DATE ACQUIRED			7/01/11	7/01/11	7/01/14				
2016 C		DESCRIPTION	SCH K-1 (PARTNERSHIPS) - VENABLE LLP	EQUIPMENT			PUTER	TOTAL MACHINERY AND EQUIPME	CIATION	GRAND TOTAL DEPRECIATION	
12/31/16		71/21/01 d	SCH K-1 (PARTNER	MACHINERY AND EQUIPMENT	1 I PHONE	2 I PAD	3 LAPTOP COMPUTER	TOTAL MACH	TOTAL DEPRECIATION	GRAND TOTA	

		AX PAYMENT WORKSH	EET KEEP FOR	YOUR RECORDS		
1 Total ta		amount au expect to enter on Form 54			1	
	nts and credits:	amounts and expect to enter on Form 3-	40, fille 64, of Long Form	340NR, IIIIe 74	'	
		g real estate and nonresident withholdi			_	
		amount applied from your 2015 tax retu		2b	-	
		go to ftb.ca.gov and search for myftb any tax payments made with any previo		2c		
		e 2a, line 2b, and line 2c				
• No. Sto will app		o not mail form FTB 3519. If you file y	our tax return by October	16, 2017 (fiscal year filer — see in	structions), the autor	natic extension
require epay. 'Amoun	ments of the Mandatory e-Pay pr For check or money order payme t of payment.' Make your check or	er on line 4. This is your tax due. For or cogram, you must make all payments el ents, using black or blue ink, complete money order payable to the 'Franchise Ta 519 and mail to: FRANCHISE TAX BOJ	lectronically, regardless of your check or money orde ax Board,' and write your S	f the taxable year or amount. Go to t er and form FTB 3519 below. Enter t SN or ITIN and '2016 FTB 3519' in the	ftb.ca.gov and searc the tax due amount f	th for mandatory rom line 4 as the
		IF AMOUNT OF PAYMENT I	S ZERO, DO NOT M	AIL THIS FORM.		
	WHERE TO FILE:	Using black or blue ink, mak Board.' Write the taxpayer's identification number (ITIN) the form below. Enclose, but	social security number and '2016 FTB 3519	per (SSN) or individual taxp on the check or money ord	ayer der. Detach	
		РО ВОХ	IISE TAX BOARD 942867 IENTO CA 94267-00	08		
	Make all checks or m	noney orders payable in U.S. d			tion.	
	WHEN TO FILE:	Calendar year filers — File and Fiscal Year Filers — see inst				
	When the due date fall the next business da	s on a weekend or holiday, the d y.	leadline to file and pa	y without penalty is extended	to	
		ation Day holiday observed on a 3, 2017, will be considered time		eturns filed and payments n	nailed or	
	ONLINE SERVICES:	Use Web Pay and enjoy the Go to ftb.ca.gov for more in: Do not mail this form if you	formation.	ine payment service.		
CAUTION	DETACH HERE	IF NO PAYMENT IS Day electronically. See instruction	DUE, DO NOT MAIL	THIS FORM	DETACH HE	ERE
TAXABLE \	YEAR Payment for	or Automatic			CALIFO	ORNIA FORM
2016	_	for Individuals			351	9 (PIT)
		O EMHOFF HARRIS		16		
			AMOUNT OF	PAYMENT	5000.	

AMOUNT OF PAYMENT

For Privacy Notice, get FTB 1131 ENG/SP.

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- 4	$\boldsymbol{\Lambda}$	174
	112	ш

Form 1040-ES - Additional Medicare Tax Liability Worksheet

Ear	ned Income Calculation		
1	Enter taxpayer's net self employment earnings (but not less than zero) plus medicare wages	1,272,073.	
2	If married filing jointly, enter spouse's net self employment earnings (but not less than zero) plus medicare wages	181,464.	
3	Add lines 1 and 2		1,453,537.
4	Enter \$200,000 (\$250,000 if married filing jointly or \$125,000 if married filing separately)	250,000.	
5	Subtract line 4 from line 3. If less than zero, no additional medicare tax is due		
6	Multiply line 5 by .009. This is your Additional Medicare Tax liability. Enter the result here and	on Form 1040ES, line 12	10,832.
Inve	estment Income Calculation		
1	Net investment income	49,756.	
2	Net gain from the sale of assets. Do not include any gain from the sale of assets		
	used in a trade or business that is not a passive activity. Do not enter less than zero		
3	Add lines 1 and 2	<u> </u>	49,756.
4	Enter your adjusted gross income Enter any amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18	2,096,626.	
5	Enter any amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18	0.	
6	Add lines 4 and 5		2,096,626.
7	Enter \$200,000 (\$250,000 if married filing jointly or \$125,000 if married filing separately)	250,000.	
8	Subtract line 7 from line 6		1,846,626.
9	Enter the lesser of line 3 or line 8		49,756.
10	Multiply line 9 by 3.8% (.038). This is your net investment tax. Enter the result here and on		1 001

	1040	Tax Computation Using Maximum Capital Gains Rates	
1.	Enter your es	timated taxable income	2,038,709.
2.		alified dividends	
3.	If you are filin	g Form 4952, enter the amount from Form 4952, line 4g	
4.	If you are filin	g Form 4952, enter the amount from Form 4952, line 4e	
5.	Subtract line	4 form line 3. If zero or less, enter zero	0.
6.	Subtract line	5 form line 2. If zero or less, enter zero	1,086.
7.	Enter the sma	ıller of long-term or long-term plus short-term gains/(losses)	43,355.
8.	Enter the sma	ıller of line 3 or line 4	
9.	Subtract line	8 from line 7. If zero or less, enter zero	43,355.
10.	Add lines 6 a	nd 9	44,441.
11.	Enter your un	recaptured Section 1250 gain plus 28% collectible gains	24.
12.	Enter the sma	ıller of line 9 or line 11	24.
13.	Subtract line	12 from line 10	44,417.
14.	Subtract line	13 from line 1. If zero or less, enter zero	1,994,292.
15.	Enter the thr	eshold amount:	77,200.
	Single	38,600.	
	Joint	77,200.	
	Married filin	g separate 38,600.	
	Head of ho	usehold 51,700.	
16.	Enter the sma	ıller of line 1 or line 15	77,200.
17.	Enter the sma	ıller of line 14 or line 16	77,200.
18.	Subtract line	10 from line 1. If zero or less, enter zero	1,994,268.
19.	Enter the larg	er of line 17 or line 18	1,994,268.
20.	Subtract line	17 from line 16. This amount is taxed at 0%. If line 1 and line 16 are the same, skip lines 21 through	
	47 and go t	o line 48, otherwise go to line 21	0.
21.	Enter \$425,80	00 if single, \$239,500 if MFS, \$479,000 if MFJ or QW, or \$452,400 if HOH	
22.	Enter smaller	of line 1 or line 21	
23.	Add lines 19	and 20	
24.	Subtract line	23 from line 22	
25.	Enter line 13	ess line 20	
26.	Enter the sma	aller of line 24 or line 25	
	Multiply line 2		
28.	Subtract line	20 and line 26 from lesser of line 1 or line 13. Do not enter less than zero	
29.	Multiply line 28 by	20% (.20). If unrecaptured Section 1250 gains are -0- or blank, skip lines 30 through 44 and go to line 45. Otherwise go to line 39	
30.	Enter \$425,80	00 if single, \$239,500 if MFS, \$479,000 if MFJ or QW, or \$452,400 if HOH	479,000.
		aller of line 1 or line 30	479,000.
		10 from line 1	
33.	Subtract line	32 from line 31. Do not enter less than zero	0.
34.	Enter the less	er of line 1 or line 13	44,417.
		er of line 33 or line 34	
	Multiply line 3		
37.	Subtract line	35 from line 34	44,417.
38.	Multiply line 37 by	20%. If unrecaptured Section 1250 gains are -0- or blank, skip lines 39 through 44 and go to line 45. Otherwise go to line 39	8,883.
39.	Enter smaller	of line 9 or 1250 gains	44.
40.	Add lines 10	and 19	2,038,709.
		ount from line 1 above	
		41 from line 40. If zero or less, enter zero	0.
		42 from line 39. If zero or less, enter zero	24.
44.	Multiply line 4	3 by 25% (.25). If 28% gains are -0- or blank, skip lines 45 through 47 and go to line 48	6.
45.		20, 26, 28, 35, 37, and 43	
		45 from line 1	
47.	Multiply line 4	6 by 28% (.28)	
		on the amount on line 19	677,258.
		29, 36, 38, 44, 47, and 48	686,147.
		on the amount on line 1	693,701.
51.	Tax. Enter the	e smaller of line 49 or line 50 here and on line 6 of the estimated tax worksheet	
			· · · · · · · · · · · · · · · · · · ·
7R02	45 01-05-18		

FORM 1040ES ESTIMATE ADJUSTMENTS TO A	DJUSTED GROSS INCOME	STATEMENT	1
FEDERAL ADJUSTED GROSS INCOME		1,467,70	0.
ADJUSTMENTS: CHANGE IN ADJUSTED GROSS INCOME SHORT-TERM CAPITAL GAINS/LOSSES LONG-TERM CAPITAL GAINS/LOSSES - 0/15% LONG-TERM CAPITAL GAINS/LOSSES - 20% LONG-TERM CAPITAL GAINS/LOSSES - 28% EXCLUDE SCHEDULE D INCOME OR LOSSES	629,000.		
OVERRIDES - SE INCOME OR FICA WAGES: ADD BACK: DEDUCTIBLE PART OF YEAR SE TAX MINUS: DEDUCTIBLE PART OF YEAR EST. SE TA	26,332. X -26,406.		
TOTAL TO FORM 1040ES, LINE 1		2,096,62	6.

1040	U.S. Individual Income 1
------	--------------------------

Tax Return (99) 2017 EXTENSION GRANTED TO 10/15/17 (IRS Use Only - Do not write or staple in this space.

<u> </u>					JIMB NO. 154	15-00/4 "	10 000	omy Dome	J. WIII.	or orap	пе ит ино орисе.	
For the year Jan. 1-Dec	. 31, 2	017, or other tax year beginning		, 2	017, ending			, 20		See	separate instr	uctions.
Your first name and	initia		Last name					,			social security nu	
DOUGLAS C			EMHOFF							**	**_**_*	***
		first name and initial	Last name							Spous	se's social securi	tv number
KAMALA D.		mot namo ana maa	HARRIS							l '	**_**_*	•
		nd street). If you have a P.O		าทร				Apt. n	10			
nomo adaroso (nam	iboi u	na oa ootj. n you navo a 1 .o	. 50%, 500 111511 4011	5110.				7,00.11			lake sure the SSN nd on line 6c are	
City town or post office	o to to	e, and ZIP code. If you have a fore	ian adduses also som	nlata anagaa halayy					-		dential Election C	
City, town or post office	, state	, and ZIP code. If you have a lore	ign address, also com	piete spaces below.						Check	k here if vou, or v	our spouse
										this fu	g jointly, want \$3 und. Checking a b	oox below
Foreign country nan	ne		Foreign	province/state/county			Forei	gn postal	code	will no	ot change your ta	x or retuna.
												Spouse
Filing Status	1	Single			4 📖	Head of h	nouseh	old (with o	qualify	ing pe	rson). If the qu	ıalifying
· ·····g · ·······	2	X Married filing jointly (even if only one ha	d income)		person is	a chile	d but not y	our de	epende	ent, enter this o	child's
Check only	3	Married filing separat	ely. Enter spouse's	SSN above		name her	re. 🕨					
one box.		and full name here.	<u> </u>		5	Qualifying	g wido	w(er) (see	instru	ctions		
Exemptions	6a	X Yourself. If someone	can claim you as a	dependent, do not check	box 6a					J	Boxes checked on 6a and 6b	_ 2
Exemplions	b	X Spouse								J	No. of children	
		Dependents:		(2) Dependent's social		(3) Depe	endent's aship to		4)√ if i under aq ualifying	child ge 17	on 6c who: Iived with you	, 1
		(1) First name	Last name	security number			ou ou	ŀ	ualifying) tax cre	'for child dit	did not live w you due to divor	ith
		ELLA R EMHOFI	?	***_**	* DAT	JGHTE	R				or separation (see instructions	
If more than four	-										(
dependents, see	-										Dependents on not entered abo	6c ve
instructions and check here $lacktriangle$] .										Add numbers	$\overline{\Box}$
·	ď	Total number of exemption	ns claimed	<u>'</u>							on lines above	3
Income	7	Wages, salaries, tips, etc.	Attach Form(s) W-	2			ST	MT 5	7			737.
ilicome	8a								8a		1,	123.
	b	Tax-exempt interest. Do r	ot include on line 8	Ba	8b			740				
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach	Schedule B if reau	ıired					9a		1,	243.
attach Forms	b	Qualified dividends	·		9b		1	,086				
W-2G and	10	Taxable refunds, credits, c	or offsets of state a	nd local income taxes		_I					16.	208.
1099-R if tax	11	Alimony received								_		
was withheld.	12	Business income or (loss)	Attach Schedule (C or C-F7					12	-		
	13	Capital gain or (loss). Atta							13	-	49.	592.
If you did not	14	Other gains or (losses). At							1	_	/	
get a W-2, see instructions.	15a					ble amour			_	_		
ood motraotions.	16a			795,263.		ble amour				-		0.
	17	Rental real estate, royalties			,				_		1,306,	
	18	Farm income or (loss). Att							_	-		
	19	Unemployment compensa								-		
	20a					ble amour	 nt		20	_		
	21	Other income. List type an			J - Tana	.bio arriour			21			
	22	Combine the amounts in t		for lines 7 through 21 Th	nie ie vour	total incor	me		22		1,546,	887.
	23											0071
Adjusted	24	Certain business expenses of a officials. Attach Form 2106 or 2	reservists, performing	artists, and fee-basis governme	ent 24				\dashv			
Gross	25	Health savings account de					2	,267	┨			
Income	26	Moving expenses. Attach						7207	4			
	27	Deductible part of self-em		h Schadula SE		1	2.6	,332	_			
	28	Self-employed SEP, SIMP						,151				
	29	Self-employed health insu				1		,437				
	30	Penalty on early withdraw				1	- 0	, = 3 /	1			
	31a					1			\dashv			
	31a	IDA I I II				1						
	33					1			-			
		Student loan interest dedu				1			+			
	34	Tuition and fees. Attach Fo				+			+			
	35	Domestic production activ				1			-		70	187.
	36 27	Add lines 23 through 35							36		1,467,	
710001 02-22-18	37	Subtract line 36 from line	۷۲. ۱۱۱۱۵ ای VOUL ۵۵	justeu yross micome					J/	- 1	工,せ 0/,	/ U U •

Form 1040 (2017)	D	OUGLAS C. EMHOFF & KAMALA D. HARRIS	***_**_:	***		Page 2
Tax and		Amount from line 37 (adjusted gross income)			38	1,467,700.
Credits		Check You were born before January 2, 1953, Blind.				, ,
Standard		if: Spouse was born before January 2, 1953, Blind.				
Deduction for - People who	h	If your spouse itemizes on a separate return or you were a dual-status alien, chec				
check any box	40	Itemized deductions (from Schedule A) or your standard deduction (see left mai			40	176,529.
on line 39a or 39b 0f who can be claimed as a	41	Subtract line 40 from line 38			41	1,291,171.
dependent, see instructions.	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line	6d Otherwise see inst		42	0.
mod dodono.	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, ent			43	1,291,171.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c			44	447,825.
	45				45	0.
All others:	46	Alternative minimum tax. Attach Form 6251 Excess advance premium tax credit repayment. Attach Form 8962			46	•
Single or					47	447,825.
Married filing separately,		Add lines 44, 45, and 46		51.	47	447,025.
\$6,350 Married filing		Foreign tax credit. Attach Form 1116 if required		71.		
jointly or		Credit for child and dependent care expenses. Attach Form 2441	49			
Qualifying widow(er),		Education credits from Form 8863, line 19	50			
\$12,700		Retirement savings contributions credit. Attach Form 8880	51			
Head of household,		Child tax credit. Attach Schedule 8812, if required	52			
\$9,350	53	Residential energy credits. Attach Form 5695	53	170		
		Other credits from Form: a X 3800 b 8801 c		179.		000
		Add lines 48 through 54. These are your total credits			55	230.
		Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-			56	447,595.
	57	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 1			57	52,663.
Other					58	
Taxes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if r			59	
	60a	Household employment taxes from Schedule H			60a	3,488.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	<u></u>		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage	X		61	
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst.; enter code(s) STATEMENT	9	62	12,723.
	63	Add lines 56 through 62. This is your total tax			63	516,469.
Payments	64	Federal income tax withheld from Forms W-2 and 1099		,816.		
	65	2017 estimated tax payments and amount applied from 2016 return	65 293	,935.		STATEMENT 12
If you have a qualifying	66 a	Earned income credit (EIC)	66a			
child, attach	b	Nontaxable combat pay election 66b				
Schedule EIC.		Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68			
	69	Net premium tax credit. Attach Form 8962	69			
		Amount paid with request for extension to file	70 140	,000.		
	71	Excess social security and tier 1 RRTA tax withheld STMT 8	71	900.		
	72	Credit for federal tax on fuels. Attach Form 4136	72			
		Credits from Form: a 2439 b Reserved C 8885 d	73			
		Add lines 64, 65, 66a, and 67 through 73. These are your total payments	•	▶	74	465,651.
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is the amount yo	ou overpaid		75	
		Amount of line 75 you want refunded to you . If Form 8888 is attached, check her		•	76a	
Direct deposit?		Routing ► c Type: Checking Chacking Savings ► d Account				
instructions.		Amount of line 75 you want applied to your 2018 estimated tax	77			
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see ins	structions	•	78	53,426.
You Owe	79	Estimated tax penalty (see instructions)	79 2	,608.		
Third Part		o you want to allow another person to discuss this return with the IRS (see instruc		mplete bel	ow.	No
Designee		ignee's Phone Pno.				al identification
Sign		Inder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ccurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpay	the best of my knowledge and bel	ief, they are true		
Here	,	courately list all amounts and sources of income i received during the tax year, declaration of preparer (other than taxpay four signature Date Your occupation	/er) is based on all information of w	nich preparer n	as any kno Day	time phone number
Joint return? See instructions.		ATTORNE	Y			
Кеер а сору	•	Spouse's signature. If a joint return, both must sign. Date Spouse's occupa				e IRS sent you an Identity
for your records.		ATTORNE	Y GENERAL			tection PIN, er it here
	Print	Type preparer's name Preparer's signature	Date Chec	k		TIN
Paid				employed	- [
Preparer				=	Ĺ	
Use Only	Firm	s name	<u> </u>	m's EIN	**_	****
- 3 ,				one no.		
710002 02-22-18	Firm	s address ►	[PI	one no.		

Department of the Treasury

Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No.1545-0074

2017

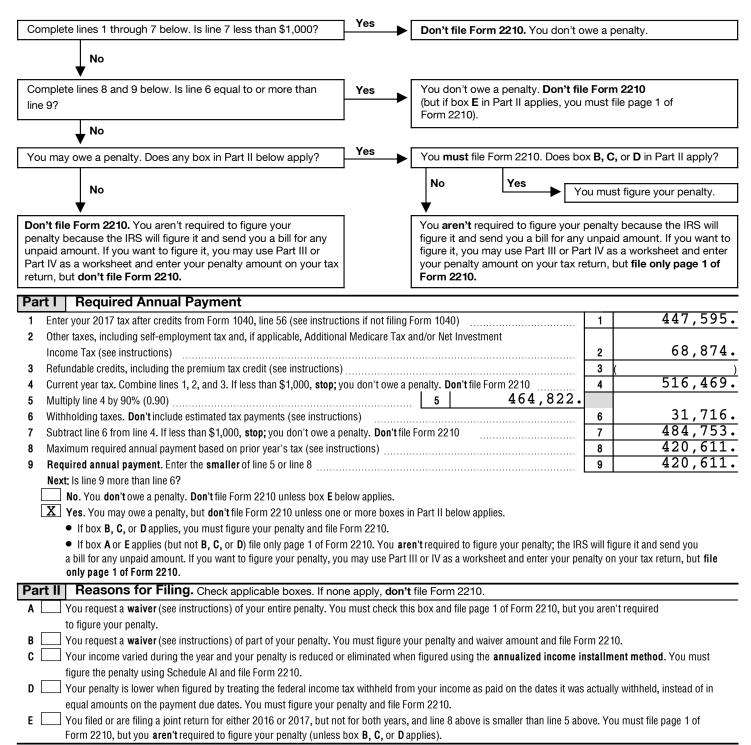
Sequence No. 06

Name(s) shown on tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**

Do You Have To File Form 2210?



LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2017)

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

			Payment D	Oue Dates	
Section A - Figure Your Underpayment		(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18
18 Required installments. If box C in Part II applies, enter					
the amounts from Schedule AI, line 25. Otherwise, enter					
25% (0.25) of line 9, Form 2210, in each column	18	105,153.	105,153.	105,153.	105,152.
19 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don t owe a penalty. Don't file Form 2210 unless you checked a box in Part II	19	51,864.	97,929.	112,929.	62,929.
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20 Enter the amount, if any, from line 26 in the previous					
column	20				
21 Add lines 19 and 20	21		97,929.	112,929.	62,929.
22 Add the amounts on lines 24 and 25 in the previous column	22		53,289.	60,513.	52,737.
23 Subtract line 22 from line 21. If zero or less, enter -0					
For column (a) only, enter the amount from line 19	23	51,864.	44,640.	52,416.	10,192.
24 If line 23 is zero, subtract line 21 from line 22.					
Otherwise, enter -0-	24		0.	0.	
25 Underpayment. If line 18 is equal to or more than line					
23, subtract line 23 from line 18. Then go to line 20 of					
the next column. Otherwise, go to line 26	25	53,289.	60,513.	52,737.	94,960.
26 Overpayment. If line 23 is more than line 18, subtract line					
18 from line 23. Then go to line 20 of the next column	26				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)

2,608. Form **2210** (2017)

SEE ATTACHED WORKSHEET

Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box in Part II

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Numl	per
DOUGLAS C.	EMHOFF & KAI	MALA D. HARRIS	5	***_**_	***
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
04/15/17	105,153.	105,153.			
04/15/17	-7,929.	97,224.			
04/15/17	-43,935.	53,289.	61	.000109589	356
06/15/17	105,153.	158,442.			
06/15/17	-7,929.	150,513.			
06/15/17	-90,000.	60,513.	92	.000109589	610
09/15/17	105,153.	165,666.			
09/15/17	-7,929.	157,737.			
09/15/17	-105,000.	52,737.	122	.000109589	705
01/15/18	105,152.	157,889.			
01/15/18	-7,929.	149,960.			
01/15/18	-55,000.	94,960.	90	.000109589	937
enalty Due (Sum of Col	umn F).				2,608

^{*} Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684 see the instructions for line 28

OMB No. 1545-0074 **2017**Attachment
Sequence No. 07

** EMHOFF & KAMALA D. HARRIS DOUGLAS C. Medical Caution: Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) 1 **Dental** Enter amount from Form 1040, line 38 **Expenses** Multiply line 2 by 7.5% (0.075) 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You** State and local (check only one box): **Paid** SEE STATEMENT 105,623. a X Income taxes, or 5 General sales taxes 57,526. Real estate taxes (see instructions) 6 80. 7 Personal property taxes 7 Other taxes. List type and amount 8 163,229. Add lines 5 through 8. 9 Interest 29,729. 10 10 Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see instructions and show that person's name, identifying no., and address Note: 11 Your mortgage 12 Points not reported to you on Form 1098. See instructions for special rules 12 interest 13 Mortgage insurance premiums (see instructions) 13 deduction may be limited (see 14 Investment interest. Attach Form 4952 if required. See instructions 14 instructions). 29,729. 15 15 18,188. Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see instructions 16 16 STMT 14 Charity 17 Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a You must attach Form 8283 if over \$500 17 gift and got a benefit for it, 18 18 Carryover from prior year see instructions. 19 18,188. 19 Add lines 16 through 18 Casualty and Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and **Theft Losses** enter the amount from line 18 of that form. See instructions 20 Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. See instructions. Miscellaneous **Deductions** 1,250. 22 22 Tax preparation fees 23 Other expenses - investment, safe deposit box, etc. List type and amount MERRIL LYNCH LEGAL FEES 13,622. 23 14,872. Add lines 21 through 23 24 Enter amount from Form 1040, line 38 $25 \, \mu$, 467 , 700 Multiply line 25 by 2% (0.02) 26 0. 27 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-Other Other - from list in instructions. List type and amount Miscellaneous **Deductions** Is Form 1040, line 38, over \$156,900? No. Your deduction is not limited. Add the amounts in the far right column STMT 15 176,529. Total for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 **Itemized** X Yes. Your deduction may be limited. See the Itemized Deductions **Deductions** Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, 30 check here

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

OMB No. 1545-0074

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

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

Attachment Sequence No. 08

DOUGLAS (7.	EMHOFF & KAMALA D. HARRIS	* *	*_**	***	*
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	T	A	mount	
Interest		property as a personal residence, see the instructions and list this interest first. Also, show that				
interest		buyer's social security number and address				
		MERRILL LYNCH 15265				53.
		WELLS FARGO 0764				55.
		WELLS FARGO 7248				59.
		UNITED BANK 3873				47.
		WELLS FARGO 0247				46.
		FROM K-1 - VENABLE LLP	1			24.
		FROM K-1 - DLA PIPER LLP			1	38.
Note: If you		FROM K-1 - DLA PIPER LLP				1.
Note: If you received a Form						
1099-INT,						
Form 1099-OID, or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter the total interest						
shown on that	2	Add the amounts on line 1	2		1,1	23.
form.	3					
		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4		1,1	23.
	No	te: If line 4 is over \$1,500, you must complete Part III.		А	mount	
Part II	5	List name of payer	T			
Ordinary		MERRILL LYNCH 15265			1,2	42.
Dividends		FROM K-1 - DLA PIPER LLP				1.
Dividends						
Note: If you			5			
Note: If you received a Form						
1099-DIV or						
substitute statement from						
a brokerage firm,						
list the firm's name as the						
payer and enter						
the ordinary dividends shown						
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6		1,2	43.
	_	te: If line 6 is over \$1,500, you must complete Part III.				
Part III		u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a forei	an		
		count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	u 10101	9	Yes	No
Foreign		At any time during 2017, did you have a financial interest in or signature authority over a financial a	acconn.	t (such		
Accounts	•	as a bank account, securities account, or brokerage account) located in a foreign country? See ins		•		х
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for	•	,,		
		requirements and exceptions to those requirements	-			
	ı	If you are required to file FinCEN Form 114, enter the name of the foreign country where the finance		ount		
	i.	· · · · · · · · · · · · · · · · · · ·	iai acci	Julit		
	8	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	an truc	+2		
727501 10-25-17	0	If "Yes," you may have to file Form 3520. See instructions	-	.:		Х
121301 10-23-11		n 100, you may have to hie form 0020. Occ instructions			1 1	,

Interest and Dividend Summary

Name: DOUGLAS C. EMHOFF & KA		Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	FEIN/SSN: Ordinary	Qualified	Capital Gain	Federal Income	State Tax	Foreign
Payer	Interest	Savings Bonds		Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Tax Paic
MERRILL LYNCH 15265	453	•									
WELLS FARGO 0764	55										
WELLS FARGO 7248	259										
MERRILL LYNCH 15265			740.	47.		1,242.	1,086.				30
UNITED BANK 3873	147										
WELLS FARGO 0247	46	•									
FROM K-1 - VENABLE LLP	24	•									
FROM K-1 - DLA PIPER LLP	138	•				1.					
FROM K-1 - DLA PIPER LLP		1.									
TOTALS	1,122	. 1.	740.	47.		1,243.	1,086.				30

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

Name(s) shown on return

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	486,911.	480,697.		6,214.
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 SEE STATEMENT 17	5	23.
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss		
	Carryover Worksheet in the instructions	6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term		
	capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	6,237.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part II line 2, column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	437,347.	394,168.		43,179.
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		Forms 2439 and 6252; and long-term gain or (loss) SEE STATEMENT 16 SEE STATEMENT 18			148.
12	Net long-term gain or (loss) from partnerships, S			e(s) K-112	28.
13	Capital gain distributions			13	3
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			ryover 14	ł ()
15	Net long-term capital gain or (loss). Combine I Part III on page 2			15	43,355.

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

Schedule D (Form 1040) 2017

__**	* Page 2
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Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	49,592.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 		
	 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.		
	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 SEE STATEMENT 19	19	24.
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
	X 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, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

Department of the Treasury Internal Revenue Service **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

***_**

DOUGLAS C. EMHOFF						***-	**-***
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	nation as Form 10	you received an 99-B. Either will	y Form(s) 1099-B show whether you	or substitute state Ir basis (usually you	ment(s) fron ur cost) was	n your broker. A s reported to the l	ubstitute RS by your
Part I Short-Term. Transac Note: You may aggregate a codes are required. Enter th	ctions involving c	ctions reported on	Form(s) 1099-B show	ving basis was report	ted to the IRS	and for which no a	adjustments or
You must check Box A, B, or C below. If you have more short-term transactions than w X (A) Short-term transactions re (B) Short-term transactions re	Check only one b will fit on this page for of eported on Form(s	ox. If more than one bone or more of the box s) 1099-B showir s) 1099-B showir	ox applies for your shores, complete as many for g basis was reporting basis wasn't re	t-term transactions, compress with the same box or ted to the IRS (se	plete a separat	e Form 8949, page 1, f	•
(C) Short-term transactions n	ot reported to yo	u on Form 1099-	В				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you in column (y if any, to gain or unter an amount g), enter a code in See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
MERRILL LYNCH							
#5265	VARIOUS	12/31/17	486,911.	480,697.			6,214.
2 Totals. Add the amounts in colinegative amounts). Enter each Schedule D, line 1b (if Box A all above is checked), or line 3 (if	total here and incoove is checked)	clude on your , line 2 (if Box B		480,697.			6,214.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

***_**_**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).										
yοι	must check Box D, E, or F below. have more long-term transactions than wil (D) Long-term transactions rep (E) Long-term transactions rep	Check only one bo Il fit on this page for or ported on Form(s	ox. If more than one be or more of the boxes) 1099-B showing	ox applies for your long- es, complete as many for ag basis was repor	term transactions, comp ms with the same box of ted to the IRS (see	olete a separa hecked as yo	te Form 8949, page 2, fo u need.			
	$oxedsymbol{oxed}$ (F) Long-term transactions not	t reported to you	on Form 1099-E	3						
I	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or bu enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)		
Μ	ERRILL LYNCH									
	5265	VARIOUS	12/31/17	437,347.	394,168.			43,179.		
π	.3203	ANTOOR	14/31/1/	437,347.	334,100.			43,173.		
		<u> </u>								
		ļ								
		 								
		ļ								
2	Totals. Add the amounts in colu	ımns (d), (e), (a) s	and (h) (subtract							
	negative amounts). Enter each t		,							
	Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E	405 015	204 4 5 5			40 4-0		
	above is checked), or line 10 (if	Box F above is o	hecked)	437,347.	394,168.			43,179.		

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

Schedule D Tax Worksheet

Name(s) shown on return	Your SSN
OOUGLAS C. EMHOFF & KAMALA D. HARRIS	***_**_***
Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or 1040NR, line 42) to figure your tax. Before completing this worksheet, complete Form 1040 through line 43 (or Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if: • Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, line 9b (or Form 1040, line 43 (or Form 1040NR, line 41) is zero or less. Instead, see the instructions for Form 1040, line 44 (or Form 1040NR, line 42).	Form 1040NR through line 41).
1. Enter your taxable income from Form 1040, line 43 (or Form 1040NR, line 41). (However, if you are filing Form 2555 or 2555-EZ	
(relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, li	ine 44) 1 . 1, 291, 171.
2. Enter your qualified dividends from Form	
1040, line 9b (or Form 1040NR, line 10b) 2. 1 , 0 8 6 .	
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g 3	
4. Enter the amount from	
Form 4952, line 4e* 4.	
Form 4952, line 4e* 4 5. Subtract line 4 from line 3. If zero or less, enter -0- 5. 6. Subtract line 5 from line 2. If zero or less, enter -0-** 6 1,086.	
6. Subtract line 5 from line 2. If zero or less, enter -0-** 6. 1,086.	
7. Enter the smaller of line 15 or line 16 of Sch. D 7. 43,333.	
8. Enter the smaller of line 3 or line 4 8. 9. Subtract line 8 from line 7. If zero or less, enter -0-** 9. 43,355.	
9. Subtract line 8 from line 7. If zero or less, enter -0.** 9. 43,355.	
10. Add lines 6 and 9 10. 44,44	1.
11. Add lines 18 and 19 of Schedule D**	
12. Enter the smaller of line 9 or line 11 12. 2	4.
13. Subtract line 12 from line 10	_{13.} 44,417.
14. Subtract line 13 from line 1. If zero or less, enter -0-	14. 1,246,754.
15. Enter:	
• \$37,950 if single or married filing	
oppositely.	
• \$75,900 if married filing jointly or 15 75,900 .	
qualifying widow(er); or	
• \$50,800 if head of household	
16. Enter the smaller of line 1 or line 15 16. 75 , 90	0.
16. Enter the smaller of line 1 or line 15 16. 75,90 17. Enter the smaller of line 14 or line 16 17. 75,900	
18. Subtract line 10 from line 1. If zero or less,	
enter 0 18. 1 , 246 , 730 .	
19. Enter the larger of line 17 or line 18 19. 1, 246, 73	0.
20. Subtract line 17 from line 16. This amount is taxed at 0%	
If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	
21. Enter the smaller of line 1 or line 13 21. 44 , 417 .	
22. Enter the amount from line 20 (if line 20 is blank, enter -0-) 220	
23. Subtract line 22 from line 21. If zero or less, enter -0- 23. 44,417.	
24. Enter:	
• \$418,400 if single;	
• \$235,350 if married filing separately;	
• \$470,700 if married filing jointly or 24. 470,700 •	
qualifying widow(er); or	
• \$444,550 if head of household	
25. Enter the smaller of line 1 or line 24 25. 470,700.	
26. Add lines 19 and 20 26. 1, 246, 730.	
27. Subtract line 26 from line 25. If zero or less, enter -0-	
28. Enter the smaller of line 23 or line 27	
29. Multiply line 28 by 15% (0.15)	29
30. Add lines 22 and 28	
If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.	

Schedule D Tax Worksheet - Continued

31. Subtract line 30 from line 21 31. 44,41	7.	
32. Multiply line 31 by 20% (0.20)	32.	8,883.
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.	_	_
33. Enter the smaller of line 9 above or Schedule D, line 19 33 24 .		
34. Add lines 10 and 19		
35. Enter the amount from line 1 above 35. 1,291,171.		
36. Subtract line 35 from line 34. If zero or less, enter -0 36. 0 •		
37. Subtract line 36 from line 33. If zero or less, enter -0-	4.	
38. Multiply line 37 by 25% (0.25)	38	6.
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.		_
39. Add lines 19, 20, 28, 31, and 37		
40. Subtract line 39 from line 1 40.		
41. Multiply line 40 by 28% (0.28)	41.	
42. Figure the tax on the amount on line 19. If the amount on line 19 is less than \$100,000, use the Tax Table to figure		
the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	438,936.
43. Add lines 29, 32, 38, 41, and 42	. 43	447,825.
44. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the	е	
tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	44	456,535.
45. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or		
line 44. Also include this amount on Form 1040, line 44 (or Form 1040NR, line 42). (If you are filing Form 2555 or		
2555-EZ, don't enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income		
Tax Worksheet in the Form 1040 instructions)	45	447,825.
* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.		
** If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet in		
the instructions for Form 1040, line 44, before completing this line.		

Attachment Sequence No. 13 Page

Your social security number

DOUGLAS	\boldsymbol{C}	EMUAEE	c	72 7 M 7 T 7	ח	UNDDTC
DOUGLAS	(:.	P.MH()PP	៷	KAMALA	1).	HARRIS

*	*	*	_	*	*	_	*	*	*	*	

Caut	tion: The IRS compares amounts reported on yo	ur tax return with amounts sh	own on Schedule(s) K-	-1.					•		
	rt II Income or Loss From Par				ort a loss	from an	at-risk	activity for	which		
	any amount is not at risk, you mu		=					,			
27	Are you reporting any loss not allowed in a pri						ed loss	from a			
	passive activity (if that loss was not reported of							X Yes	☐ No		
	If you answered "Yes," see instructions before		ou paranoromp oxpono					100			
	n you anoworda 100, 000 mondono boloro	completing the section.		(b) _{Enter} P _{for} partnership; S or S corporation	(C) Check	((i) Emp	lover	(e) Check if		
28	(a			number	(e) Check if any amount is not at risk						
Α	DLA PIPER LLP	**_	*****								
B	VENABLE LLP	**_	* * *	****							
C	UNREIMBURSED EXPENSE	**_	* * *	****							
D		<u> </u>		P							
ויי	Passive Income and L	000		Nonn	assive Inc	ome an	d L os	···			
	(f) Passive loss allowed	(g) Passive income	(h) Nonpassive loss		ction 179 ex			j) Nonpassive	nincomo		
	(attach Form 8582 if required)	from Schedule K-1	from Schedule K-1		ion from Fo			from Sched			
_	, ,								3,450.		
A B									2,226.		
C			58,69	2				1,144	, 220 •		
D			30,09	4 •							
	Tabala							1 265	6,676.		
29a	Totals		58,69	2				1,303	, 070.		
b	Totals							1 26	676		
30	Add columns (g) and (j) of line 29a						30	1,303	3,676. 3,692.)		
31							31	(50	,,092.)		
32	Total partnership and S corporation income							1 206	. 004		
D -	result here and include in the total on line 41 t						32	1,300	,984.		
Pa	rt III Income or Loss From Esta	ates and Trusts									
33	3 (a) Name								(b) Employer identification number		
. 1								luentilicatio	ii iiuiiibei		
Α											
В	Danaire Inc		-		NI						
	(c) Passive deduction or loss allowed	ome and Loss	ssive income	(a) Dod			ncome and Loss (f) Other income from				
	(attach Form 8582 if required)		Schedule K-1	(e) Deduction or loss from Schedule K-1 (f) Other income from Schedule K-1							
. 1	(
A											
В	T										
34a	Totals										
b	Totals						0.5				
35	A dal a alicense (a) and (a) a filling O Ala						35	1			
36 37	Add columns (c) and (e) of line 34b	hing lines 25 and 26. Enter th				holow	36	(,		
	irt IV Income or Loss From Rea						37 dual	Holder			
га	III IV III COME OF LOSS From Nea	(b) Employer	(c) Excess inclusion fi				uuai	(e) Income	from		
38	(a) Name	identification number	Schedules Q, line 2 (see instructions)	c loss)	from Sched	ules Q,		Schedules Q			
			(300 111311 40110113)		line 1b						
20	Combine columns (d) and (a) only Enter the	coult have and include in the	total an line 41 halaw				20				
39 D a	Combine columns (d) and (e) only. Enter the rart V Summary	esuit nere and include in the	total on line 4 i below				39				
		OOF Also somewhate line 40 h.	-l			1	40				
40	Net farm rental income or (loss) from Form 4	•					40	1 306	001		
41 40	Total income or (loss). Combine lines 26, 32, 37			or Form 1040N	IR, line 18	▶	41	1,300	5,984.		
42	Reconciliation of farming and fishing incom		-								
	reported on Form 4835, line 7; Schedule K-1 (40							
40	(Form 1120S), box 17, code V; and Schedule		_	42							
43	Reconciliation for real estate professionals.										
	enter the net income or (loss) you reported anywhere o	on Form 1040 or Form 1040NR fron	n all rental real estate	40							

SCHEDULE E

Name DOUGLAS C. EMHOFF			SSN/EIN	***_**_***
Passthrough VENABLE LLP - VENABLE LLP	ID	**_*****	_	TAXPAYER
PARTNERSHIP			_	

PARTNERSHIP								
		Prior Year Unallowed		Prior Year Unallowed	Disallowed Due to	Prior Year Passive	Disallowed Passive	
NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	998,890.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	123,336.							
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,122,226.							1,122,226.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)	58,692.							58,692.
Nonpassive other								
Total Schedule E (page 2)	1,063,534.							1,063,534.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	11,622.							11,622.
Deductions related to portfolio income								
Other								

SCHEDULE E

Name DOUGLAS C. EMHOFF			SSN/EIN	***_**_***
Passthrough VENABLE LLP - VENABLE LLP	ID	**_****	_	TAXPAYER
PARTNERSHIP			_	

IMMINDROHII								
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	24.							24.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	-48.							-48.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	1,125,959.							1,125,959.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	6,437.							6,437.
Dependent care benefits								
Retirement plans	16,000.							16,000.
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	121.							121.
Casualty and theft loss								

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Name DOUGLAS C. EMHOFF			SSN/EIN	***_***
Passthrough DLA PIPER LLP	ID	**_*****	_	TAXPAYER
PARTNERSHIP			_	

PARTNERSHIP								
		Prior Year Unallowed		Prior Year Unallowed	Disallowed Due to		Disallowed Passive	
NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	243,596.							
Rental real estate income (loss)	-146.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	243,450.							243,450.
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)	243,450.							243,450.
FORM 4797								
Section 1231 gain (loss)	148.							148.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	23.							23.
Net long-term cap. gain (loss)	28.							28.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income	-1.							-1.
ITEMIZED DEDUCTIONS								
Charitable contributions	1,516.							1,516.
Deductions related to portfolio income								
Other	1,306.							1,306.

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Name DOUGLAS C. EMHOFF			SSN/EIN	***_**_***
Passthrough DLA PIPER LLP	ID	**_****		TAXPAYER
PARTNERSHIP			•	

IMININGHII								
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	138.							138.
Interest from U.S. bonds	1.							1.
Ordinary dividends	1.							1.
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	5.							5.
Adjusted gain or loss	-78.							-78.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	251,489.							251,489.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans	28,151.							28,151.
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	58.							58.
Casualty and theft loss								

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

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

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person with **self-employment** income

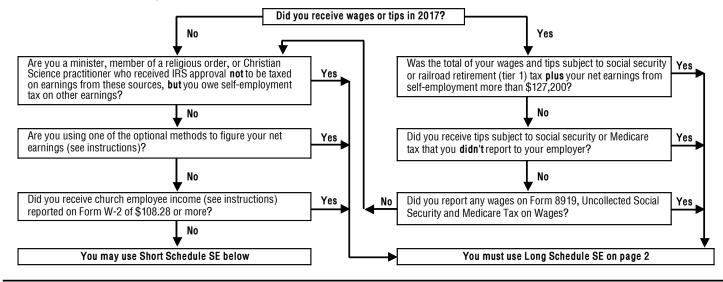
=**=

DOUGLAS C. EMHOFF

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1		
(Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A		
(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders,		
see instructions for types of income to report on this line. See instructions for other income to report STMT 20	2	1,377,448.
3 Combine lines 1a, 1b, and 2	3	1,377,448.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this		
schedule unless you have an amount on line 1b	4	1,272,073.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is:		
• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on		
Form 1040, line 57, or Form 1040NR, line 55		
 More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. 		
Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	52,663.
6 Deduction for one-half of self-employment tax.		
Multiply line 5 by 50% (0.50). Enter the result here and on		
Form 1040, line 27, or Form 1040NR, line 27 6 26, 332		

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

Schedule SE (Form 1040) 2017

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form1116 for instructions and the latest information.

Na	me								Identifying number as shown on page 1 of your tax return				
D	OUGL	AS C	. EMHO	FF & KA	MALA D.	HARRIS			***_**_	***			
Us	e a separ	ate Form	1116 for eacl		come listed belo	w. See Categories	s of Income in t	the instructions	. Check only one	box on each Forn	n 1116. Report all		
			•	·	_	(i) in a a ma a							
			tegory incom		Section 901	,	troot.	e Lum	p-sum distributio	ns			
b		ierierai ca	tegory incom	e d	_ Gertain inco	me re-sourced by	ireaty						
	Resident	of (name	of country)	► OTHER	COUNTR	RIES							
_					ountry or U.S	. possession, use	e column A in I	Part I and line	A in Part II. If y	ou paid taxes to	<u> </u>		
	-	-	-	_	•	separate colum			-	•			
F	Part I	Taxab	le Income d	or Loss From	Sources Out	side the United	States (for Ca	tegory Chec	ked Above)				
							Foreign Coun	try or U.S. Po	ssession		Total		
						Α		В	С	(Add	cols. A, B, and C.)		
g				oreign country		OTHER	_						
						COUNTRIE	S						
1				within country s	hown above								
	and o	f the type	checked abov	ve:									
						7	81.				781.		
	Chaol	if line 1e	io compando	tion for naroona	Lagricas		01.			1a	701.		
			-	tion for persona pensation from									
				used an alternati									
				structions)									
De				tion: See instr									
					,								
2	Exper (attac	ises defir h stateme	nitely related ent) SEE	to the income o	ENT ^a 22	4	54.						
3				ctions not defin	-	106.4							
				or standard ded		136,4	68.						
-				tement)		126.4							
(nes 3a ar				136,4							
(e		1,3							
•				es		1,884,8	070						
1		e line 3d b					96.						
							70.						
4			of interest exp	e the Worksheet	for								
•			•	e the Worksheet he instructions)									
		interest e											
5			reign sources										
6			, 4a, 4b, and {			5	50.			6	550.		
7				nter the result h	ere and on line	15, page 2				7	231.		
	Part II			s Paid or A	ccrued				SEE	STATEME	NT 21		
		claimed axes				Foreig	n taxes paid	or accrued					
	(you	must		In forei	gn currency	•			In U.S. dolla	rs			
ţ		(one)	_			(n) Other	_			(r) Other	(s)Total foreign		
Country	(h) X	¬	laxes	withheld at sour	ce on:	foreign	laxes	withheld at sou	urce on:	foreign taxes paid or	taxes paid or accrued (add cols.		
ၓ	(i) L	Accrued	(1-1)	(I) Rents and	/ma\	taxes paid or accrued	(5) 51 11	(n) Rents and	1 (5)	accrued	(o) through (r))		
$\frac{1}{2}$	(j) Date or ac	crued	(k) Dividends	(I) Rents and royalties	(m) Interest		(0) Dividends	(p) Rents and royalties	(q) Interest	21.	51.		
A			30.				30.			۷۱.	21.		
B C													
<u>의</u>	Add lir	nes A thro	nuah C. colum	nn (s) Enter the	total here and	on line 9, page 2				8	51.		
_				tion Act Notic							Form 1116 (2017)		
					,						\ \ \		

										_	
*	*	* _	*	*	_	*	*	*	*	Page	2

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	51.	_	
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	51.	<u>.</u>	
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	51.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	231.		
16	Adjustments to line 15	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17	231.		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption SEE STATEMENT 23	18	1,269,180.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in	ıstruc	ctions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.00018
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the		·		
	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total				445 005
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42			20	447,825.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instru				
	Multiply line 20 by line 19 (maximum amount of credit)			21	81.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thro	ough	27 and enter this		
Б			<u> </u>	22	51.
$\overline{}$	•				Γ
	Credit for taxes on passive category income	23 24		4	
	Credit for taxes on general category income Credit for taxes on certain income re-sourced by treaty	25		-	
		26		-	
				27	
20	Add lines 23 through 26 Enter the smaller of line 20 or line 27			28	51.
20	Enter the smaller of line 20 or line 27 Reduction of credit for international boycott operations			29	31.
	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48			29	
30	Form 1040ND line 46: Form 1041 Schodule C. line 22: or Form 000 T. line 412	٠,		20	51

Form **1116** (2017)

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

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2017

Attachment
Sequence No. 22

lentifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS ***_**_** Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) 58. General business credit from line 2 of all Parts III with box A checked 2 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2017. See instructions 3 Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach 4 5 Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked 5 58. Add lines 1, 3, 4, and 5 6 | Part II | Allowable Credit Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 447,825. Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 8 Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 ... 447,825. 9 Add lines 7 and 8 9 10a Foreign tax credit **b** Certain allowable credits (see instructions) 51. c Add lines 10a and 10b 10c 447,774. Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 447,774. Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-105,694. 13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 33 385,619. 14 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 385,619. 15 Enter the greater of line 13 or line 14 15 62,155. 16 Subtract line 15 from line 11. If zero or less, enter -0-16 58. 17 Enter the smaller of line 6 or line 16 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2017)

Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0-	18	289,214.
Enter the greater of line 13 or line 18	19	
		289 214
Subtract line 19 from line 11. If zero or less, enter -0-		207,214.
	20	158,560.
Subtract line 17 from line 20. If zero or less, enter -0-	21	158,502.
Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	121.
Passive activity credit from line 3 of all Parts III with box B checked		
	-	121.
	25	
smaller of line 21 or line 25	26	121.
Subtract line 13 from line 11. If zero or less, enter -0-	27	342,080.
Add lines 17 and 26	28	179.
Subtract line 28 from line 27. If zero or less, enter -0-	29	341,901.
Enter the general business credit from line 5 of all Parts III with box A checked	30	
Reserved	31	
Passive activity credits from line 5 of all Parts III with box B checked	-	
Enter the applicable passive activity credits allowed for 2017. See instructions	33	
Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
Add lines 30, 33, 34, and 35	36	
Enter the smaller of line 29 or line 36	37	
Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	179.
	Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked Passive activity credit from line 3 of all Parts III with box B checked Enter the applicable passive activity credit allowed for 2017. See instructions Add lines 22 and 24 Emprovement zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 Subtract line 13 from line 11. If zero or less, enter -0- Add lines 17 and 26 Subtract line 28 from line 27. If zero or less, enter -0- Enter the general business credit from line 5 of all Parts III with box A checked Reserved Passive activity credits from line 5 of all Parts III with box B checked 23 Enter the applicable passive activity credits allowed for 2017. See instructions Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions Add lines 30, 33, 34, and 35 Enter the smaller of line 29 or line 36 Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Form 1040, line 54, or Form 1040NIR, line 51 Ocryptations. Form 1120, Schedule J, Part I, line 5c	Subtract line 17 from line 20. If zero or less, enter -0: 22 23 24 25 26 27 28 28 28 29 29 29 29 29 29 29

Name(s) shown on return Identifvina numbe ***_**_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Part III General Business Credits or Eligible Small Business Credits(see instructions) Complete a separate Part III for each box checked below (see instructions). Α General Business Credit From a Non-Passive Activity Reserved В General Business Credit From a Passive Activity Reserved С General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards н D General Business Credit Carrybacks Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III (b)

If claiming the credit from a pass-through entity, enter the EIN (a) Description of credit (c) Note: On any line where the credit is from more than one source, a separate Part III is needed Enter the appropriate amount for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468) 1a b Reserved 1b Increasing research activities (Form 6765) С 1c Low-income housing (Form 8586, Part I only) d 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f f Indian employment (Form 8845) g 1g h Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions 58. for limitation) 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p р Energy efficient appliance (carryforward only) q 1q Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s s Enhanced oil recovery credit (Form 8830) 1t t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w w Carbon dioxide sequestration (Form 8933) 1x X Qualified plug-in electric drive motor vehicle (Form 8936) 1y 1z Qualified plug-in electric vehicle (carryforward only) z Employee retention (Form 5884-A) 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 58. 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 121. Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a b Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c С Low-income housing (Form 8586, Part II) 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g q Small employer health insurance premiums (Form 8941) 4h 4i Increasing research activities (Form 6765) Reserved 4j j 4z z Add lines 4a through 4z and enter here and on the applicable line of Part II 5

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

6

Form 3800 (2017) Page 3 Name(s) shown on return Identifvina numbe ***_**_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Part III General Business Credits or Eligible Small Business Credits(see instructions) Complete a separate Part III for each box checked below (see instructions). X General Business Credit From a Non-Passive Activity Α Reserved В General Business Credit From a Passive Activity Reserved С General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III (b)

If claiming the credit from a pass-through entity, enter the EIN (a) Description of credit (c) Note: On any line where the credit is from more than one source, a separate Part III is needed Enter the appropriate amount for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468) 1a b Reserved 1b Increasing research activities (Form 6765) С 1c Low-income housing (Form 8586, Part I only) d 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f f Indian employment (Form 8845) g 1g h Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p р Energy efficient appliance (carryforward only) q 1q Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s s 1t Enhanced oil recovery credit (Form 8830) t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w w Carbon dioxide sequestration (Form 8933) 1x X Qualified plug-in electric drive motor vehicle (Form 8936) 1y 1z Qualified plug-in electric vehicle (carryforward only) z Employee retention (Form 5884-A) 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I **_**** 121.3 3 Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) 4a 4a 4b b Work opportunity (Form 5884) Biofuel producer (Form 6478) 4c С Low-income housing (Form 8586, Part II) 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g q Small employer health insurance premiums (Form 8941) 4h 4i Increasing research activities (Form 6765) Reserved 4j i

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

4z

z

5 6

Name(s) shown on return			Identifying number
DOI	GLAS C. EMHOFF & KAMALA D. HARRIS			***_**
	t III General Business Credits or Eligible Small Business Credit	ts(see	e instructions)	
	olete a separate Part III for each box checked below (see instructions).	(
A	X General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv			
C	¬		l Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach f		additional Part III combir	ning amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
Note for e	: On any line where the credit is from more than one source, a separate Part III is need sch pass-through entity.	aea	If claiming the credit from a pass-through entity, enter the Elf	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k	**_****	58.
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		58.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
7	Other	47		

5

6

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

58.

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

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184 **2017**

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

DO	JGLAS C. EMHOFF & KA	MALA D.	HARRIS					***_**
1 E	nter the gross proceeds from sales or e	xchanges repo	rted to you for 2	2017 on Form(s) 10	099-B or 1099-S		1 1	
(c	r substitute statement) that you are inc						1	
Pa			Used in a Tr	ade or Busine	ss and Involui	าtary Conง	ersi	ons From
	Other Than Casualty	or Theft-Mo	ost Property	Held More Th	nan 1 Year (see	instructions)		
2	(a) Description of property (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Gross sales price (e) Depreciation allowed or allowable since acquisition (f) Cost or or allowable since acquisition expense of states.						and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
$\overline{\mathrm{DL}}$	A PIPER LLP							148.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa	los from Form	6252 line 26 or	27		····	4	
							5	
5	Section 1231 gain or (loss) from like-ki						_	
6	Gain, if any, from line 32, from other th						6	148.
7	Combine lines 2 through 6. Enter the					_	7	140.
	Partnerships (except electing large instructions for Form 1065, Schedule below.							
	Individuals, partners, S corporation from line 7 on line 11 below and skip I 1231 losses, or they were recaptured the Schedule D filed with your return a	ines 8 and 9. If in an earlier ye	line 7 is a gain a ar, enter the gai	and you didn't hav n from line 7 as a l	e any prior year se	ection		
8	Nonrecaptured net section 1231 losse	es from prior ve	ears. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or le							
9	line 9 is more than zero, enter the amo			-				
	capital gain on the Schedule D filed w			-		-	9	
_				J			9	
Pa	rt II Ordinary Gains and Lo	osses (see in	structions)					
10	Ordinary gains and losses not include	nd on lines 11 tl	arough 16 (inclu	do proporty hold 1	voar or loss):			
	Ordinary gains and losses not include	d off liftes 11 ti	irougii io (iriciu	l	year or less).			
11	Loss, if any, from line 7					L	11	()
12	Gain, if any, from line 7 or amount from	m line 8, if appl	icable			L	12	
13	Gain, if any, from line 31					Г	13	
14	Net gain or (loss) from Form 4684, line	es 31 and 38a				Γ	14	
15	Ordinary gain from installment sales fr						15	
16	Ordinary gain or (loss) from like-kind ex						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter						••	
10	a and b below. For individual returns,			e appropriate inte	or your return and	skip iii les		
	·	•						
а	If the loss on line 11 includes a loss from the part of the loss from income-production.		,					
	from property used as an employee of	-		•				
	See instructions					·····	18a	
b	Redetermine the gain or (loss) on line	•						
	Form 1040, line 14						18b	
LH/	For Paperwork Reduction Act Not	tice, see sepai	ate instruction	s.				Form 4797 (2017)

Part III Gain From Disposition of Proper	ty Unc	ler Sections 124	45, 1250, 12 <u>9</u>	52, 12	254, and 125	5 (see ir	nstructions)
9 (a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α						\rightarrow	
В							
С							
D			1				
These columns relate to the properties on			l <u>.</u> .	_	l <u>.</u> .		
lines 19A through 19D.	P	Property A	Property	/ B	Property	<u> </u>	Property D
Gross sales price (Note: See line 1 before completing.)	20						
1 Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22					-+	
Adjusted basis. Subtract line 22 from line 21	23					-+	
Total gain. Subtract line 23 from line 20	24					-+	
5 If section 1245 property: a Depreciation allowed or allowable from line 22	250						
•	25a 25b					-	
b Enter the smaller of line 24 or 25a If section 1250 property: If straight line depreciation	250					-	
was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a					\rightarrow	
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
9 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	00-						
b Enter the smaller of line 24 or 29a. See instructions	29a 29b					-	
ummary of Part III Gains. Complete property of	columns	A through D through	n line 29b befor	e going	to line 30.		
Total gains for all properties. Add property columns	Δ thro	igh D. line 24				30	
rotal game for all proportion, that proporty columns	,,,,,,,,,						
Add property columns A through D, lines 25b, 26g,	27c. 28	b. and 29b. Enter he	ere and on line 1	3		31	
2 Subtract line 31 from line 30. Enter the portion from		•					
from other than casualty or theft on Form 4797, line	e 6					32	
Part IV Recapture Amounts Under Section	ons 17	9 and 280F(b)(2)) When Busi	iness	Use Drops t	o 50%	or Less
(see instructions)					(a) Section	<u> </u>	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation alle	owable ii	n prior years		33		$\neg \uparrow$	
				34		$\neg \uparrow$	
5 Recenture amount Subtract line 34 from line 33 S				35	1	-	

Department of the Treasury Internal Revenue Service (99) **Alternative Minimum Tax - Individuals**

► Go to www.irs.gov/Form6251 for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 **2017**Attachment
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS	*	***-**		
Part I Alternative Minimum Taxable Income				
1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the				
amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	1,291,171.		
2 Reserved for future use	2			
3 Taxes from Schedule A (Form 1040), line 9	3	163,229.		
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4			
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5			
6 If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions	6	-34,617.		
7 Tax refund from Form 1040, line 10 or line 21	7	-16,208.		
8 Investment interest expense (difference between regular tax and AMT)	8			
Depletion (difference between regular tax and AMT)	9			
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10			
11 Alternative tax net operating loss deduction	11			
12 Interest from specified private activity bonds exempt from the regular tax SEE STATEMENT 24	12	47.		
13 Qualified small business stock, see instructions	13			
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14			
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15			
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16			
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	-78.		
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 25	18	-43.		
19 Passive activities (difference between AMT and regular tax income or loss)	19			
20 Loss limitations (difference between AMT and regular tax income or loss)	20			
21 Circulation costs (difference between regular tax and AMT)	21			
22 Long-term contracts (difference between AMT and regular tax income)	22			
	23			
23 Mining costs (difference between regular tax and AMT)	24			
24 Research and experimental costs (difference between regular tax and AMT)	25			
25 Income from certain installment sales before January 1, 1987	 			
26 Intangible drilling costs preference	26			
27 Other adjustments, including income-based related adjustments	27			
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		1 403 501		
more than \$249,450, see instructions.) Part II Alternative Minimum Tax (AMT)	28	1,403,501.		
29 Exemption. (If you were under age 24 at the end of 2017, see instructions.)				
IF your filing status is AND line 28 is not over THEN enter on line 29				
Single or head of household \$120,700 \$54,300				
Married filing jointly or qualifying widow(er) 160,900 84,500		0		
Married filing separately 80,450 42,250	29	0.		
If line 28 is over the amount shown above for your filing status, see instructions.		1 400 501		
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	1,403,501.		
31 ● If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.				
• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends				
on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.		205 650		
• All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by	31	385,670.		
26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing				
separately) from the result.		<u>.</u>		
32 Alternative minimum tax foreign tax credit (see instructions)	32	51.		
33 Tentative minimum tax. Subtract line 32 from line 31	33	385,619.		
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any				
foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure				
that tax without using Schedule J before completing this line (see instructions)	34	447,774.		
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	0.		

_

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions. 36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from 1,403,501. line 3 of the worksheet in the instructions for line 31 36 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If 44,417. you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 37 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 24. instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 38 39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 44,441. 2555-EZ, see instructions for the amount to enter 39 44,441. 40 Enter the smaller of line 36 or line 39 40 1,359,060. 41 Subtract line 40 from line 36 41 42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise 376,781. multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result______ 42 43 Enter: • \$75,900 if married filing jointly or qualifying widow(er), 75,900. • \$37,950 if single or married filing separately, or 43 • \$50,800 if head of household. 44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you 1,246,754. are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 44 45 Subtract line 44 from line 43. If zero or less, enter -0-45 44,417. 46 Enter the smaller of line 36 or line 37 46 0. 47 Enter the smaller of line 45 or line 46. This amount is taxed at 0% 47 44,417. 48 Subtract line 47 from line 46 48 49 Enter: • \$418,400 if single • \$235,350 if married filing separately 470,700. • \$470,700 if married filing jointly or qualifying widow(er) \$444,550 if head of household 50 Enter the amount from line 45 0. 51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, 1,246,730. see instructions for the amount to enter 51 1,246,730. 52 Add line 50 and line 51 52 0. 53 Subtract line 52 from line 49. If zero or less, enter -0-53 0. 54 Enter the smaller of line 48 or line 53 54 **55** Multiply line 54 by 15% (0.15) 55 0. 56 Add lines 47 and 54 56 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 44,417. 57 Subtract line 56 from line 46 57 8,883. **58** Multiply line 57 by 20% (0.20) 58 If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. 1,403,477. **59** Add lines 41, 56, and 57 59 24. 60 Subtract line 59 from line 36 60 6. **61** Multiply line 60 by 25% (0.25) 61 385,670. **62** Add lines 42, 55, 58, and 61 63 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). 389,224. 63 Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result 64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter 385,670. this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

Social Security Number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**_**

Form	AS C. EMHOFF & KAMADA				Adjustment	I	
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	VENABLE LLP						
	* REGULAR INCOME	1,063,534.					
	DEPR ADJ	-48.		-48.			
	* AMT NET INCOME	1,063,486.		-48.			
K1-	DLA PIPER LLP						
	* REGULAR INCOME	243,450.					
	DEPR ADJ	5.		5.			
	ADJ GAIN/LOSS, LN	-78.	-78.				
	* AMT NET INCOME	243,377.	-78.	5.			
	** TOTAL ADJ & PREF **		-78.	-43.			

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form1116 for instructions and the latest information.

ivai	III C							ucininying numi	JEI as 31101	wii oli page	e i oi your tax return	
DO	OUGLAS C	. EMHO	FF & KA	MALA D.	HARRIS			***_**_	***			
					w. See Categories	s of Income in t	the instructions	. Check only one	box on e	ach Form	1116. Report all	
	ounts in U.S. doll	· ·	_	_								
_		ategory incom		=	,		e Lum	o-sum distributio	ons			
b	General ca	ategory incom	e d		me re-sourced by	treaty						
f F	Resident of (name	of country)	► OTHER	COUNTR	RIES							
					. possession, us	e column A in F	Part I and line	A in Part II. If	you paid	taxes to	<u> </u>	
		-	-	-	separate columi							
P	art I Taxab	ole Income o	or Loss From	Sources Out	side the United	States (for Ca	tegory Chec	ked Above)				
					!	Foreign Coun	try or U.S. Po				Total	
					A		В	С		(Add	cols. A, B, and C.)	
g			oreign country		OTHER							
					COUNTRIE	is						
1a	Gross income		-	shown above								
	and of the type	cnecked abov	ve:									
					1,0	08.				1a	1,008.	
	Check if line 1a	a is compensa	tion for nersona	I services as	1,0	00.				Id	<u> </u>	
٠			pensation from									
			used an alternat									
	determine its s	ource (see ins	structions)									
De	ductions and I	osses (Caut	tion: See instr	uctions.):								
2	Expenses defi	nitely related	to the income o	n line 1a		F 4						
	(attach stateme	ent)			4	54.						
3			ctions not defin	-								
			or standard ded									
	A 1 1 11 0		tement)		-							
	Add lines 3a ar				1,3	18						
			es		1,868,6							
f						071						
ç												
4	Pro rata share											
a	Home mortgag	ge interest (us	e the Worksheet	for								
	Home Mortgag	ge Interest in tl	he instructions)									
k	Other interest 6	expense										
5	Losses from fo	Ü			<u></u>	<u> </u>					4 = 4	
<u>6</u>	Add lines 2, 3g					54.				6	454. 554.	
	Subtract line 6 f		nter the result h		15, page 2					7	334.	
	Credit is claimed		or ala or A	ooraca	Foreig	n taxes paid o	or accrued					
	for taxes		In forei	gn currency		, raxee para		In U.S. doll	ars			
>	(you must check one)			<u>, , , , , , , , , , , , , , , , , , , </u>	(=) Oth =::							
Country	(h) X Paid	Taxes	withheld at sour	ce on:	(n) Other foreign	Taxes	withheld at sou	irce on:		eign	(s)Total foreign taxes paid or	
၀ ပ	(i) Accrued	Accrued taxes paid or					taxes	paid or	accrued (add cols.			
╧	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))	
A		30.				30.				21.	51.	
В												
С												
8					on line 9, page 2					8	51.	
LH	A For Paperv	vork Reduct	tion Act Notic	e, see instru	ctions.						Form 1116 (2017)	

P	art III Figuring the Credit					
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued					
	for the category of income checked above Part I	9	51.	2		
10	Carryback or carryover (attach detailed computation)	10		_		
11	Add lines 9 and 10	11	51.	4		
12	Reduction in foreign taxes	12				
13	Taxes reclassified under high tax kickout	13				
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14		51.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	554.	<u>.</u>		
16	Adjustments to line 15	16				
	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.					
	(If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	554.			
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 26	18	1,390,808.			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see i					00040
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	<u> </u>	.00040
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the tota and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	l of For	rm 990-T, lines 36, 37,	20		385,670.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instr	uctions	S.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21		154.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr amount on line 28. Otherwise, complete the appropriate line in Part IV			22		51.
P	art IV Summary of Credits From Separate Parts III					
23	Credit for taxes on passive category income	23				
	Credit for taxes on general category income	24				
	Credit for taxes on certain income re-sourced by treaty	25				
26	Credit for taxes on lump-sum distributions	26				
27	Add lines 23 through 26			27		
28	Enter the smaller of line 20 or line 27			28		51.
29	Reduction of credit for international boycott operations			29		
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4	8;				
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		>	30		51.

Form **1116** (2017)

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

Name of employer

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

Social security number ***_**

Employer identification number **_****

DOUGLAS C. EMHOFF

Са	alendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.		
A	Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee wunder age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)	as yo	ur spouse, your child
	X Yes. Skip lines B and C and go to line 1. No. Go to line B.		
В	Did you withhold federal income tax during 2017 for any household employee?		
	Yes. Skip line C and go to line 7. No. Go to line C.		
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household emplo (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	yees?	
	No. Stop. Don't file this schedule. Yes. Skip lines 1-9 and go to line 10.		
Ρ	Part I Social Security, Medicare, and Federal Income Taxes		
1	Total cash wages subject to social security tax		
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	2,544.
3	Total cash wages subject to Medicare tax 20,516.		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	595.
5	Total cash wages subject to Additional Medicare Tax withholding		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	160.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	3,299.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employed (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	es?	
	No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form line 9 instructions.	1040	, see the
	X Yes. Go to line 10.		

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

Schedule H (Form 1040) 2017

		OUGLAS C.						**	*_**	_ * *	**	Page 2		
Part II	-ederai U	nemployment (FUIA) Iax								Yes	No		
10 Did you pa	ay unemploy	ment contributions	to only one state? If	you paid cor	ntributions to a	credit reduction	on state,		_		163	140		
	ctions and c									10		X		
		nemployment contri								11	X			
		re taxable for FUTA t				ax?				12	Х			
		" Yes" box on all the " No" box on any of t				ction B.								
				Section A										
13 Name of t	he state whe	ere you paid unempl	oyment contribution	s	>									
		your state unemploy												
		ject to FUTA tax						15						
16 FUTA tax	. Multiply line	e 15 by 0.6% (0.006)		re, skip Sect Section B		line 25		16	<u> </u>					
17 Complete	all columns	below that apply (if												
(a)	(b)		c) rience rate	(d)	(e)	(f)		(g)		(h)			
	ble wages (as ed in state act)	State expe per	rience rate iod	State experience	Multiply col. (b) by 0.054	Multiply co by col. (Subtract from co	col. (f)		ntributio id to sta			
state	,	From	То	rate	,	3, 55 (If zero o enter		une	mploym fund	ent		
		04 /04 /4 7	40/04/45	2050	272				100			4.0		
CA 7	,000.	01/01/17	12/31/17	.0270	378	378. 189		189.		189. 18			4	18.
18 Totals							18		189.		4	18.		
		h) of line 18					607	•						
		ject to FUTA tax (see						20			7,0	00.		
		% (0.060)						21			4	20.		
		% (0.054)					378	<u>-</u>						
		ne 19 or line 22												
		nployment contribut heck here)				мемт 27	7 X	23			2	31.		
		ne 23 from line 21. E						24				$\frac{310}{89}$		
		sehold Employ		ara go to mio										
25 Enter the	amount from	line 8. If you check	ed the " Yes " box on	line C of pag	ge 1, enter -0			25			3,2			
		and line 25						26			3,4	<u>88.</u>		
27 Are you re	-													
		le the amount from I ve to complete Part			60a. Don't com	plete Part IV b	pelow.							
		ind Signature -			d. See the line 2	27 instruction	<u> </u>							
		D. box if mail isn t delivered		ing ii roquiio	u. 000 ti 10 iii 10 I	-7 1110114011011	<u>. </u>	Apt., re	oom, or suit	e no.				
City, town or post	office, state, and	I ZIP code						•						
payment made to a	a state unemploy	e that I have examined this ment fund claimed as a cre												
which preparer has	s any knowledge					.								
Employer's s	ignature				<u> </u>	Date								
,	-	preparer's name	Preparer's	signature	Da	<u> </u>	Check	if	PTIN					
Paid		p. 5pa. 51 5 Harris	Topaici s	ga.u. 0			self- emp		""					
Preparer	Firm's nam	e >	·		I	<u> </u>	Firm's E		•					
Use Only														
	Firm's addr	ress >					Phone r	10.						

-orm **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. 52

X Family

☐ Self-only

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions

DOUGLAS C. EMHOFF	HSAs, see instructions ▶	***_**
	beneficiary. If both spouses have	

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Check the box to indicate your coverage under a high-deductible health plan (HDHP) during

2017 (see instructions)

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

2	HSA contributions you made for 2017 (or those made on your behalf), including those made		
	from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer		
	contributions, contributions through a cafeteria plan, or rollovers (see		
	instructions)	2	2,267.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for		
	family coverage). All others, see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form		
	8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during		
	2017, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had		
	family coverage under an HDHP at any time during 2017, see the instructions for the		6 550
	amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family		
	coverage under an HDHP at any time during 2017, enter your additional contribution amount		
	(see instructions)	7	6 550
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2017 9		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	6 850
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040,		0 067
	line 25, or Form 1040NR, line 25	13	2,267.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		
Par	HSA Distributions. If you are filing jointly and both you and your spouse each have	separ	ate HSAs,
	complete a separate Part II for each spouse.		
14 a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	1,841.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any		
	excess contributions (and the earnings on those excess contributions) included on		
	line 14a that were withdrawn by the due date of your return (see		
	instructions)	14b	4 0 1 4
С	Subtract line 14b from line 14a	14c	1,841.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,841.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include		
	this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next		•
	to line 21, enter "HSA" and the amount	16	0.
17 a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional		
	20% Tax(see instructions), check here		
b	Additional 20% tax(see instructions). Enter 20% (0.20) of the distributions included on line 16		
	that are subject to the additional 20% tax. Also include this amount in the total on Form 1040,		
	line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR,		
	line 60. Enter "HSA" and the amount on the line next to the box	17b	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.		Form 8889 (2017)

Pa	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.							
18	Last-month rule	18						
19	Qualified HSA funding distribution	19						
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20						
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21						

Form **8889** (2017)

Additional Medicare Tax

OMB No. 1545-0074

Attachment Sequence No. **71**

Department of the Treasury Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number ***_**

Pa	art 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	181,464.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	181,464.		
	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-			6	0.
_7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter he	re and	go to Part II	7	
Pa	art II Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040),				
	Section A, line 4, or Section B, line 6. If you had a loss, enter		1 070 070		
	-0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	1,272,073.		
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000		250 000		
	Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
	Enter the amount from line 4	10	181,464.		
11	/		68,536.	40	1,203,537.
	Subtract line 11 from line 8. If zero or less, enter -0-			12	1,203,337.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009)	. Enter		13	10,832.
P	here and go to Part III Additional Medicare Tax on Railroad Retirement Tax Act (I	RRTA	1 Compensation	เง	10,0321
	Railroad retirement (RRTA) compensation and tips from		y Compendation		
••	Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:	\vdash			
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-			16	
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16				
	0.9% (0.009). Enter here and go to Part IV.			17	
Pa	rt IV Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040N $$	IR,			4.4.4.4
_	1040-PR, and 1040-SS filers, see instructions) and go to Part V			18	10,832.
	rt V Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than		2 (21		
	one Form W-2, enter the total of the amounts from box 6	19	2,631. 181,464.		
20	Enter the amount from line 1	20	101,404.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular	,	2,631.		
-00	Medicare tax withholding on Medicare wages	21	2,031.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare			00	0.
00	withholding on Medicare wages Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from			22	<u></u>
23	• • • • • • • • • • • • • • • • • • • •			92	
24	W-2, box 14 (see instructions) Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this			23	
24	amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR,	40.PR			
	and 1040-SS filers, see instructions)			24	
	and 10 to 00 more, 500 more deficitors			~~	

8960

Net Investment Income Tax -Individuals, Estates, and Trusts

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service (99) ► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information. Name(s) shown on your tax return Your social security number or EIN ***_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS **Investment Income** Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1,123. Taxable interest (see instructions) 1.243. 2 Ordinary dividends (see instructions) 2 Annuities (see instructions) 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, 1,306,984. etc. (see instructions) Adjustment for net income or loss derived in the ordinary course of -1,306,984 a non-section 1411 trade or business (see instructions) STATEMENT 28 0. Combine lines 4a and 4b 49,592. Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to -148.net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see instructions) 49,444. Combine lines 5a through 5c Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 Other modifications to investment income (see instructions) 7 51,810. Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 Investment Expenses Allocable to Investment Income and Modifications Investment interest expenses (see instructions) 2,054. State, local, and foreign income tax (see instructions) b С Miscellaneous investment expenses (see instructions)

9c 2,054. d Add lines 9a, 9b, and 9c 9d Additional modifications (see instructions) 10 10 2,054. Total deductions and modifications. Add lines 9d and 10 11 Tax Computation Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-49,756. 17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-Individuals: 1,467,700. 13 Modified adjusted gross income (see instructions) 250,000. Threshold based on filing status (see instructions) 14 Subtract line 14 from line 13. If zero or less, enter -0-15 49,756. 16 Enter the smaller of line 12 or line 15 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 1,891. include on your tax return (see instructions) **Estates and Trusts:** 18a Net investment income (line 12 above) Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-Adjusted gross income (see instructions) 19a 19a Highest tax bracket for estates and trusts for the year (see c Subtract line 19b from line 19a. If zero or less, enter -0-Enter the smaller of line 18c or line 19c 20 20 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here

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

and include on your tax return (see instructions)

Enter this amount on line 5d

49,444.

0.

Keep for Your Records Lines 5a-5d - Net Gains and Losses Worksheet Total of columns (A) + (B) (A) (B) Capital gains/(losses) Ordinary gains/(losses) Form 1040, Line 13, or Form 1040, Line 14, or Form 1041, Line 4 Form 1041, Line 7 Enter this amount on line 5a 49,592. 49,592. 1. **Beginning Net Gains and Losses** 2. Gains and Losses excluded from Net Investment Income, use current year amounts for lines 2a-2g and 2i. (a) Enter net gains from the disposition of property used in a non-section 1411 trade or business (enter as negative amounts): Name of Trade or Business Amount 148.) DLA PIPER LLP 148.) (b) Enter net losses from the disposition of property used in a non-section 1411 trade or business (enter as positive amounts): Name of Trade or Business Amount (c) Enter net losses from a former passive activity (FPA) allowed by reason of section 469(f)(1)(A) (d) Gains recognized in the current year for payments received on an installment sale obligation or private annuity for the disposition of property used in a non-section 1411 trade or business (e) Enter the net gain attributable to the net unrealized appreciation (NUA) in employer securities In the case of a QEF (other than a QEF held in a section 1411 trade or business) with respect to which a section 1.1411-10(g) election is not in effect, enter the amount treated as long-term capital gain for regular income tax purposes under section 1293(a)(1)(B) (g) Enter any other gains and losses included in net investment income that are not otherwise reported on Form 8960 and any other gains and losses excluded from net investment income reported on line 5a (enter excluded gains as a negative number and excluded losses as a positive number) (h) Enter the amount reported on line 2(i) of this worksheet from your prior tax year return calculations. Enter as a positive no. (i) If you do not have a capital loss carryover to next year, then skip this line and go to line 2(j). Otherwise, enter the lesser of (i)(1) or (i)(2) as a negative number (i)(1) If the sum of the amounts reported on lines 2(a)-2(h) and line 3(d), column (A), is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to line 2(j) (i)(2) The amount of capital loss carried over to next year (Schedule D (Form 1040), line 16, less the amount allowed as a current deduction on Schedule D (Form 1040), line 21) entered as a positive number ... __ Enter this amount on line 5b -148.-148.Sum of lines 2(a)-2(i) Enter this amount on line 5c 3. Adjustment for Gains and Losses attributable to the

disposition of interests in partnerships and S corporations ...

Add lines 1, 2(j) and 3

49,444.

Par	t I - /	Application of Section 67 to Deductions P	roperly Allo	ocable to Investm	nent	Income		
1.	Ente	er the amount of Miscellaneous Itemized Deduction	ns properly					
	alloc	cable to investment income before any itemized de	eduction limit	ations				
	(Des	scription and Form 8960 line number where they'll	be reported):	:				
		Description	Line	Amount				
	(a)	MERRIL LYNCH	9 C	<u>1,</u> 753.				
	(b)							
2.	Ente	er the total of all items listed in line 1			2.	1,753.		
3.	Ente	er the amount of all Miscellaneous Itemized Deduc	tions after th	е				
	appl	lication of the section 67 limitation (Schedule A (Fo	orm 1040),					
		27)						_
4.	Ente	er the lesser of the total reported on line 2 or line 3					4.	<u> </u>
Par	t II -	Application of Section 67 Limitation to Sp	ecific Ded	uctions				
						(B)		
						IF line 3 is less than		
						line 2, THEN divide		
						line 3 by line 2 AND		
						enter the amount in		
						column (B).		(C)
						IF amounts reported		Multiply the
						on Part I, lines 2 and		individual amounts
						4 are equal, THEN		in column (A) by the
		(A)		P. A		enter 1.00 in column		amount in column (B).
	-	Reenter the amounts and description				(B).		(В).
		Description	<u>Line</u>	<u>Amount</u>	.,			
	(a)				. X		=	
	(b)				. X		=	
		Individuals - Use the amounts in column (C) on		, to determine the a	moun	nt of these deductions th	at ar	е
	TP	allowable after the application of the section 68 I	imitation.					
		Estates or trusts - Enter the amounts in column	(C) in the ap	propriate location o	n line	s 9 and 10. Don't comple	ete F	Parts
		III or IV of this worksheet.						
l								

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet - continued

Keep for Your Records

Par	t III - Application of Section 68 to deductions properly	allocable to investm	ent income ((Individuals O	nly)
1	Enter the amount of Miscellaneous Itemized Deductions proper	rly allocable to			
	investment income from column (C) of Part II:	Try allocable to			
	Description Line	Amount			
	(a)(b)				
2	Enter the amount of state, local, and foreign income taxes that	are properly			
۷.	allocable to investment income SEE 3	STATEMENT 29	2	2,054.	
3.	Enter the amounts of other Itemized Deductions subject to the		- .		
٥.	and properly allocable to investment income before any itemize				
	limitations (Description and Form 8960 line number where they				
	Description Line	Amount			
	(1-)				
4.	Enter the total deductions properly allocable to investment inco		n 68 limitation	Enter	
	the sum of lines 1 through 3		4. 2,054.		
	and dam or midd i amodgir d				
5.	Enter the amount of total itemized deductions reported on Form	n 1040	5. 17	6,529.	
6.	Enter all other itemized deductions allowed but not subject to t			<u> </u>	
٠.	deduction limitation:	110 00011011 00			
	(a) Investment Interest Expense				
	(b) Casualty Losses (other than losses described in				
	section 165(c)(1))				
	(c) Medical Expenses				
	(d) Gambling Losses				
	(e) Total of lines 6(a) through 6(d)		6e.		
7.	Subtract line 6e from line 5				7. 176,529.
8.	(e) Total of lines 6(a) through 6(d) Subtract line 6e from line 5 Enter the lesser of line 7 or line 4				2,054.
T	This is the amount of itemized deductions that are proper and 68 deduction limitations. Use Part IV of this workshee	ly allocable to investmen et to reconcile this amou	t income after t	the application of lual deduction ar	t the sections 67
	on Form 8960, lines 9 and 10.	te recerrone une arricar	n to the man	adi doddonon di	nounte reported
Par	t IV - Reconciliation of Schedule A Deductions to Forr	n 8960, lines 9 and 1	0 (Individuals	s Only)	
				(B)	
				, line 8 is less	
				rt III, line 4,	
				vide line 8 by	(C)
				ID enter the	Multiply the individual
				n column (B). amounts	amounts in column (A) by the amount in
				I on Part III,	column (B). Enter
			•	and 8 are	these amounts in the
	(A)		equal, T	HEN enter	appropriate location
	Reenter the amounts and descriptions from Part	III, lines 1 - 3.	1.00 in c	column (B).	on lines 9 and 10.
Mis	cellaneous Itemized Deductions properly allocable to				
inve	stment income:				
	<u>Description</u> <u>Line</u>	<u>Amount</u>			
1.	(a)			=	
	(b)		Χ	=0000	
	State, local, and loreign income taxes	2,054.	x	- 0000 =	2,054.
	nized Deductions Subject to Section 68 included on Line				
	Part III:				
3.	(a)(b)		x	=	
	(D)		χ	=	

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

CALIFORNIA

	Name(s) DOUGLAS C. EMHOFF & KAMALA D. HARRIS				social security number or EIN ***_***		
Par	t I Investment Income Section 6013(g) election		<u>'</u>				
	Regulations section 1.1411-10(g) election						
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)				1	1,122.	
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)				2	1,983.	
3	Annuities from nonqualified plans				3		
4a	Rental real estate, royalties, partnerships, S corporations, trusts,						
	etc. (Form 1040, line 17; or Form 1041, line 5)	4a	1,309,6	559.			
b	Adjustment for net income or loss derived in the ordinary course of						
	a non-section 1411 trade or business	4b	-1,309,6	59.		_	
С	Combine lines 4a and 4b				4c	0.	
5a	Net gain or loss from disposition of property from Form 1040,						
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	49,5	92.			
b	Net gain or loss from disposition of property that is not subject to		_				
	net investment income tax	5b	-1	.48.			
С	Adjustment from disposition of partnership interest or S corporation						
	stock	5c				40 444	
d	Combine lines 5a through 5c				5d 6	49,444.	
6	Changes in investment income for certain CFCs and PFICs						
7	Other modifications to investment income				7 8	F2 F40	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7					52,549.	
Par	,	its			_	1,457,173.	
9	State total income				9	56,940.	
10	State income tax payments for 2017 SEE STATEMENT 30				10	2,053.	
11 Dar	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 11 2,053. Part III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017						
12			12				
13	State estimate payments for 2016 Percent of state income taxes attributable to investment income for 2016				13		
14	2016 state estimate payments attributable to investment income. Line 12 times line 13				14	_	
Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2017							
15					15		
16	Percent of state income taxes attributable to investment income for 2016				16		
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16				17		
Par							
18	Reduction of state tax deduction				18	()	
19	Percent of state income taxes attributable to investment income for 2016				19		
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19				20	(
Part VI Total State Income Tax Payments Attributable to Investment Income							
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, lin	ie 2			21	2,053.	

Form **8960** (2017)

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

ILLINOIS

	Name(s) DOUGLAS C. EMHOFF & KAMALA D. HARRIS				social security number or EIN ***_***		
Par	t I Investment Income Section 6013(g) election		•				
	Regulations section 1.1411-10(g) election						
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)			1	17.		
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)						
3	Annuities from nonqualified plans						
4a	Rental real estate, royalties, partnerships, S corporations, trusts,						
	etc. (Form 1040, line 17; or Form 1041, line 5)	4a	29,804	•			
b	Adjustment for net income or loss derived in the ordinary course of						
	a non-section 1411 trade or business	4b	-29,804	•			
С	Combine lines 4a and 4b			4c			
5a	Net gain or loss from disposition of property from Form 1040,						
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	9	•			
b	Net gain or loss from disposition of property that is not subject to						
	net investment income tax	5b					
С	Adjustment from disposition of partnership interest or S corporation						
	stock	5c			_		
d	Combine lines 5a through 5c			5d	9.		
6	Changes in investment income for certain CFCs and PFICs						
7	Other modifications to investment income						
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	26.		
Par					0.7. 5.60		
9	State total income			9	27,563.		
10	State income tax payments for 2017 SE	E STA	ATEMENT 31	10	1,306.		
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10				1.		
	t III State Income Tax Pro-ration for 2016 Estimate Payments			12			
12	State estimate payments for 2016				00000		
13	Percent of state income taxes attributable to investment income for 2016				.000000		
14	2016 state estimate payments attributable to investment income. Line 12 times line		-id in 0047				
	t IV State Income Tax Pro-ration for Balance of Prior Years Ta				ald in 2017		
15	Balance of prior years tax plus extension payments paid in 2017				.000000		
16	Percent of state income taxes attributable to investment income for 2016				•00000		
17 Par	Balance of prior years tax and extension payments attributable to investment incon t V Reduction of State Tax Deduction	ne. Line i	5 times line 16	17			
18				18 (1		
19	Reduction of state tax deduction			19	<u> </u>		
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19				1		
Part VI Total State Income Tax Payments Attributable to Investment Income)		
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, lin			21	1.		

Form **8960** (2017)

Statement SBE Supplemental Business Expenses

10 Add the amounts on line 9 of both columns and enter the total here.

These are your supplemental business expenses

2017

10

58,692.

Social security number Business in which expenses were incurred ***=**=*** DOUGLAS C. EMHOFF PARTNERSHIP EXPENSES **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 18,255. Parking fees, tolls, and transportation, including train, bus, etc., that did not 1,704 involve overnight travel Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment 3 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 32 35,410 5 Meals and entertainment expenses 6,645. 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 55,369 6,645. enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 7 STEP 3 Figure Expenses Subject to the Limitation 55,369 6,645. 8 Subtract line 7 from line 6 9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: 55,369 3,323. Multiply by 80% (.80) instead of 50%)

Pa	rt II	Vehicle Expenses										
Sect	ion A	General Information						(a) Vehicle	1		(b) Vehicle	
11	Enter th	ne date vehicle was placed in service				11		02/01/				
12	Total m	niles vehicle was driven during 2017				12		12,000				miles
13	Busine	ss miles included on line 12				13		10,000				miles
14		t of business use. Divide line 13 by line 12						83.3	33 %	5		%
15		e daily roundtrip commuting distance							miles	3		miles
16									miles	3		miles
17	Other n	niles. Add lines 13 and 16 and subtract the	total f	rom line 12		17		2,000) miles	3		miles
18	Was yo	our vehicle available for personal use during	off-d	uty hours?							X Yes	No
19	Do you	(or your spouse) have another vehicle avai	lable 1	for personal use?							X Yes	□ No
20	Do you	have evidence to support your deduction?									X Yes	□ No
21	If "Yes,	" is the evidence written?									X Yes	☐ No
		8		D			0					
Sect	ION B	Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to	o comple	te this se	ction or S	ection G.)				
		y line 13 by $53.5\mathfrak{e}$ (0.535). Enter the result l Actual Expenses	nere a			1				(b) \/	ahiala	
		· · · · · · · · · · · · · · · · · · ·		(a) Ve STMT 33		<u> </u>	533.			(b) V	emcie	
		ne, oil, repairs, vehicle insurance, etc.	23			0,	333.					
		rentals	24a	15,600. 226.			-					
		on amount	24b	220.		1 5	374.					
		ct line 24b from line 24a	24c			15,	3/4.					
25		of employer-provided vehicle (applies										
		100% of annual lease value was	٥-									
••		d on Form W-2)	25			21	007					
		es 23, 24c, and 25	26			<u>41,</u>	907. 255.					
27		y line 26 by the percentage on line 14	27			10,	<u> </u>					
28		iation. Enter amount from line 38 below	28									
29		es 27 and 28. Enter total here and on				1.0	ا ء ۔					
			29				255.	0.4 11 11				
Sect	ION D	Depreciation of Vehicles (Use this section	only			mpieting	Section	C for the veni				
••				(a) Ve	hicle					(b) V	ehicle I	
30		ost or other basis	30									
31		ection 179 deduction	١.,									
••		ecial allowance	31									
32		y line 30 by line 14 (see Form 2106										
		tions if you claimed the section 179										
		ion or special allowance)	32				-					
33		epreciation method and percentage	33									
34		y line 32 by the percentage on line 33	34									
35		es 31 and 34	35									
36		ne limitation amount	36									
37		y line 36 by the percentage on line 14	37									
38		ne smaller of line 35 or line 37. If you										
		d lines 36 and 37, enter the amount from										
	line 35.	. Also enter this amount on line 28 above	38									

PARTNERSHIP EXPENSES DOUGLAS C. EMHOFF

**

DOUGHAD C. HAROLI		Other Business Entities/Statement SBE						
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity	
VENABLE LLP								
OTHER BUSINESS EXPENSES			1,704.		35,410.	3,323.	40,437.	
CAR AND TRUCK EXPENSES		5,444.				,	,	
LEASE EXPENSES		12,811. 18,255.						
TOTAL VEHICLE EXP.		18.255.					18.255.	
GRAND TOTAL							18,255. 58,692.	
010110							30,0320	

2017 DEPRECIATION AND AMORTIZATION REPORT

PARTNERSHIP EXPENSES

FORM 2106/SBE- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
1	I PHONE	07/01/11	200DB	5.00	HY1	790.		790.	0.	0.			0.	0.
2	I PAD	07/01/11	200DB	5.00	нұ1	990.		990.	0.	0.			0.	0.
3	LAPTOP COMPUTER	07/01/14	200DB	5.00	HY1	1,200.		1,200.	0.	0.			0.	0.
	* 2106/SBE TOTAL MACHINERY & EQUIPMENT					2,980.		2,980.		0.			0.	0.
	* GRAND TOTAL 2106/SBE DEPRECIATION					2,980.		2,980.		0.			0.	0.

Form 1116	U.S. and Fore

Form 1116		U.S. and For	eign S	ource Income Summ	ary	
NAME DOUGLAS C. EMHOFF 8	& KAI	MALA D. HAI	RRIS			***_**
INCOME TYPE				TOTAL	U.S.	FOREIGN PASSIVE
Compensation Dividends/Distributions Interest Capital Gains Business/Profession	SEE	STATEMENT	36	171,737. 1,243. 1,123. 49,592.	171,737. 1. 1,123. 49,592.	1,242
Rent/Royalty State/Local Refunds Partnership/S Corporation Trust/Estate	SEE	STATEMENT	34	16,208. 1,644,981.	16,208. 1,644,905.	76
Other Income Gross Income				1,884,884.	1,883,566.	1,318
Less: Section 911 Exclusion Capital Losses						
Capital Gains Tax Adjustment Total Income - Form 1116				1,884,884.	1,883,566.	537 781
Deductions: Business/Profession Expenses Rent/Royalty Expenses Partnership/S Corporation Losses Trust/Estate Losses Capital Losses Non-capital Losses Individual Retirement Account				337,997.	337,543.	454
Moving Expenses Self-employment Tax Deduction Self-employment Health Insurance Keogh Contributions Alimony Forfeited Interest				26,332. 6,437. 44,151.	26,332. 6,437. 44,151.	
Foreign Housing Deduction Other Adjustments Capital Gains Tax Adjustment				2,267.	2,267.	
Total Deductions				417,184.	416,730.	454
Adjusted Gross Income				1,467,700.	1,466,836.	327
Less Itemized Deductions: Specifically Allocated Home Mortgage Interest				15,206. 24,855.	15,206. 24,855.	
Other Interest Ratably Allocated Total Adjustments to Adjusted Cross Inc.	ome			136,468.	136,372.	<u>96</u>
Total Adjustments to Adjusted Gross Inco	ville			176,529. 1,291,171.	176,433.	231

Form 1116

Allocation of Itemized Deductions

NAME

DOUGLAS C. EMHOFF	& KAMALA D.	HARRIS		*	**-**-***
	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes	163,229.	136,468.			136,468.
Interest - Not Including Investment Interest	29,729.	24,855.	24,855.		
Contributions Miscellaneous Deductions Subject to 2%	18,188.	15,206.	15,206.		
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	211,146.	176,529.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	211,146.				
Total Allowed on Schedule A		176,529.	40,061.		136,468.

Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**

Foreign Income Category

PASSIVE INCOME

	. c.c.gccc category						
	_						
Regu		2012	2013	2014	2015	2016	2017
1.	Foreign tax paid/accrued						51.
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						51.
5.	Maximum credit allowable						81.
6.	Unused foreign tax (+)						
	or excess of limit (-)						-30.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						-30.
	Total foreign taxes from all av	ailable years to be car	ried to next year				
			2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign	Г					
	taxes						
4.		Г					
5.	Maximum credit allowable	Г					
6.	Unused foreign tax (+)						
	or excess of limit (-)						
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						

Form 1116

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**

Foreign Income Category

PASSIVE INCOME

AMT		2012	2013	2014	2015	2016	2017
1.	Foreign tax paid/accrued						51.
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						51.
5.	Maximum credit allowable						154.
6.	Unused foreign tax (+)						
	or excess of limit (-)						-103.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						-103.
	Total foreign taxes from all available	able years to be car	ried to next year				
		L	2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						

2.	FTC carryback to 2017
	for amended returns
3.	Reduction in foreign
	taxes
4.	Foreign tax available
	Maximum credit allowable
	Unused foreign tax (+)
	or excess of limit (-)
7.	Foreign tax carryback
8.	Foreign tax carryforward
9	

Foreign tax paid/accrued			
FTC carryback to 2017			
for amended returns			
Reduction in foreign			
taxes			
Foreign tax available			
Maximum credit allowable			
Unused foreign tax (+)			
or excess of limit (-)			
Foreign tax carryback			
Foreign tax carryforward			
Foreign tax or excess			
limit remaining			

Form 1116	Foreign Wages, Salaries, Business and P	rofession Income	
DOUGLAS C. EMHO Wages and Salaries:	OFF & KAMALA D. HARRIS		***_**
wayes and Salanes.	Source	Amount	
Total Foreign Wages and Salarie	s		
Business and Profession Income			
	Source	Amount	
DLA PIPER LLP		76.	
Total Foreign Business and Profe	ession Income	76.	
Reduction for Foreign Earned Inc	some Exclusion/Deduction:		
Foreign Earned Income Exclusion	n/Deductionges and Salaries		
Reduction Amount			
Wages and Salaries Included on	Form 1116, line 1	······	
Foreign Earned Income Exclusion	ession Income n/Deduction siness and Profession Income		
Reduction Amount			
Business and Profession Income	e Included on Form 1116, line 1		76.

SELF-EMPLOYED RETIREMENT PLAN COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR

FEDERAL 1040

***_** DOUGLAS C. EMHOFF 1. DEFINED CONTRIBUTIONS a. Employer contributions made to the plan(s) for the sole proprietor or partner 28,151. Less amount allocated to insurance 28,151. Net contributions, line 1a minus line 1b 1,351,116. d. Earned income of the sole proprietor or partner Applicable percentage of line d LIMITED TO MAXIMUM CONTRIBUTION 54,000. Elective deferrals and catch-up contributions Elective deferrals designed as Roth contributions 28,151. Allowable deduction, lesser of (line 1c or line 1e) plus line f minus line g Excess contribution DEFINED BENEFIT - Deductible contributions

Total deductible contributions. Add line 1h and line 2

28,151

FORM 1040 PENSIONS AND ANNUITIES		STATEMENT	2
CHARLES SCHWAB BANK			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	53. 53.		
			0.
CHARLES SCHWAB BANK			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	606,067. 606,067.		
			0.
CHARLES SCHWAB BANK			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	34,799. 34,799.		
			0.
CHARLES SCHWAB BANK TRUSTEE			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	71,931. 71,931.		
			0.
CHARLES SCHWAB BANK TRUSTEE			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	71,931. 71,931.		
			0.
CHARLES SCHWAB BANK TRUSTEE			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT (ROLLOVER) CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	10,482. 10,482.		
			0.
TOTAL INCLUDED IN FORM 1040, LINE 16B	-		

FORM 1040 PE	ERSONAL EXEMPTION WORKSHE	ET	STATEMENT	3
		F EXEMPTIONS	CLAIMED	: 4
YES. CONTINUE	OD, AND ENTER THE RESOLI	ON DINE 42.		
	OTAL NUMBER OF EXEMPTION	S CLAIMED		
ON FORM 1040, LINE 6D			12,1	.50.
4. ENTER THE AMOUNT FOR YOU SINGLE	\$261,500 OR WIDOW(ER) \$313,800	1,467,700.		
5. SUBTRACT LINE 4 FROM LIN MORE THAN \$122,500 (\$61, SEPARATELY), STOP. ENTER	NE 3. IF THE RESULT IS 250 IF MARRIED FILING	1,153,900.		
6. DIVIDE LINE 5 BY \$2,500 FILING SEPARATELY). IF WHOLE NUMBER, INCREASE I WHOLE NUMBER (FOR EXAMPITO 1)	(\$1,250 IF MARRIED THE RESULT IS NOT A TT TO THE NEXT HIGHER			
AS A DECIMAL	02) AND ENTER THE RESULT			
8. MULTIPLY LINE 2 BY LINE	7			
9. SUBTRACT LINE 8 FROM LIN	WE 2. TOTAL TO FORM 1040,	LINE 42.		
FORM 1040	TAX-EXEMPT INTEREST		STATEMENT	4
NAME OF PAYER			AMOUNT	
MERRILL LYNCH 15265		•	7	40.
TOTAL TO FORM 1040, LINE 8B		-		40.

FORM 1040	WAGES RECEI	VED AND TAX	KES WITHHE	LD	STATE	MENT 5
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S STATE OF CALIFORNIA S UNITED STATE SENATE	13,311. 158,426.	2,907. 27,909.	994. 9,994.		900. 7,886.	_
TOTALS	171,737.	30,816.	10,988.		8,786.	2,631.
FORM 1040	QUA	ALIFIED DIVI	DENDS		STATE	EMENT 6
NAME OF PAYER				DINARY VIDENDS		LIFIED IDENDS
MERRILL LYNCH 15265				1,242.		1,086.
TOTAL INCLUDED IN FORM	1040, LINE	9в				1,086.

FOR	1 1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET	STATEMENT 7
D	DUGLAS C. EMHOFF	
V	ENABLE LLP	
1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	6,437.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	1,125,959.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9 1,377,448.	
4	DIVIDE LINE 2 BY LINE 3 .8174	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX 26,332.	
6	LINE 4 TIMES LINE 5	21,524.
7	LINE 2 MINUS LINE 6	1,104,435.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	36,090.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	1,068,345.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	1,068,345.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	6,437.

	EXCESS SOC	IAL SECURITY	TAX WORKSHEE	T	STAT	EMENT	8
				TAXPA	YER	SPOUSI	Ε
1. ADD ALL SOCIAL STANN \$7,886.40 FOR SHOWN IN BOX TOTAL HERE	OR EACH EMPL	OYER (THIS TA	AX SHOULD			8,78	36.
2. ENTER ANY UNCOLL GROUP-TERM LIFE FORM 1040, LINE	INSURANCE IN						
3. ADD LINES 1 AND	2					8,78	36.
4. SOCIAL SECURITY	TAX LIMIT					7,88	36.
5. SUBTRACT LINE 4 TAX INCLUDED IN			AL SECURITY			9(00.
FORM 1040		OTHER TAXES			STAT	EMENT	9
DESCRIPTION					A	MOUNT	
FROM FORM 8959 FROM FORM 8960						10,83	
TOTAL TO FORM 1040,	LINE 62					12,72	23.
TODY 1040	TOTAL DUE		T AND PENALTI	ES	CTT A TT		
FORM 1040		WIIII INIEKES.			DIAI	EMENT	10
	······					SEMENT 53,42 1,29	26.
AMOUNT DUE INTEREST NOT INCLUDE: TOTAL DUE	······	WIII INTERES.				53,42	26. 90.
AMOUNT DUE INTEREST NOT INCLUDE	D	TE PAYMENT IN				53,42	26. 90.
AMOUNT DUE INTEREST NOT INCLUDE TOTAL DUE	D			RATE		53,42 1,29 54,71	26. 90. 16.
AMOUNT DUE INTEREST NOT INCLUDE TOTAL DUE FORM 1040	D LA	TE PAYMENT IN	VTEREST		STAT	53,42 1,29 54,71	26. 90. 16.

FORM 1040 CURRI		STATEMENT	12	
DESCRIPTION			AMOUNT	
2ND QTR ESTIMATE PAYMENT - JOS 3RD QTR ESTIMATE PAYMENT - JOS 4TH QTR ESTIMATE PAYMENT - JOS PRIOR YEAR OVERPAYMENT APPLIES	INT INT		90,0 105,0 55,0 43,9	00.
TOTAL TO FORM 1040, LINE 65			293,9	35.
SCHEDULE A STATI	E AND LOCAL INCOME	TAXES	STATEMENT	13
DESCRIPTION			AMOUNT	
FROM K-1 - DLA PIPER LLP STATE OF CALIFORNIA UNITED STATE SENATE OTHER STATE AND LOCAL INCOME ' CALIFORNIA 2ND QTR ESTIMATE PA CALIFORNIA 3RD QTR ESTIMATE PA CALIFORNIA PRIOR YEAR OVERPAYN TOTAL TO SCHEDULE A, LINE 5	AYMENTS AYMENTS		9	00. 00. 52.
SCHEDULE A	CASH CONTRIBUTION	S	STATEMENT	14
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	1
THE JEWISH FEDERATION UNIVERSITY OF SOUTHERN CALIFORNIA CSUN LEGAL AID SOCIETY HOWARD UNIVERSITY FROM K-1 - VENABLE LLP FROM K-1 - DLA PIPER LLP FROM K-1 - DLA PIPER LLP		300. 1,000. 1,000. 250. 2,500. 11,622. 1,400.	1	16.
SUBTOTALS		18,072.	1	16.
TOTAL TO SCHEDULE A, LINE 16			18,1	88.

SCHE	DULE A	ITEMIZED DEDUCTIONS WORKS	HEET	STATEMENT	15
1.	ENTER THE TOTAL OF 9, 15, 19, 20, 27,	THE AMOUNTS FROM SCHEDULE	A, LINES 4,	211,1	16
2.	ENTER THE TOTAL OF 14, AND 20, PLUS	F THE AMOUNTS FROM SCHEDULE ANY GAMBLING AND CASUALTY O I LINE 28 AND ANY QUALIFIED	R THEFT	211,1	.40•
3.	IF NO, YOUR DEDUCTFROM LINE 1 ABOVE	LINE 2 LESS THAN THE AMOUNT TION IS NOT LIMITED. ENTER ON SCHEDULE A, LINE 29.		044	0.
		LINE 2 FROM LINE 1.	460 045	211,1	46.
4. 5. 6.		7 80% (.80). FROM FORM 1040, LINE 38. MARRIED FILING JOINTLY OR	168,917. 1,467,700.		
	QUALIFYING WIDOW(F HOUSEHOLD; \$261,50 IF MARRIED FILING	ER); \$287,650 IF HEAD OF 00 IF SINGLE; OR \$156,900 SEPARATELY.	313,800.		
7.	ON LINE 5? IF NO, YOUR DEDUCT THE AMOUNT FROM LI LINE 29.	LINE 6 LESS THAN THE AMOUNT FION IS NOT LIMITED. ENTER INE 1 ABOVE ON SCHEDULE A,			
		LINE 6 FROM LINE 5.	1,153,900.		
8. 9.		7 3% (.03). OF LINE 4 OR LINE 8.	34,617.	34,6	17.
10.		DUCTIONS. SUBTRACT LINE 9 HERE AND ON SCHEDULE A, LIN		176,5	29.
SCHE		ET LONG-TERM GAIN OR LOSS F 797, 2439, 6252, 4684, 6781		STATEMENT	<u>1</u> 6
DESC	RIPTION OF PROPERTY	·	GAIN OR LOSS	28% GAI	N
FORM	4797	_	148.		
TOTA	L TO SCHEDULE D, PA	ART II, LINE 11	148.		

SCHEDULE D	NET SHORT-TERM GAIN OR PARTNERSHIPS, S CORPORATIONS,		STATEMENT	17
DESCRIPTION OF	ACTIVITY		GAIN OR L	oss
DLA PIPER LLP				23.
TOTAL TO SCHEDU	LE D, PART I, LINE 5			23.
SCHEDULE D	NET LONG-TERM GAIN OR L PARTNERSHIPS, S CORPORATIONS,		STATEMENT	18
DESCRIPTION OF	ACTIVITY	GAIN OR LOSS	28% GAI:	n
DLA PIPER LLP		28.		
TOTAL TO SCHEDU	LE D, PART II, LINE 12	28.		

SCHI	EDULE D UNRECAPTURED SECTION 1250 GAIN	STATEMENT	19
1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
	SUBTRACT LINE 2 FROM LINE 1 ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED		
	ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		24.
	ADD LINES 3 THROUGH 5		24.
	ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7 ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	24.	
	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED		24.
11.	SECTION 1250 GAIN ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED		
12.	INVESTMENT COMPANY) ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECT 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
	ADD LINES 9 THROUGH 12 IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH		24.
15.	4 OF THE 28% RATE GAIN WORKSHEET ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7.	0.	
16.	IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041),	0.	
17.	BOX 11, CODE C COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENT: IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-	ER	0.
18.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER $-0-$. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		24.

SCHEDULE SE	1	NON-FARM IN	COME		STATEMENT	20
DESCRIPTION					AMOUNT	
VENABLE LLP DLA PIPER LLP					1,125,9	
TOTAL TO SCHEDULE	SE, LINE 2				1,377,4	148.
FORM 1116	SUMMARY OF FOI	REIGN TAXES	PAID OR A	CCRUED	STATEMENT	21
PASSIVE INCOME						
NAME OF COUNTRY IM	POSING TAX					
DATE PAID ACCRUED	AMT/FOREIGN CURRENCY	DIVIDENDS				₹
OTHER COUNTRIES	0.					21.
OTHER COUNTRIES 12/31/17	30.	30.				
	30.	30.				21.
TOTAL TO FORM 1116	, PART II, LINI	E 8				51.
PRIOR YEAR TAXES P.		RENT YEAR: OREIGN AMT	CONV. RA	TE U.S. A	TMA	
2016 2015 2014 2013 2012						
TOTAL PRIOR YEAR T.	AXES PAID IN T	HE CURRENT	YEAR			

FORM 1116	EXPENSES	DIRECTLY	ALLOCABLE	то	FOREIGN	INCOME	STATEMENT	22
DESCRIPTION					COUNTRY	7	AMOUNT	
DLA PIPER LLP			OTH	ER	COUNTRIE	S	4	54.
TOTAL TO FORM 1	116, PART	I, LINE	2				4	54.

FORI	WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18	STATEMENT 23
1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 39	1,291,171.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2929	
4	ENTER WORLDWIDE 25% GAINS 24	•
5	MULTIPLY LINE 4 BY 0.3687	•
6	ENTER WORLDWIDE 20% GAINS AND 44,417 QUALIFIED DIVIDENDS	•
7	MULTIPLY LINE 6 BY 0.4949 21,982	•
8	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	
9	MULTIPLY LINE 8 BY 0.6212	
10	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
11	ADD LINES 3, 5, 7, 9 AND 10	21,991.
12	SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	1,269,180.
FORI	1 6251 INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS	STATEMENT 24
DESC	CRIPTION	AMOUNT
MERI	RILL LYNCH 15265	47.
тота	AL TO FORM 6251, LINE 12	47.

FORM	6251	DEPRECIATION	ON	ASSETS	PLACED	IN	SERVICE	AFTER	1986	STATEMENT	25
DESCI	RIPTION									AMOUNT	
		ENABLE LLP LA PIPER LLP							_	_	48. 5.
TOTAI	TO FOR	M 6251, LINE 1	L8						_	_	43.

FOR	M 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18	K CREDIT	STATEMENT 2
1	ENTER THE AMOUNT FROM FORM 6251, LINE 28		1,403,501
2	ENTER WORLDWIDE 25% GAINS	24.	
3	MULTIPLY LINE 2 BY 0.1071	3.	
4	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	44,417.	
5	MULTIPLY LINE 4 BY 0.2857	12,690.	
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS		
7	MULTIPLY LINE 6 BY 0.4643		
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
9	ADD LINES 3, 5, 7 AND 8		12,693
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18		1,390,808

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 2'

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 19 OR LINE 22. (IF YOU COMPLETED WORKSHEET FOR CREDIT FOR LATE CONTRIBUTIONS, ENTER THE AMOUNT FROM LINE 8 OF THAT WORKSHEET.)

378.

- 2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 20
- 7,000.
- 3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 23. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

		FUTA					FUTA		
	POSTAL	TAXABLE	REDUCTION	CREDIT		POSTAL	TAXABLE	REDUCTION	CREDIT
X	ABBREV.	WAGES	RATE	REDUCTION	X	ABBREV.	WAGES	RATE	REDUCTION
	AK		x .000			NC		x .000	
	\mathtt{AL}		x .000			ND		x .000	
	AR		x .000			NE		x .000	
	AZ		x .000			NH		x .000	
Х	CA	7,000		147.		NJ		x .000	
	CO		x .000			NM		x .000	
	CT		x .000			NV		x .000	
	DC		x .000			NY		x .000	
	DE		x .000			OH		x .000	
	${ t FL}$		x .000			OK		x .000	
	GA		x .000			OR		x .000	
	HI		x .000			PA		x .000	
	IA		x .000			RI		x .000	
	ID		x .000			SC		x .000	
	${\tt IL}$		x .000			SD		x .000	
	IN		x .000			${f TN}$		x .000	
	KS		x .000			TX		x .000	
	KY		x .000			UT		x .000	
	LA		x .000			VA		x .000	
	MA		x .000			$ abla \mathbf{T}$		x .000	
	MD		x .000			WA		x .000	
	ME		x .000			WI		x .000	
	ΜI		x .000			WV		x .000	
	MN		x .000			WY		x .000	
	MO		x .000			PR		x .000	
	MS		x .000			VI		X .021	
	MT		x .000						
4	. TOTAL (CREDIT RE	EDUCTION						147.

5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS

WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 23

231.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 28
VENABLE LLP DLA PIPER LLP		-1,063,534. -243,450.
AMOUNT TO FORM 8960, LINE 4B		-1,306,984.
FORM 8960	STATE INCOME TAX	STATEMENT 29
CALIFORNIA ILLINOIS		2,053. 1.
AMOUNT TO LINES 9 AND 10 WOR	KSHEET, PART III, LINE 2	2,054.
FORM 8960 S	TATE INCOME TAX PAYMENTS	STATEMENT 30
CALIFORNIA		
DESCRIPTION		AMOUNT
STATE OF CALIFORNIA UNITED STATE SENATE ESTIMATE OR PRIOR YEAR OVERP	AYMENT	994. 9,994. 45,952.
TOTAL TO STATE FORM 8960, LI	NE 10	56,940.
FORM 8960 S	TATE INCOME TAX PAYMENTS	STATEMENT 31
ILLINOIS		
DESCRIPTION		AMOUNT
DLA PIPER LLP		1,306.
TOTAL TO STATE FORM 8960, LI	NE 10	1,306.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 3
PARTNERSHIP EXPENSES		
DESCRIPTION		AMOUNT
INTEREST - VENABLE K OFFICE SUPPLIES PROFESSIONAL FEES TRAVEL MCTMT CELL PHONE/INTERNET DUES AND SUBSCRIPTIC		7,609 250 3,752 18,766 412 3,022 1,200 403
TOTAL TO FORM 2106/S		35,410
·		
STATEMENT SBE	TOTAL GROSS VEHICLE EXPENSES	STATEMENT 3
PARTNERSHIP EXPENSES VEHICLE NUMBER 1		
GASOLINE AND OIL INSURANCE MISCELLANEOUS	3,148. 2,988. 397.	
TOTAL TO STATEMENT S	BE, PART II, LINE 23	6,533
	.s. AND FOREIGN SOURCE INCOME SUMMARY OREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
DLA PIPER LLP		76
TOTAL FOREIGN PARTNE	RSHIP/S-CORPORATION INCOME	76

		EIGN SOURCE HIP/S-CORPOR		SUMMAR'		TATEMENT	35
DESCRIPTION				INC	OME	LOSS	
VENABLE LLP DLA PIPER LLP			_	-	22,226. 22,755.		
TOTAL PARTNERSHIP/S-	-CORPORATION	INCOME/LOSS	5 =	1,6	44,981.		
FORM 1116 t		EIGN SOURCE N QUALIFIED	INCOME S		Y S	TATEMENT	36
DESCRIPTION	TOTAL DIVIDEND	QUALIFIED DIVIDEND	REDUCT: PERCEI		DIVIDEND O LINE 1A	QUAL DI ADJUSTME	
MERRILL LYNCH 15265	1,242.	1,086.	.50	 051	549.	5	37.
TOTALS	1,242.	1,086.			549.	5	37.

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	DOUGLAS C. EMHOFF & KAMALA D. HARRIS
Prepared by	
Amount of tax	Total tax \$ 76,862 Less: payments and credits \$ 101,940 Plus: interest and penalties \$ 230 OVERPAYMENT \$ 24,848
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 24,848 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942840 SACRAMENTO, CA 94240-0001
Return must be mailed on or before	OCTOBER 15, 2018
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

2018 ESTIMATED TAX FILING INSTRUCTIONS

CALIFORNIA ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for		
	DOUGLAS C. EMHOFF & KAMALA D. HARRIS	
Due no eve d bee		
Prepared by		
Amount of tax	Total Estimated Tax \$ 94,848	
	Less credit from prior year \$ 24,848	
	Less amount already paid on 2010 estimate	
	Balance due \$ 0	
	Payable in full or in installments as follows:	
	Installment Amount Due Date	
	No.1 \$ 0 APRIL 17, 2018	
	No. 2 \$ 0 JUNE 15, 2018	
	No.3 \$ 0 SEPTEMBER 17, 2018	
	No. 4 \$ 0 JANUARY 15, 2019	
Make check payable to	FRANCHISE TAX BOARD	
Mail voucher and check (if	FRANCHISE TAX BOARD P.O. BOX 942867	
applicable) to	SACRAMENTO, CA 94267-0008	
Special		
Instructions	MAIL EACH VOUCHER ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE YOUR CHECK FOR THE SPECIFIED AMOUNT, PAYABLE TO FRANCHISE TAX BOARD.	
	INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2018 FORE 540-ES" ON YOUR CHECK.	M.

Form at bottom of page.

	TAX PAYMENT WORKSHEET KEEP FOR YOUR RECORDS			
	tal tax you expect to owe. This is the amount you expect to enter on Form 540, line 64;			
	Long Form 540NR, line 74	11	04,592.	0
	yments and credits:			
a	California income tax withheld (including real estate and nonresident withholding) California estimated tax payments and amount applied from your 2016 tax return 2a 14,000.00 45,952.00			
b	California estimated tax payments and amount applied from your 2016 tax return 2b 45, 952. 00			
	(To check your estimated tax payments go to ftb.ca.gov and login or register for			
	MyFTB.)			
C	Other payments and credits (including any tax payments made with any previous			
1 To	form FTB 3519) 2c 00 tal tax payments and credits. Add line 2a, line 2b, and line 2c		59,952.	0
			45,000.	
	x due. Is line 1 more than line 3? No. Stop here. You have no tax due. Do not mail form FTB 3519. If you file your tax return by October 15, 2018 (fiscal year filer - automatic extension will apply.			U
	Yes. Subtract line 3 from line 1 and enter on line 4. This is your tax due. For online payments, do not mail the form, go to ftb.ca.g	ev/pay for mo	ra information	
	If you meet the requirements of the Mandatory e-Pay program, you must make all payments electronically, regardless of the taxab ftb.ca.gov/e-pay . For check or money order payments, using black or blue ink, complete your check or money order and form FTI amount from line 4 as the "Amount of payment." Make your check or money order payable to the "Franchise Tax Board," and write "2017 FTB 3519" in the "For" section. Enclose, but do not staple your payment to form FTB 3519 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008 .	B 3519. Enter	the tax due	
	IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.			
	WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Board." Write the taxpayer's social security number (SSN) or individual taxpay identification number (ITIN) and "2017 FTB 3519" on the check or money order Detach the form below. Enclose, but do not staple, payment with the form an FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.	yer er.		
	WHEN TO FILE: Calendar Year - File and Pay by April 17, 2018. Fiscal Year Filers - see instructions When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.			
	ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.			
	Go to ftb.ca.gov/pay for more information.			
	Do not mail this form if you use Web Pay.			
39451	11-02-17			
	DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM	DET	ACH HERE	
AUTIC	ON: You may be required to pay electronically. See instructions.	DET	AOTTTIETTE	
TAXA	Payment for Automatic	CAL	IFORNIA FORM	
2	017 Extension for Individuals	25	19 (PIT)	
	CIT Extension for individuals	- 30	ila (EII)	
9	***-**- EMHO			
	Amount of payment	45000	**	

20	To Camornia Estimated Tax Worksheet Keep this worksheet for your records.		
1	Residents: Enter your estimated 2018 California AGI. Nonresidents and part-year residents: Enter your estimated 2018 total AGI		
	from all sources. Military servicemember/spouses, get FTB Pub. 1032, Tax Information for Military Personnel	1 _	
2	a If you plan to itemize deductions, enter the estimated total of your itemized deductions 2a		
	b If you do not plan to itemize deductions, enter the standard deduction for your filing status:		
	\$4,236 single or married/RDP filing separately		
	\$8,472 married/RDP filing jointly, head of household, or qualifying widow(er)		
	c Enter the amount from line 2a or line 2b, whichever applies	2c _	
	Subtract line 2c from line 1	3 _	
4	Tax. Figure your tax on the amount on line 3 using the 2017 tax table for Form 540, or Long Form 540NR.		
	Also include any tax from form FTB 3800, Tax Computation for Certain Children with Investment Income, and form FTB 3803,		
	Parents' Election to Report Child's Interest and Dividends	4 _	
5	Residents; Skip to line 6a. Nonresidents and part-year residents:	_	
	a Enter your estimated 2018 California taxable income from Schedule CA (540NR), Part IV, line 49	_	
	b Compute the CA Tax Rate: Tax on total taxable income from line 4 Total taxable income from line 3	5b _	
		_	
	c Multiply the amount on line 5a by the CA Tax Rate on line 5b		
б	a Residents; Enter the exemption credit amount from the 2017 instructions for Form 540	_	
-	b Nonresidents or part-year residents; Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000	_	
	Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b	_	
	Residents: Subtract line 6a from line 4. Nonresidents or part-year residents: Subtract line 7 from line 5c	_	
	Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts		
	Add line 8 and line 9 Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses		
''	Nonresidents and part-year residents: For the child and dependent care expenses credit, use the amount from your 2017 Long Form	11 _	
	540NR, line 50. For the other credits listed on line 11, multiply the total 2017 credit amount by the ratio on line 6b.		
12		12	
	Subtract line 11 from line 10 Other credits (such as other state tax credit). See the 2017 instructions for Form 540, or Long Form 540NR	_	
	Subtract line 13 from line 12	–	
	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A	_	
	Alternative Minimum Tax. See Schedule P (540 or 540NR)		
	Mental Health Services Tax Worksheet, line E (on page 2 of these instructions)		
	2018 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero		
	a Multiply line 18 by 90% (.90). Farmers and fishermen multiply line 18 by 66 2/3% (.6667) 19a	_	
	b Enter the sum of line 48, line 61, and line 62 from your 2017 Form 540		
	or the sum of line 63, line 71, and line 72 from your Long Form 540NR 19b		
	c Enter the amount from your 2017 Form 540 line 17; or Long Form 540NR, line 32	19c	
	d Is the amount on line 19c more than \$150,000 (\$75,000 if married/RDP filing separately)?	_	
	Yes. Go to line 19e. No. Enter the lesser of line 19a or line 19b. Skip line 19e and 19f and go to line 20	19d_	
	e Multiply 110% (1.10) by line 19b	19e _	
	f Enter the lesser of line 19a or line 19e and go to line 20 (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for		
	married filing separately, use line 19a.) Caution: Generally, if you do not prepay at least the amount on line 19d (or 19f if no amount on line 19d), you may owe a penalty	19f _	
	for not paying enough estimated tax. To avoid a penalty, make sure your estimated tax on line 18 is as accurate as possible. If you		
	prefer, you may pay 100% of your 2018 estimated tax (line 18).		
	California income tax withheld and estimated to be withheld during 2018 (include withholding on pensions, annuities, etc.)	20 _	
21	Balance . Subtract line 20 from line 19d (or line 19f if no amount on line 19d). If less than \$500 (or less than \$250, if married/RDP filing separately), you do not have to make a payment at this time	0.4	94,848.
00	filing separately), you do not have to make a payment at this time	21 _	94,040.
22	on line 21 by 40%. Enter the result on the 2nd installment of your Forms 540-ES. There is not a required 3rd installment payment. If you will earn your income		
<u> </u>	at an uneven rate during the year, see Annualization Option in the instructions under paragraph D.		
	cord of Estimated Tax Payments ment form (a) (b) Web Pay/Credit card and (c) (d)	(e) To	al amount paid and
	nber Date confirmation number Amount paid 2017 overpayment applied		ed add (c) and (d)
1	04/17/18 \$ \$		
2	06/15/18		
3	09/17/18		
4	01/15/19		
Tot	, ,		70,000.
	ESTIMATED TAX ALREADY PAID:		70,000.

TAXA	DIE	VEAD			739001 12-21-17
	01	- 1 THE DEE			FORM
Manne	No. of the	' Cali	<u>fornia Resident Income Tax Re</u> t		540
API	3			ATTACH FEDERAL RET	TURN
***	k _ y	**_***	EMHO ***_***	17	
DOU	JGI	LAS	C EMHOFF		А
KAN			D HARRIS		R
					RP
		20			
_	* *	***	**_****		
-					
	1	Single	4 Head of househo	old (with qualifying person). See instructions.	
	2			er) with dependent child. Enter year spouse/RDP di	ed
Filing Status					
正哉	3	Married/F	RDP filing separately. Enter spouse's/RDP's SSN or ITIN al	bove and full name here	
		If your Californi	a filing status is different from your federal filing status, oh	and the box here	
		ii your Calliorni	a filing status is different from your federal filing status, ch	eck the box here	
	6	If someone can	claim you (or your spouse/RDP) as a dependent, check the	he box here. See inst	
			line 9, and line 10: Multiply the amount you enter in the bo		e. Whole dollars only
	7	Personal: If you	u checked box 1, 3, or 4 above, enter 1 in the box. If you	0	
			er 2, in the box. If you checked the box on line 6, see instru	uctions • 7 2 X \$114 = • \$	228
	8		your spouse/RDP) are visually impaired, enter 1;	● 8 X\$114 = ● \$	
	0		ally impaired, enter 2 or your spouse/RDP) are 65 or older, enter 1;		
	9		or older, enter 2	• 9 X \$114 = • \$	
	10		o not include yourself or your spouse/RDP.		
S				nt 2 Dependent 3	
tion			Dependent 1 Dependen		·
Exemptions		First Name			
EX		Last Name	● EMHOFF	•	
		Last Name	© EMHOFF		
		SSN	• ***_***		
		Dependent's			
		relationship to you	● DAUGHTER●	•	
		Markon - Crossel			
		Total depender	nt exemptions	• 10 1 X \$353 = • \$	353
		Evanation -	aunt Add line 7 through line 40. Transferthis and a line	ine 32 • 11 \$	581
	17	exemption am	ount: Add line 7 through line 10. Transfer this amount to li	ine 32 • 11 \$	201

022 3101174

Form 540 2017 **Side 1**

Your	nam	DOUGLAS C. EMHOFF Your SSN or ITIN: ***-***			
	12	State wages from your Form(s) W-2, box 16 • 12 171,73	7 .00)	
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	① 1:	3	1,467,700.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B	• 14	4	13,942.00
<u>•</u>	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	18	15	1,453,758.00
Incom	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 10	16	3,415.00
Taxable Income		California adjusted gross income. Combine line 15 and line 16 Enter the larger of Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: Single or Married/RDP filing separately \$4,236	• 17	17	1,457,173.00
		 Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 	• 18	18	39,926.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	① 19	19	1,417,247.00
		Tax. Check the box if from: Tax Table FTB 3800 Tax Rate Schedule FTB 3803 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203,		F	145,873.00
Тах		see instructions	● 3:	F	0.00
F		Subtract line 32 from line 31. If less than zero, enter -0-		33 _	145,873.00
	34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A FTB 5870A		F	.[00
	35	Add line 33 and line 34	⊚ 3	35	145,873.00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 4	40	.00
	43	Enter credit name code ● and amount	• 4	43	.00
odits	44	Enter credit name code ● and amount	• 4	44	.00
Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 4	45	73,183.00
Spec	46	Nonrefundable renter's credit. See instructions	• 4	46	.00
	47	Add line 40 through line 46. These are your total credits	4	47	73,183.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	• 4	48	72,690.00
5	61	Alternative minimum tax. Attach Schedule P (540)	• 6	81	.00
axes		Mental Health Services Tax. See instructions	• 6	62	4,172.00
Other Taxes		Other taxes and credit recapture. See instructions	• 6	53	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 6	64	76,862.00

022

Your	nam	DOUGLAS C. EMHOFF Your SSN or ITIN: ***-***]	
	71	California income tax withheld. See instructions	•	71	10,988.00
	72	2017 CA estimated tax and other payments. See instructions	•	72	90,952.00
Payments	73	Withholding (Form 592-B and/or 593). See instructions	•	73	.00
Payr	74	Excess SDI (or VPDI) withheld. See instructions	•	74	.00
	75	Earned Income Tax Credit (EITC)	•	75	.00
	76	Add lines 71 through 75. These are your total payments. See instructions	•	76	101,940 00
Use	91	Use Tax. Do not leave blank. See instructions 91 If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.	0	. 00	
	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	•	92	101,940.00
/x	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	•	93	.00
Overpaid Tax/ Tax Due	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	•	94	25,078.00
Overp Tax	95	Amount of line 94 you want applied to your 2018 estimated tax	•	95	24,848.00
		Overpaid tax available this year. Subtract line 95 from line 94	•	96	230 00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	•	97	00





022 3103174 Form 540 2017 Side 3

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ***-**-***

8		Code	Amount
	California Seniors Special Fund. See instructions	• 400	.00
Contributions	Alzheimer's Disease/Related Disorders Fund	• 401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	.00
	California Firefighters' Memorial Fund	• 406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407	.00
	California Peace Officer Memorial Foundation Fund	• 408	.00
	California Sea Otter Fund	···· 410	.00
	California Cancer Research Voluntary Tax Contribution Fund	• 413	.00
	School Supplies for Homeless Children Fund	• 422	.00
	State Parks Protection Fund/Parks Pass Purchase	• 423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	.00
	State Children's Trust Fund for the Prevention of Child Abuse	• 430	.00
	Prevention of Animal Homelessness and Cruelty Fund	• 431	.00
	Revive the Salton Sea Fund	• 432	.00
	California Domestic Violence Victims Fund	• 433	.00
	Special Olympics Fund	• 434	.00
	Type 1 Diabetes Research Fund	• 435	.00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	• 436	.00
	Habitat for Humanity Voluntary Tax Contribution Fund	• 437	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	.00
	Rape Backlog Kit Voluntary Tax Contribution Fund	• 440	.00
	110 Add code 400 through code 440. This is your total contribution	• 110	.00

Your	nam	DOUGLAS C. EMHOFF Your SSN or ITIN: ***-***	
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instruction Mail to: FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0001 Pay online - Go to ftb.ca.gov/pay for more information.	s. Do not send cash.
Interest and Penalties	112	Interest, late return penalties, and late payment penalties 112	.00
	113	Underpayment of estimated tax. Check the box: ● X FTB 5805 attached ● FTB 5805F attached ● 113	
	114	Total amount due. See instructions. Enclose, but do not staple, any payment	0.00
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instruction Mail to: FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001	ons. 0 _{.00}
Refund and Direct Deposit	See	in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided characteristructions. Have you verified the routing and account numbers? Use whole dollars only. For the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Outing number	eck or a deposit slip. rect deposit amount
Refu		e remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Type • Account number • Account number • Savings	rect deposit amount
		ANT: See the instructions to find out if you should attach a copy of your complete federal tax return.	
ftb.c	a.go	about your privacy rights, how we may use your information, and the consequences for not providing the request **V/forms** and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I decleturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, or spouse's/RDP's signature (if a joint tax return) Date Spouse's/RDP's signature (if a joint tax return)	are that I have examined correct, and complete.
Sig Her		Your email address. Enter only one email address.	Preferred phone number
Hei	•	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
It is unlawful to forge a spouse's/RDP's signature.			PTIN
Joint t	tax	Times name for yours, it someonproyecty	
return (See in	? nstruct	ions) Firm's address	• FEIN
			_**
		Do you want to allow another person to discuss this tax return with us? See instructions	● X Yes ● No elephone Number

022 3105174

Form 540 2017 Side 5

2017

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short). Name(s) as shown on tax return SSN or ITIN ***_**_*** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Caution: If this form is filled out, do not send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE. *Employee's social security number, name, and address must be the same as the information on the Form(s) W-2. W-2 Information 1st W-2 2nd W-2 a. Employee's social **_** **_*** security number * b. Employer identification _***** *_**** number (EIN) STATE OF CALIFORNIA UNITED STATE SENATE c. Employer's name ●RM SH 127 HART OFFICE BLDG ● P O BOX 942850 Address SACRAMENTO WASHINGTON City 0 \odot State 94250-5878 20510 ZIP code KAMALA KAMALA e. Employee's first name * D Middle initial * HARRIS HARRIS Last name * 0 • Suffix * f. Employee address * City * State * ZIP code * 1. Wages, tips, other 13,311. 158,426 compensation 2. Federal income tax (2,907. 27,909 withheld 14,512. (127,200 3. Social security wages 4. Social security tax 0 900. 7,886. withheld

210

6. Medicare tax withheld

•

2,421

	W-2 Information				1st W-2					2nd W-2	
	Social security tips Allocated tips (not included in box 1)						••				
10.	Dependent care benefits	•					•	3			
11.	Nonqualified plans	•					•				
12.	Codes and amounts		Codes		Amounts			Codes	_	Amounts	
	12a.	•	DD	•		1,661.	•	D	•		8,526.
	12b.	•		•			•	DD	•		5,283.
	12c.	•		•			•	3	•		
	12d.	•		•			•		•		
13.	Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	•••	X Retire	emer	employee it plan y sick pay		•••	X Ref	tireme	y employee ent plan rty sick pay	
14.	SDI, VPDI, or CA SDI (from box 14 or 19)	•	Туре	•	Amount		•	Type	•	Amount	
15.	State and employer's state ID number	•	State CA	•	Employer's state ID nur 80040397	mber	•	State	•	Employer's state ID numl	per
16.	State wages, tips, etc.	•				13,311.	•				158,426.
17.	State income tax	•				994.	•				9,994.



California Adjustments - Residents

CA (540)

Impo	rtant: Attach this schedule behind Form 540, Side 5 as a supporting C	Califo	rnia s	chedule.				
Name	(s) as shown on tax return						SS	N or ITIN
DOU	IGLAS C. EMHOFF & KAMALA D. HAR	RI	S				*	**_**_***
	I Income Adjustment Schedule on A - Income		A (t	Federal Amounts axable amounts from our federal tax return)	В	Subtractions	C	Additions
7	Wages, salaries, tips, etc. See instructions before making		yc	our receial tax return)	ř	×		
	an entry in column B or C	7	•	171,737.			•	
8		8(a)	63.94	1,123.		1.	•	
9	Ordinary dividends. See instrs. (b) 1,086.	9(a)	6230	1,243.	<u>•</u>		0	740.
10	Taxable refunds, credits, offsets of state and local income taxes	10	<u></u>	16,208.	<u> </u>	16,208.		
11	Alimony received	11	_	20,2000)	20,200.	•	
12	Business income or (loss)	12	_		•		0	
13	Capital gain or (loss). See instructions	13	_	49,592.	•	2	•	38
14	Other gains or (losses)	14	_	,	•		•	
15		15(b)			•		•	
16	Pensions and annuities. See inst. (a) 795, 263.	16(b)	•		•		•	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			1,306,984.	•		•	2,675.
18	Farm income or (loss)	18	•	, - , - , - , - , - , - , - , - , - , - ,	•		•	
19	Unemployment compensation	19	•		•		No 10	
20		20(b)	623		•			
21	Other income.	200		(a 💿	N /	a	
	a California lottery winnings 6 NOL from FTB 3805Z, 3806, 3807, or 3809				b 🗑	OI .	b	
	b Disaster loss deduction from FTB 3805V f Other (describe):	21	•		C		c 💿	
	C Federal NOL (Form 1040, line 21)			1	d 💿	(I	d	
	d NOL deduction from FTB 3805V				e 💿	OI .	e	
	ACCIA SAMACINA DE PRIMA ESTADO CONTRA			(f 💿	OI .	f 💿	
22	Total. Combine line 7 through line 21 in column A. Add line 7				-			
	through line 21f in column B and column C. Go to Section B	22	•	1,546,887.	•	16,209.	•	3,415.
Section	on B - Adjustments to Income)				-
23	Educator expenses	23	•		•			
24	Certain business expenses of reservists, performing artists, and				ř	/		
	fee-basis government officials	24	•		•		•	
25	Health savings account deduction	25	•	2,267.	•	2,267.		
26	Moving expenses	26	•					
27	Deductible part of self-employment tax	27	•	26,332.				
28	Self-employed SEP, SIMPLE, and qualified plans	28	•	44,151.				
29	Self-employed health insurance deduction	29	•	6,437.				
30	Penalty on early withdrawal of savings	30	•					
31a	Alimony paid. (b) Recipient's: SSN●		None					
	Last name	31a					•	
32	IRA deduction	32	•					
33	Student loan interest deduction	33	•				•	
34	Tuition and fees	34	•		•			
35	Domestic production activities deduction	35	•		•			
36	Add line 23 through line 31a and line 32 through line 35 in		15000		Total Control of the		A TABLE	
	columns A, B, and C	36	•	79,187.	•	2,267.	•	
				1 465 505	•	10 01-		2 445
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	•	1,467,700.	•	13,942.	•	3,415.

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	● 38	211,146.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions	● 39	105,623.
40	Subtract line 39 from line 38	● 40	105,523.
41	Other adjustments including California lottery losses. See instructions. Specify	• 41	
42	Combine line 40 and line 41	● 42	105,523.
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$187,203 Head of household \$280,808 Married/RDP filing jointly or qualifying widow(er) \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 LIMIT	⊚ 43	39,926.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately. See instructions \$4,236 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,472 Transfer the amount on line 44 to Form 540, line 18	● 44	39,926.



Alternative Minimum Tax and Credit Limitations - Residents

CALIFORNIA SCHEDULE

P (540)

Atta	tach this schedule to Form 540.		5.
Nar	ame(s) as shown on Form 540		Your SSN or ITIN
DO	OUGLAS C. EMHOFF & KAMALA D. HARRIS		***_**_***
Pa	art Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding Cali	fornia/federal differe	nces.
1	1 If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard		
	deduction from Form 540, line 18, and go to line 6	1	00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, I		00
3	Personal property taxes and real property taxes. See instructions	● 3	57,606.00
4	4 Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	● 4	00
5	Miscellaneous itemized deductions. See instructions	● 5	00
	6 Refund of personal property taxes and real property taxes. See instructions		(00)
	Do not include your state income tax refund on this line.		
7	7 Investment interest expense adjustment. See instructions	● 7	00
	8 Post-1986 depreciation. See instructions	● 8	-43.00
9	9 Adjusted gain or loss. See instructions	● 9	-78.00
10	O Incentive stock options and California qualified stock options (CQSOs). See instructions		00
	1 Passive activities adjustment. See instructions		00
12	2 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	●12	00
13	3 Other adjustment and preferences. Enter the amount, if any, for each item, a through I, and enter the total on line 1	3. See instructions.	
	a Circulation expenditures ● OO g Mining costs ●	00	
	b Depletion OO h Patron's adjustment O	00	
	c Installment sales O_ i Pollution control facilities	00	
	d Intangible drilling costs OO j Research and experimental OO j	00	
	e Long-term contracts Oo k Tax shelter farm activities ■	00	
	f Loss limitations OO I Related adjustments O	00 ●13	
14	4 Total Adjustments and Preferences. Combine line 1 through line 13		57,485.00
	5 Enter taxable income from Form 540, line 19. See instructions		1,417,247.00
	6 Net operating loss (NOL) deductions from Schedule CA (540), line 21b, line 21d, and line 21e, column B. Enter as a		00
	7 AMTI exclusion. See instructions		200000
	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this lin		(00/
	line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instruct		(65,597.00)
	Single or married/RDP filing separately \$187,203		
	Married/RDP filing jointly or qualifying widow(er) \$374,411		
	Head of household \$280,808		
19	9 Combine line 14 through line 18	●19	
20	Alternative minimum tax NOL deduction. See instructions	●20	00
21	1 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21		File Transport Machinery
_	is more than \$355,690, see instructions)		1,409,135.00
	art II Alternative Minimum Tax (AMT)		
22	2 Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)		
	If your filing status is: Single or head of household And line 21 is not over: \$258,168 \$68,846		
	Married/RDP filing jointly or qualifying widow(er) \$344,225 \$91,793	MT 4 ⊚ 22	0.00
	Married/RDP filing separately \$172,110 \$45,895		
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.		1 400 105
	3 Subtract line 22 from line 21. If zero or less, enter -0-		1,409,135.00
	4 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)		98,639.00
	5 Regular tax before credits from Form 540, line 31		145,873.00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If		
	than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2018, enter ar		
	line 26 on the 2018 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for so		
	energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	●26	0.00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540. 145,873.00 0 1 1 Enter the amount from Form 540, line 35 98,639.00 @ 2 2 Enter the tentative minimum tax from Side 1, Part II, line 24 (d) (a) (b) (c) Tax balance that Credit Credit Credit used may be offset this year carryover amount Section A - Credits that reduce excess tax. by credits 3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. 47,234. A1 Credits that reduce excess tax and have no carryover provisions. 4 Code: 162 Prison inmate labor credit (FTB 3507) 5 Code: 232 Child and dependent care expenses credit (FTB 3506) A2 Credits that reduce excess tax and have carryover provisions. Code: Credit Name: 6 \odot Code: Credit Name: 7 7 Code:

Output

Credit Name: ledown \odot 8 Code: Credit Name: 9 O 10 Code: 188 Credit for prior year alternative minimum tax 10 Section B - Credits that may reduce tax below tentative minimum tax. 11 If Part III, line 3 is zero, enter the amount from line 1, If line 3 is more 145,873. than zero, enter the total of line 2 and the last entry in column (c) B1 Credits that reduce net tax and have no carryover provisions. 12 Code: 170 Credit for joint custody head of household 12 13 Code: 173 Credit for dependent parent 13 14 Code: 163 Credit for senior head of household 15 Nonrefundable renter's credit 15 B2 Credits that reduce net tax and have carryover provisions. 16 Code: 233 Credit Name: CA COMPETES 4,087. 4,087. **141,786. ⊚** 16 119,193. 17 Code: 176 Credit Name: E/Z HIRE/USE 22,593. 22,593. 17 18 Code: Credit Name: 18 O 19 Code: Credit Name: 19 B3 Other state tax credit. 20 Code: 187 Other state tax credit 20 46,503. 46,503. 72,690. Section C - Credits that may reduce alternative minimum tax. 21 Enter your alternative minimum tax from Side 1, Part II, line 26 21 22 Code: 180 Solar energy credit carryover from Section B2, column (d) \odot 23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 23



24

•

24 Adjusted AMT. Enter the balance from line 23, column (c) here

and on Form 540, line 61

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return		5	SSN, ITI	N, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I befo	ro completing		*	***_**
-	ome item(s) description	And the second s	d income taxable by California	(c) Do	puble-taxed income taxable by the state
150 27500	LA PIPER LLP	(=) Boubic-taxo	3,396.	() ou	3,396.
•		•	59	•	74
•		_ •	20 20		30
1	Total double-taxed income	•	3,396.	<u></u>	3,396.
Par	Figure Your Other State Tax Credit (Read specific line instructions	for Part II before	re completing.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column	(b) •	3	3,396.00
4	California adjusted gross income		•	4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0023
6	Multiply line 2 by line 5			6	274.00
7	Income tax liability paid to name of other state (use state's abbreviation)	<u>AZ</u>		7	88.00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, columr	n (c)	8	3,396.00
9	Adjusted gross income taxable by other state			9	3,396.00
10	Divide line 8 by line 9. Do not enter more than 1.0000		•	10	1.0000
11	Multiply line 7 by line 10		•	11	88.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Cod	de 187		12	88.00

Attac	th to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return		,	SSN, IT	IN, or FEIN
The state of the s	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before)	ro completing)		,	***_**
-	ome item(s) description	to a graph of the control of the con	come taxable by California	(a) D	ouble-taxed income taxable by her state
150 27500	LA PIPER LLP	Double-taxed in	4 , 285 .	a (c) ot	4,285.
⊚ <u>D</u> .	BENDER SOLVENSOUGH COMMENT TO THE COMMENT	- •	4,203.	<u> </u>	The state of the s
<u> </u>		_	<u> </u>	<u> </u>	-
1	Total double-taxed income		4,285.	©	4,285.
Par	Figure Your Other State Tax Credit (Read specific line instructions	for Part II before	completing.)		
2	California tax liability			2	119,193.00
	Double-taxed income taxable by California. Enter the amount from Part I,				
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0029
6	Multiply line 2 by line 5			6	346.00
7	Income tax liability paid to name of other state (use state's abbreviation)	⊚ <u>CT</u>		7	300.00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, column (c)	8	4,285.00
9	Adjusted gross income taxable by other state			9	4,285.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	300.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187		12	300.00



2017 Other State Tax Credit S Attach to Form 540, Long Form 540NR, or Form 541. SSN, ITIN, or FEIN Name(s) as shown on your California tax return ***_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Part I Double-Taxed Income (Read specific line instructions for Part I before completing.) (b) Double-taxed income taxable by California (c) Double-taxed income taxable by other state (a) Income item(s) description **⊙VENABLE LLP** 3,462. 3,462. \odot 0 2,227. DLA PIPER LLP 2,227. 0 0 0 0 5,689. 5,689. 1 Total double-taxed income Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.) 119,193.00 2 2 California tax liability

			<u> </u>
3	Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<u>©</u> 3	5,689.00
4	California adjusted gross income	• 4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000	© 5	.0039
6	Multiply line 2 by line 5		465.00
7	Income tax liability paid to name of other state (use state's abbreviation) DE	7	375.00
8	Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	5,689.00
9	Adjusted gross income taxable by other state	9	5,689.00
10	Divide line 8 by line 9. Do not enter more than 1.0000	<u></u> • 10	1.0000
11	Multiply line 7 by line 10		375.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	⊚ 12	375.00

2017	Other State Tax Credit			S
Attach to Form 54), Long Form 540NR, or Form 541.			
Name(s) as shown	on your California tax return		SSN, I	TIN, or FEIN
DOUGLAS C	. EMHOFF & KAMALA D. HARRIS			***_**
Part I Double-	Taxed Income (Read specific line instructions for Part I before co	NAME OF THE PARTY		
(a) Income item(s) descri		Double-taxed income taxable by Californ		Double-taxed income taxable by other state
●DLA PIPE	- 10 (10 (10 (10 (10 (10 (10 (10 (10 (10			7,789.
		<u> </u>	•	
•		<u> </u>	•	
1 Total double-t	axed income	7,789.	_	7,789.
Part II Figure	Your Other State Tax Credit (Read specific line instructions for	Part II before completing.)		
2 California tax	liability		2 _	119,193.00
3 Double-taxed	I income taxable by California. Enter the amount from Part I, line	1, column (b)(3 _	7,789.00
4 California ad	usted gross income		4 _	1,457,173.00
5 Divide line 3	by line 4. Do not enter more than 1.0000		5 _	.0053
6 Multiply line	2 by line 5		6 _	632.00
7 Income tax li	ability paid to name of other state (use state's abbreviation)	<u>}A</u> (7 _	467.00
8 Double-taxed	I income taxable by other state. Enter the amount from Part I, line	1, column (c)	8 _	7,789.00
Adjusted gro	ss income taxable by other state		9 _	7,789.00

10 Divide line 8 by line 9. Do not enter more than 1.0000 **1.0000**

11 Multiply line 7 by line 10 ________ **11** _________ **467.** 00

12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 ______ @ 12 _____ 467 . 00

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return		5	SSN, ITI	N, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**_**
Part	Double-Taxed Income (Read specific line instructions for Part I be	fore completing.)			
	ome item(s) description	THE RESERVE OF THE PARTY OF THE	ed income taxable by California		ouble-taxed income taxable by ner state
NOT THE ALL DAY	TEREST AND DIVIDENDS	©	17.	•	17.
The second second	A PIPER LLP	<u> </u>	29,804.	•	29,804.
● DI	A PIPER LLP	©	9.	•	9.
1	Total double-taxed income	•	29,830.	<u></u>	29,830.
Parl	Figure Your Other State Tax Credit (Read specific line instruction	ns for Part II befo	ore completing.)		
2	California tax liability		•	2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part	I, line 1, column	(b)	3	29,830.00
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0205
6	Multiply line 2 by line 5			6	2,443.00
7	Income tax liability paid to name of other state (use state's abbreviation)		7	1,200.00
8	Double-taxed income taxable by other state. Enter the amount from Par	t I, line 1, colum	n (c)	8	29,830.00
9	Adjusted gross income taxable by other state			9	27,563.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	1,200.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit C	ode 187		12	1,200.00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return		5	SSN, ITI	N, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before	ra completing \		,	***_**
_				/a\ Do	ouble-taxed income taxable by
	ome item(s) description				
1000	A PIPER LLP	_	799.	<u></u>	799.
•		<u> </u>		O	
		<u> </u>		•	
	Total double-taxed income	bic	799.	<u></u>	799.
Par	Figure Your Other State Tax Credit (Read specific line instructions	for Part II before	completing.)		
2	California tax liability			0	119 193.00
2	California tax liability				110/100.00
1720	Double toyed income toyable by California Enter the amount from Part I. I	ing 1 polyman (b)		•	799 00
3	Double-taxed income taxable by California. Enter the amount from Part I, $$	ine i, column (b)		3	133.00
4	California adjusted gross income		•	4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0005
6	Multiply line 2 by line 5			6	60.00
7	Income tax liability paid to name of other state (use state's abbreviation)			7	71. 00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, column (d	e) <u> </u>	8	799.00
	The state of the s	•		-	
9	Adjusted gross income taxable by other state			9	799. 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	71. 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187		12	60.00

	<u>C</u>
CALIFORNI	A SCHEDULE
	/39441 11-1/-

Attac	h to Form 540, Long Form 540NR, or Form 541.				,
Name	e(s) as shown on your California tax return		S	SN, IT	IN, or FEIN
	GLAS C. EMHOFF & KAMALA D. HARRIS			,	***_**
	Double-Taxed Income (Read specific line instructions for Part I			(-) D	ouble-taxed income taxable by
	ome item(s) description	(D) Double-ta	axed income taxable by California 291,704.	(c) of	ouble-taxed income taxable by ther state 291,704.
• <u>• • •</u>			231,704.	<u> </u>	231,704.
• <u> </u>		•	50	•	
1	Total double-taxed income	©	291,704.	<u> </u>	291,704.
Parl	II Figure Your Other State Tax Credit (Read specific line instruct	tions for Part II be	efore completing.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Pa	art I, line 1, colum	n (b)	3	291,704.00
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.2002
6	Multiply line 2 by line 5			6	23,862.00
7	Income tax liability paid to name of other state (use state's abbreviati	ion) MD		7 _	21,878.00
8	Double-taxed income taxable by other state. Enter the amount from F	Part I, line 1, colu	mn (c)	8	291,704.00
9	Adjusted gross income taxable by other state			9	291,704.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10		© .	11 _	21,878.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credi	t Code 187		12	21,878.00

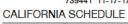
Attach to Form 540, Long Form 540NR, or Form 541.				
Name(s) as shown on your California tax return		S	SN, ITI	N, or FEIN
DOUGLAS C. EMHOFF & KAMALA D. HARRI			*	***_**_***
Part I Double-Taxed Income (Read specific line instructions for Pa	A10-10-10-10-10-10-10-10-10-10-10-10-10-1		Do	nuble taxed income taxable by
(a) Income item(s) description	(b) Double-taxe	d income taxable by California		ouble-taxed income taxable by her state
		11,120.	<u> </u>	11,120.
		<u> </u>	<u> </u>	
<u> </u>		529		
1 Total double-taxed income	<u> </u>	11,120.	<u></u>	11,120.
Part II Figure Your Other State Tax Credit (Read specific line ins	tructions for Part II befo	re completing.)		
2 California tax liability			2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from	m Part I, line 1, column (b)	3	11,120.00
4 California adjusted gross income			4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000		•	5	.0076
6 Multiply line 2 by line 5			6	906.00
7 Income tax liability paid to name of other state (use state's abbre	eviation) MA		7	1,215.00
8 Double-taxed income taxable by other state. Enter the amount from	om Part I, line 1, column	(c)	8	11,120.00
g Adjusted gross income taxable by other state		•	9	11,120.00
10 Divide line 8 by line 9. Do not enter more than 1.0000		© 1	10	1.0000
11 Multiply line 7 by line 10		@ 1	11	1,215.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use C	Credit Code 187		12	906.00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return		S	SSN, ITI	N, or FEIN
ATT TO STATE OF THE PARTY OF TH	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before	ro completing		*	**-**
-	come item(s) description			(c) Do	puble-taxed income taxable by ner state
- E 1975 C	NABLE LLP	(a) Double-tax	6,435.	• ou	6,435.
•		•	5.9	•	
•			509	_	
1	Total double-taxed income		6,435.	<u></u>	6,435.
Par	Figure Your Other State Tax Credit (Read specific line instructions	for Part II befo	re completing.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part I, I	ine 1, column	(b)	3	6,435.00
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0044
6	Multiply line 2 by line 5			6	524.00
7	Income tax liability paid to name of other state (use state's abbreviation)	<u>MN</u>		7	634.00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, columr	(c)	8	6,435.00
9	Adjusted gross income taxable by other state			9	6,435.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	634.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187		12	524.00

CALIFORNIA SCHEDULE

Attach to Form 540, Long Form 540NR, or Form 541.				~				
Name(s) as shown on your California tax return	SN, ITII	N, or FEIN						
DOUGLAS C. EMHOFF & KAMALA D. HARRIS	SOLARO A SAMUELA DE ACESTA DE LA MARCINA DE LA MARCINA MARCINA DE LA MARCINA DEL LA MARCINA DELIGIA DE LA MARCINA DE LA MARCINA DE LA MARCINA DE LA MARCINA DELIGIA DELIGIA DELIGIA DE LA MARCINA DELIGIA DELIGIA DE LA MARCINA DELIGI							
Part I Double-Taxed Income (Read specific line instructions for Part I b	petore completing.)		4 x Do	uble-taxed income taxable by				
(a) Income item(s) description		ome taxable by California	(c) oth	ouble-taxed income taxable by ner state				
●DLA PIPER LLP		3,394.		3,394.				
<u> </u>			<u></u>					
●	•		O					
1 Total double-taxed income	<u> </u>	3,394.	<u>_</u>	3,394.				
Part II Figure Your Other State Tax Credit (Read specific line instruction	ions for Part II before c	ompleting.)						
2 California tax liability			2	119,193.00				
3 Double-taxed income taxable by California. Enter the amount from Par	rt I, line 1, column (b)	•	3	3,394.00				
4 California adjusted gross income			4	1,457,173.00				
5 Divide line 3 by line 4. Do not enter more than 1.0000			5	.0023				
6 Multiply line 2 by line 5			6	274. 00				
7 Income tax liability paid to name of other state (use state's abbreviation	on)		7	304.00				
8 Double-taxed income taxable by other state. Enter the amount from Pa	art I, line 1, column (c)		8	3,394.00				
g Adjusted gross income taxable by other state			9	3,394.00				
10 Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000				
11 Multiply line 7 by line 10			11	304.00				
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit	Code 187		12	274. 00				



Attach to Form 540, Long Form 540NR, or Form 541.				
Name(s) as shown on your California tax return		S	SN, ITI	N, or FEIN
DOUGLAS C. EMHOFF & KAMALA D. HARRIS	\$		*	***_**
Part I Double-Taxed Income (Read specific line instructions for Part	t I before completin	g.)		
(a) Income item(s) description	(b) Double-ta	axed income taxable by California	(c) Oth	puble-taxed income taxable by her state
● VENABLE LLP		151,422.	•	151,422.
●DLA PIPER LLP	<u>_</u>	42,284.	•	42,284.
● DLA PIPER LLP - NY MCTMT		44,703.	_	44,703.
1 Total double-taxed income		238,409.	©	238,409.
Part II Figure Your Other State Tax Credit (Read specific line instr	uctions for Part II be	efore completing.)		-8
2 California tax liability			2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from	Part I, line 1, colum	n (b)	3	238,409.00
4 California adjusted gross income			4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000			5	.1636
6 Multiply line 2 by line 5			6	19,500.00
7 Income tax liability paid to name of other state (use state's abbrev	iation) NY		7	17,236.00
8 Double-taxed income taxable by other state. Enter the amount fro	m Part I, line 1, colu	mn (c)	8	238,409.00
Adjusted gross income taxable by other state			9	238,409.00
10 Divide line 8 by line 9. Do not enter more than 1.0000		⊚ '	10	1.0000
11 Multiply line 7 by line 10		<u></u> •	11	17,236.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Cr	edit Code 187	<u></u>	12	17,236.00



Attac	h to Form 540, Long Form 540NR, or Form 541.				
-	e(s) as shown on your California tax return		S	SSN, ITI	IN, or FEIN
200	JGLAS C. EMHOFF & KAMALA D. HARRIS	. 10		,	***_**
_	Double-Taxed Income (Read specific line instructions for Part I bef	AND AND ADDRESS OF THE PARTY OF		(-) Do	ouble-taxed income taxable by
- 150 47 50 5	ome item(s) description A PIPER LLP	(D) Double-taxed in	ncome taxable by California	(c) ot	ouble-taxed income taxable by ther state 1,376.
• <u>D</u>	IN TITUL BUT		1,570.	<u> </u>	1,570.
•		_ •	59	•	
1	Total double-taxed income	<u> </u>	1,376.	<u>_</u>	1,376.
Par	Figure Your Other State Tax Credit (Read specific line instruction	s for Part II before	completing.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part I	, line 1, column (b)		3	1,376.00
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0009
6	Multiply line 2 by line 5			6	107.00
7	Income tax liability paid to name of other state (use state's abbreviation)	⊚ <u>NC</u>		7	76.00
8	Double-taxed income taxable by other state. Enter the amount from Part	I, line 1, column (c)	8	1,376.00
9	Adjusted gross income taxable by other state			9	1,376.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	76.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	ode 187	©	12	76.00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return	SN, ITI	N, or FEIN		
	GLAS C. EMHOFF & KAMALA D. HARRIS	flati		,	***_**
	Double-Taxed Income (Read specific line instructions for Part I be ome item(s) description		ome tavable by California	(c) Do	puble-taxed income taxable by her state
	A PIPER LLP	Double-taxed inco	599.	() ot	599 .
•		•	440000000000000000000000000000000000000	•	800000000000000000000000000000000000000
•		•	= = = = = = = = = = = = = = = = = = = =	•	
1	Total double-taxed income	<u> </u>	599.	<u>_</u>	599.
Par	II Figure Your Other State Tax Credit (Read specific line instruction	ns for Part II before c	ompleting.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part	I, line 1, column (b)		3	599. 00
4	California adjusted gross income		•	4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0004
6	Multiply line 2 by line 5			6	48.00
7	Income tax liability paid to name of other state (use state's abbreviation	n)		7 _	30.00
8	Double-taxed income taxable by other state. Enter the amount from Par	rt I, line 1, column (c)		8	599.00
9	Adjusted gross income taxable by other state		•	9	599. 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			0	1.0000
11	Multiply line 7 by line 10		<u>@</u> 1	1	30.00

12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187

30.00

LIFORNIA SCHEDUL S

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return			SSN, ITI	N, or FEIN
A COLUMN TO A COLU	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before)	ro completing \		*	***_**
_	ome item(s) description		1:	- (c) Do	puble-taxed income taxable by
	LA PIPER LLP	Double-taxed	7,794.	o (c) oth	7,794.
O	IN TITEM BELL		7,754.	<u> </u>	7,752.
<u> </u>			53	<u> </u>	
			20		
1	Total double-taxed income	📵	7,794.	<u></u>	7,794.
Parl	Figure Your Other State Tax Credit (Read specific line instructions	for Part II befor	re completing.)		
2	California tax liability			2	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part I,	ine 1, column (l	o) ©	3	7,794.00
4	California adjusted gross income) 4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000		©) 5	.0053
6	Multiply line 2 by line 5) 6	632.00
7	Income tax liability paid to name of other state (use state's abbreviation)			7	239.00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, column	(c)	8	7,794.00
9	Adjusted gross income taxable by other state			9	7,794.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10)11	239.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187) 12	239.00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return			SSN, ITI	N, or FEIN
DOU	JGLAS C. EMHOFF & KAMALA D. HARRIS			,	***_**
Part	Double-Taxed Income (Read specific line instructions for Part I befo	re completing	1.)		71
- AE 15 NO 15	ome item(s) description	(b) Double-tax	xed income taxable by Californ	nia (c) Do	ouble-taxed income taxable by her state
NOTE OF THE PARTY.	NABLE LLP	<u> </u>	44,356.	•	44,356.
Name and Address of the Owner, where the Owner, which is the Own	A PIPER LLP	<u> </u>	5,254.	•	5,254.
•			29	•	
1	Total double-taxed income	•	49,610.	<u>_</u>	49,610.
Parl	Figure Your Other State Tax Credit (Read specific line instructions	for Part II bet	fore completing.)		
2	California tax liability		6	2 _	119,193.00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column	n (b)	3 _	49,610.00
4	California adjusted gross income			4	1,457,173.00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5 _	.0340
6	Multiply line 2 by line 5			6 _	4,053.00
7	Income tax liability paid to name of other state (use state's abbreviation)	⊚ <u>VA</u>		7 _	2,850.00
8	Double-taxed income taxable by other state. Enter the amount from Part	I, line 1, colum	nn (c)	8 _	49,610.00
9	Adjusted gross income taxable by other state			9 _	49,610.00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10)11	2,850.00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	de 187		12 _	2,850.00

TAXABLE YEAR

2521
CALIFORNIA FORM
729111 12-06-17

	2017 California	Compe	tes lax Credit				3531
Atta	ach to your California tax return.						
Nar	ne(s) as shown on your California	tax return		X SSN or ITI		A Corporation r	10. FEIN
D0	NICIAC C EMILORE	C WAMATA	D HARRIG	California Secre	etary of S	tate file number	
_	DUGLAS C. EMHOFF (me of credit owner. See instruction		D. HARRIS	CA Corpo	ration no	FEIN	
C A	MP			California Secre	etary of S	tate file number	
	ME rt I Credit Earned. See Instr	uctions.		I			
10	Agreement number: Does the credit earned in line 1a		Cradit parned		10		00
ıa	Does the credit earned in line 1a	include the ach	ievement of milestones from m	ore than one year?	1a	Yes	□ No
1b	Agreement number: Does the credit earned in line 1a		Credit earned		1b		00
	Does the credit earned in line 1b	include the ach	nievement of milestones from m	ore than one year?		Yes	No
	Total credit earned in 2017. Add						00
Pa	rt II Available Credit						
3	Credit amount from Part I, line 2.	See instruction	S		3		00
	Pass-through California Compete						
4a	Agreement number for the pass-t	through Californ	nia Competes Tax Credit:				
5	Current year credit Add line 2 a	and line 4			5		00
5 5a	Current year credit. Add line 3 a S Corporation enter 1/3 of the an	nount of Line 5			5 5a		00
ou	o corporation critici 170 of the an	nount of Line 5					
6	Credit carryover from prior year(s). See instructio	ons		6		4,087.00
							1 007
7	Total available California Compet	es Tax Credit. A	Add line 5 and line 6. S corpora	tions see instructions	7		4,087.00
8a	Credit claimed. Enter the amour	nt of the credit c	claimed from Part IV. line 11. co	olumn (d) on this form.			
	See instructions. (Do not include				8a		4,087.00
b	Total credit assigned. Enter the to	otal amount from	m form FTB 3544, column (g).		6 .		
	If you are not a corporation, ente	r -0 See instruc	ctions		8b		00
9	Credit carryover available for futu	ıre vears. Add li	ne 8a and line 8b. subtract the	result from line 7	9		00
	rt III Credit Recapture						
	Credit recapture. See instruction	S			10		00
	rt IV Credit Claimed				5).		
	(a)	(b)	(c)	(d)		(e))
	Agreement number	Year credit earned	redit amount available for use	Credit claimed		Credit ca	
11							
	1	1			1		

Total credit claimed .

TAXABLE YEAR 2017

Enterprise Zone Deduction and Credit Summary

739071 12-20-17 CALIFORNIA FORM

3805Z

Attach to your California tax return.		
Name(s) as shown on your California tax return	SSN or ITIN C/	A Corporation no. X FEIN
	California Secretary of State file	e number
DOUGLAS C. EMHOFF & KAMALA D. HARRIS		
A. Check the appropriate box for your entity type: Individual Estate Trust C corporation Exempt organization Limited liability company Limited B. Enter the name of the Enterprise Zone (EZ) business: DLA PIPER LLP	Partnership ed liability partnership	
C. Enter the address (actual location) where the EZ business is conducted:		
D. Enter the name of the EZ in which the business and/or investment activity is located: LOS ANGELES-EAST		,
Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC co	de, see instructions	541110
F. Total number of employees in the EZ		
G. Number of employees included in the computation of the hiring credit, if claimed		2
H. Gross annual receipts of the business		1,336,813,471.00
I. Total asset value of the business		539,719,237.00
Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.))	
1 Hiring and sales or use tax credits claimed on the current year return:		₩ WEWWYYY
a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f)	• 1a	1,734.00
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b)		00
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f)	© 1c	
d Add line 1a and line 1c	• 1d	1,734.00
Part II Portion of Business Attributable to the Enterprise Zone. See instructions.		
2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, li	ne 4.	2
Part III Net Operating Loss (NOL) Carryover and Deduction. See instructions.		
3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 26, column (b)	3a	00
b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 26,		90
column (c). Enter this amount on Schedule CA (540 or 540NR), line 21e, column B; Form 100,	line 20;	
Form 100W, line 20; Form 100S, line 18; or Form 109, line 6		00
c Enter the EZ NOL carryover to future years from Worksheet III, line 26, column (e)	3с	00

col. (c), minus col. (d)

•

•

Schedule Z Computation of Credit Limitations - Enterprise Zones

Part	1 (Con	nputation of C	redit	Limitations. Se	e instr	uctions.									
					lividuals: Enter t			Worksh	eet II. Sec	etio	n B. line 1	4. column	(c)			
					line 2). See instr							and the second	(0)			
					pportioned to Ca			_					•	1	96.4	09,468.00
												See instru	rtions	2	/	7 - 1 - 1 - 00
															96 4	09,468.00
	Enter the EZ NOL deduction from Worksheet III, line 26, column (c)												4		00,100.00	
												•			09,468.00	
											T			9	D0, =	05,400.00
0	6 a Compute the amount of tax due using the amount on line 5. See instructions 6 a 11,829,916.00											6 00				
	See	e ins	tructions					ND F	•	68	111,0	49,91	0.00			
					m Form 540, line											
					0, line 23; Form						1	AE 07	2			
					orations and S co					6k	1.0	45,87	3 . 00		ı	
					ine 6b. This is th										1	45 072
	Go to	Part	II, Part III, or F	art IV	. See instruction	S								7		45 ,873. ₀₀
D4		4														
Part	Ш	_im	itation of Cred	lits fo	or Corporations,	Indiv	iduals, Estate	s, and	Irusts. Se	e ir	nstruction	S.	16		88	0.0
	(a)		(b)		(c)		(d)		(e)			f)	Oradit	(g)	ed on	(h)
	Credit		Credit		Total		otal credit		redit sum		Limitatio		Sch. P.			Total credit carryover col.
ı	name		amount		prior year carryover		3544, col. (g)				income be gre			reater than col		(e) minus col. (f)
					carryovor		50 1 1, 501. (g)	1,111	10 001. (d)		IIIO	31110	(e) o	rco	ol. (f)	(o) minuo con (i)
		1200									0445			4		
8 Hir		Α		_							● 145	,873.	•	Ι,	734.	
cre	dit	_						_							ľ	_
		В	● 1,73	4.	•	•		•	1,734	•	• 1	,734.				•
9 Sal	es or	1000			Ĭ		Ĭ				-		-			
	tax	Α									•		•			
cre	dit ryover														T.	2
Cai	yover	В		(•		•			•					•
	355	26 - 6		100		26	35	-M		3555	*		(C)		3	×6 2
Part	III I	_im	itation of Cred	lits fo	r S corporation	s Only	. See instruct	ions.								
	(a)		(b)		(c)		(d)			(e)		10	(f)			(g)
(Credit		Credit		S corporation	200	Total		Tota			10 H 20 1 V V V V	it used			Carryover
r	name		amount		credit col. (b	1000	prior ye		12%	ol. (d		200	ear by		C	ol. (e) minus
					multiplied by	1/3	carryov	er	plus	CO	I. (a)	S corp	ooration			col. (f)
10 Hir	ing										*					3
cre	dit		•		•		•		•			•			•	
11 Sale	s or use	tax					,9									
cred	lit carryo	ver					•		•			•			•	
							3		Š.		35	48.			į.	
Part	IV I	Lim	itation of Cred	lits fo	or Corporations	and S	Corporation	s Subjec	ct to Payi	ng	Only the	Minimum	Franchi	se	Tax. See	instructions.
		(a)			(b)		**	(c)		en c		(d)		4.0		(e)
	(Credit			Total			Total cr		ned		Total cr	edit carryover
	Credit Credit Total Total credit assigned name amount prior year from form FTB 3544,												f col. (b) plus			

Refer to page 4 for information on how to claim deductions and credits.

•

12 Hiring credit 13 Sales or use

tax credit carryover

carryover

•

•

col. (g)

•

•

000				
022 California	38057	Worksheet II	Income or Loss Apportionment - Enterprise Zones	2017
Gaintoitha	00002	***************************************	moonie of zees Appertioninent Zinterprise Zenes	2017

Name of the enterprise zone business

DLA PIPER LLP

Section A Income Apportionment			
Use Worksheet II, Section A, if your business has net income from sources within and outside an EZ.	(a) Total within	(b) Total within	(c) Percentage within an EZ
Ironi sources within and outside an Ez.	California	an EZ	column (b) ÷ column (a)
PROPERTY FACTOR			
1 Average yearly value of owned real and tangible personal			
property used in the business (at original cost). See			
instructions for more information. Exclude property not			
connected with the business and the value of construction			
in progress. Inventory			
Buildings			
Machinery and equipment			
Furniture and fixtures			
Delivery equipment			
Land			
Other tangible assets (attach schedule)			
Rented property used in the business.			
See instructions			
Total property values			
PAYROLL FACTOR			
2 Employees' wages, salaries, commissions, and other			
compensation related to business income included in			
the tax return.			
Total payroll			
3 Total percentage - sum of the percentages in column (c)			
4 Average apportionment percentage - 1/2 of line 3.			
Enter here and on form FTB 3805Z, Side 1, line 2			

022 California	3805Z	Worksheet II	Income or Loss Apportionment - Enterprise Zones (continued)	2017
				1

Name of the enterprise zone business

DLA PIPER LLP

Section B Income or Loss Apportionment				
Part I Individual Income and Expense Items. S	See instructions.			
	(a) Amount		(b) Percentage of time providing services in the EZ	(c) Apportioned amount column (a) x column (b)
1 Wages				
2 Employee business expenses				
3 Total. Combine line 1, column (c) and line 2, colu	ımn (c)			
Part II Pass-Through Income or Loss. See instr	ructions.			
(a) Name of entity			(b) ive or pro-rata share of busines o the EZ from Schedule K-1 (10 including capital gains	00S, 541, 565, or 568)
4 DLA PIPER LLP				96,409,468.
5 Total. Add line 4, column (b)				96,409,468.
Part III Taxpayer's Trade or Business. See instru	uctions.			
	(a) Business inco or loss	ome	(b) Apportionment percentage for the EZ	(c) Apportioned income or loss column (a) x column (b)
6 Schedule C or C-EZ				
7 Schedule E (Rentals)				
8 Schedule F				
9 Other business income or loss				
10 Total. Add line 6 through line 9, column (c)				
	(a) Business ga or loss	ain	(b) Apportionment percentage for the EZ	(c) Apportioned gain or loss column (a) x column (b)
11 Schedule D				
12 Schedule D-1				
13 Total. Add line 11, column (c) and line 12, column	n (c)			
14 Total. Add line 3, line 10, and line 13, column (c),	, and line 5, column	(b)		96,409,468.

TAXABLE YEAR 2017

Enterprise Zone Deduction and Credit Summary

739071 12-20-17 CALIFORNIA FORM

3805Z

Attach to your California tax return.	
Name(s) as shown on your California tax return	SSN or ITIN CA Corporation no.
	California Secretary of State file number
DOUGLAS C. EMHOFF & KAMALA D. HARRIS	
A. Check the appropriate box for your entity type: Individual Estate Trust C corporation Exempt organization Limited liability company Limited B. Enter the name of the Enterprise Zone (EZ) business: DLA PIPER LLP	Partnership ed liability partnership
C. Enter the address (actual location) where the EZ business is conducted:	
D. Enter the name of the EZ in which the business and/or investment activity is located: SAN DIEGO	,
E. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC co	de, see instructions 541110
F. Total number of employees in the EZ	170
G. Number of employees included in the computation of the hiring credit, if claimed	5
H. Gross annual receipts of the business	4 005 040 4-4
I. Total asset value of the business	539,719,237.00
Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.))
1 Hiring and sales or use tax credits claimed on the current year return:	
a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f)	● 1a 20,859.00
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b)	
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f)	● 1c 00
d Add line 1a and line 1c	● 1d 20,859. ₀₀
Part II Portion of Business Attributable to the Enterprise Zone. See instructions.	
2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, li	ne 4 • 2
Part III Net Operating Loss (NOL) Carryover and Deduction. See instructions.	
3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 26, column (b)	3a 00
b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 26,	
column (c). Enter this amount on Schedule CA (540 or 540NR), line 21e, column B; Form 100,	line 20;
Form 100W, line 20; Form 100S, line 18; or Form 109, line 6	3b 00
c Enter the EZ NOL carryover to future years from Worksheet III, line 26, column (e)	3c 00

Schedule Z Computation of Credit Limitations - Enterprise Zones

Part	1	Con	nputation of Cred	it Limitations. Se	e insti	ructions.													
1	Trade	or b	usiness income. In	ndividuals: Enter t	the an	nount from the	Worl	ksheet	II, Sec	ction	B, I	ine 1	4, column	1 (c)					
	on this	line	and on line 3 (ski	p line 2). See instr	uction	s. Corporation	s filir	ng a co	ombine	d re	port	, ente	er the						
	taxpay	er's	business income	apportioned to Ca	aliforni	ia. See instruct	ions	for for	m FTB	380)5Z,	Part	H		•	1	96,4	09	,468.00
2	Corporations: Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions										3	2							
3	Multip	ly lir	ne 1 by line 2											i si da ta		3	96,4	09	,468.00
4	Enter t	he E	Z NOL deduction	from Worksheet I	II, line	26, column (c)										4			00
5	EZ tax	able	income. Subtract	line 4 from line 3											•	5	96,4	09	,468.00
	a Cor	mpu	te the amount of t	ax due using the	amour	nt on line 5.											ž.		
	See	ins	tructions	11.50.000000000000000000000000000000000	feg tytes:		ray distribution	200701601	•	6a	11	, 8	29,91	6.	00				
	b Ent	er th	ne amount of tax fr	rom Form 540, line	35; L	ong Form 540	NR, I	ine 42	,		2								
	For	m 5	41, line 21; Form 1	00, line 23; Form	100W	, line 23; Form	1008	S, line	21;										
	or F	orm	109, line 10. Com	porations and S co	orpora	itions, see insti	ructio	ons		6b		1	45,87	3.	00				
7	Enter t	the s	smaller of line 6a o	r line 6b. This is th	ne limit	tation based or	n the	EZ bu	siness	inc	ome	491							
	Go to	Part	II, Part III, or Part	IV. See instruction	าร		9212122								•	7	1	45	,873.00
																	jū.		
Part	II I	Limi	tation of Credits	for Corporations	, Indiv	iduals, Estate	s, ar	nd Tru	sts. Se	e in	stru	ction	S.						
	(a)		(b)	(c)		(d)	3.5	(e)	55,63		(f)	200		(g)		3.33	(h)
1.15	Credit		Credit	Total		otal credit			it sum				n based				ed on n never		Total credit
r	name		amount	prior year		ned from form 3544, col. (g)			s col. (d col. (d)	c),	on	EZ bi	usiness	be g	reat	ert	than col.	2.00	arryover col. minus col. (f)
				carryover	ГІВ	3344, COI. (g)		illius C	ЮІ. (u)			IIICO	nne		(e) o	rco	ol. (f)	(e)	minus coi. (i)
		1207				ĺ						_	120122723		85		12002000		
8 Hir	ing	Α								(o 1	45	,873.	•	2	0,	859.		
cre	edit								120 220 20		20		torresmu.						
		В	② 20,859.	•	•		•	20	,859		•	20	,859.					•	
9 Sal	es or	1207				ĺ					20								
use	tax	Α								(•			•					
cre	dit ryover	_		-	120		100				120								
	you	В		•	•		•			-	•							•	
					1170	42.75													
Part	III I	Limi	itation of Credits	for S corporation	s Onl	y. See instruct	ions.	9					6						
	(a)		(b)	(c)		(d)				(e)		i i		(f)					(g)
	Credit		Credit	S corporation		Total			Tota				Cred						ryover
r	name		amount	credit col. (multiplied by		prior ye					(c) this y		year porat			C		e) minus ol. (f)	
				multiplied by	1/3	carryov	GI .		pius	COL	. (u)		3 (0)	puldi	LIOIT			CC	71. (I)
10 Hir			0																
cre	edit		•	•		•		•)				•				•		

Part IV Limitation of 0	Credits for Corporations and	d S Corporations Subject to	Paying Only the Minimum Franc	hise Tax. See instructions.
(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c), minus col. (d)
12 Hiring credit	•	•	•	•
13 Sales or use tax credit carryover		•	•	•

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Refer to page 4 for information on how to claim deductions and credits.

11 Sales or use tax

credit carryover

000				
022 California	38057	Worksheet II	Income or Loss Apportionment - Enterprise Zones	2017
Gaintoitha	00002	***************************************	moonie of zees Appertioninent Zinterprise Zenes	2017

Name of the enterprise zone business

DLA PIPER LLP

Section A Income Apportionment			
Use Worksheet II, Section A, if your business has net income from sources within and outside an EZ.	(a) Total within	(b) Total within	(c) Percentage within an EZ
Ironi sources within and outside an Ez.	California	an EZ	column (b) ÷ column (a)
PROPERTY FACTOR			
1 Average yearly value of owned real and tangible personal			
property used in the business (at original cost). See			
instructions for more information. Exclude property not			
connected with the business and the value of construction			
in progress. Inventory			
Buildings			
Machinery and equipment			
Furniture and fixtures			
Delivery equipment			
Land			
Other tangible assets (attach schedule)			
Rented property used in the business.			
See instructions			
Total property values			
PAYROLL FACTOR			
2 Employees' wages, salaries, commissions, and other			
compensation related to business income included in			
the tax return.			
Total payroll			
3 Total percentage - sum of the percentages in column (c)			
4 Average apportionment percentage - 1/2 of line 3.			
Enter here and on form FTB 3805Z, Side 1, line 2			

022 California	3805Z	Worksheet II	Income or Loss Apportionment - Enterprise Zones (continued)	2017
				1

Name of the enterprise zone business

DLA PIPER LLP

Section B Income or Loss Apportionment				
Part I Individual Income and Expense Items. S	See instructions.			
	(a) Amount		(b) Percentage of time providing services in the EZ	(c) Apportioned amount column (a) x column (b)
1 Wages				
2 Employee business expenses				
3 Total. Combine line 1, column (c) and line 2, colu	ımn (c)			
Part II Pass-Through Income or Loss. See instr	ructions.			
(a) Name of entity			(b) ive or pro-rata share of busines o the EZ from Schedule K-1 (10 including capital gains	00S, 541, 565, or 568)
4 DLA PIPER LLP				96,409,468.
5 Total. Add line 4, column (b)				96,409,468.
Part III Taxpayer's Trade or Business. See instru	uctions.			
	(a) Business inco or loss	ome	(b) Apportionment percentage for the EZ	(c) Apportioned income or loss column (a) x column (b)
6 Schedule C or C-EZ				
7 Schedule E (Rentals)				
8 Schedule F				
9 Other business income or loss				
10 Total. Add line 6 through line 9, column (c)				
	(a) Business ga or loss	ain	(b) Apportionment percentage for the EZ	(c) Apportioned gain or loss column (a) x column (b)
11 Schedule D				
12 Schedule D-1				
13 Total. Add line 11, column (c) and line 12, column	n (c)			
14 Total. Add line 3, line 10, and line 13, column (c),	, and line 5, column	(b)		96,409,468.

TAXABLE YEAR 2017

Underpayment of Estimated Tax by Individuals and Fiduciaries

739561 11-29-17
CALIFORNIA FORM
5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.

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

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

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding
 credit) but not including estimated tax payments for either 2016 or 2017 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2016 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, if paid in the required installments, is at least 90% of the tax shown on your 2017 return or 100% of the tax shown on your 2016 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filling a separate return) and you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filling a separate return), must use the tax shown on their 2017 tax return if they do not meet one of the two conditions above.

Pa	art Questions. All filers must complete this part. Estates and Trusts, see General information E.		
1	requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Lone 1541, line 44. If you need additional space, attach a statement. Interval Information C	Long Form 540NR,	line 123;
	or Form 541, line 44. If you need additional space, attach a statement.		
	See General Information C	1 • Yes	X No
2			77
		2 • Yes	X No
3			
	and the actual dates withheld?	3 • Yes	X No
		_	18
			N/A
	NOT A MORPH STATE WHICH A STAT		
	withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.		
		s =	
	4/15/17 ● \$; 6/15/17 ● \$; 9/15/17 ● \$; 1/15/18 ●	9\$	
4	4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E	4 • Yes	No.



Pa	art II Required Annual Payment. All filers must complete this part.		
1	Current year tax. Enter your 2017 tax after credits. See instructions	1	76,862.00
2	Multiply line 1 by 90% (.90) 2 69 , 176 . 00		
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	10,988.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	65,874.00
5	Enter the tax shown on your 2016 tax return. See instructions . (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2017, more than \$75,000)	5	79,812.00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	69,176.00
	ort Method ution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and If you answered "No" to Question 2 in Part I and you cannot use the short method, go to Worksheet II in the instructions (page	-	to Part III.
7	Enter the amount, if any, from Part II, line 3 above 7 00		
8	Enter the total amount, if any, of estimated tax payments you made		
9	Add line 7 and line 8	9	00
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	
11	Multiply line 10 by .02828493	11	00
12	If the amount on line 10 was paid on or after 4/15/18, enter -0 If the amount on line 10 was paid before 4/15/18, enter the result of the following computation: Amount on Number of days paid line 10 X before 4/15/18 X .00011	12	00
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805."	13	230.00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2017 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: if you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

	mple B: If you worked all year and earned a monthly salary that did no				hedule.		
Esta	To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, do not use the period ending dates shown to (a) (b) (c) (d)						
	right. Instead, use the following: 2/28/17, 4/30/17, 7/31/17, £ 80/17. Fiscal year filers must adjust dates accordingly.	ind	1/1/17 to 3/31/17	1/1/17 to 5/31/17	1/1/17 to 8/31/17	1/1/17 to 12/31/17	
1	Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions.						
	Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions	1					
2	Annualization amounts. Estates or Trusts, see instructions	2	4	2.4	1.5	1	
3	Annualized income. Multiply line 1 by line 2	3				ľ	
4	Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9	4					
5	Annualization amounts	5	4	2.4	1.5	1	
	Annualized itemized deductions. Multiply line 4 by line 5. See instructions	6	2000	1000000	1		
7	Enter your standard deduction from your 2017 Form 540, or Long Form 540NR, line 18. Enter the total standard	7					
Q	deduction amount in each column. See instructions Enter line 6 or line 7, whichever is larger	8	7		1	f .	
	Subtract line 8 from line 3	9					
	Figure the tax on the amount in each column of line 9	3	Ÿ		1		
10	using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions	10					
11	Enter the total amount of exemption credits from your	1					
	2017 Form 540, line 32 or Form 541, line 22. If you filed						
	a Long Form 540NR, see instructions	11					
12	Subtract line 11 from line 10. Long Form 540NR filers,	1					
	complete Worksheet I in the instructions	12					
13	Enter the total credit amount from your 2017 Form 540, line 47;						
	or Form 541, line 23. Long Form 540NR filers, see instructions	13					
14	a Subtract line 13 from line 12. If zero or less, enter -0-	14a					
	b Enter the alternative minimum tax and mental health tax	14b				ľ	
	c Add line 14a and line 14b	14c					
	d Enter the excess SDI from Form 540, line 74 or					ľ	
Long Form 540NR, line 84		14d					
	Subtract line 14d from line 14c. If zero or less, enter -0-	14e					
15	Applicable percentage	15	27%	63%	63%	90%	
16	Multiply line 14e by line 15	16					
Con	nplete Line 17 through Line 23 of each column before go to the next column.						
	Enter the combined amounts shown on line 23 from all					,	
	preceding columns	17					
18	Subtract line 17 from line 16. If zero or less, enter -0	18					
19	Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c	19					
20	Enter the amount from line 22 from the preceding column	20					
	Add line 19 and line 20	21					
22	Subtract line 18 from line 21. If zero or less, enter -0-	22					
23	Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1	23	•	•	•	•	

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

022 7673174 FTB 5805 2017 Side 3

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

			Payment Due Dates					
Part	I Figure Your Underpayment.		(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18		
1	Required Installments. See instructions	1	20,753.	27,670.		20,753.		
2	Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I)	2	19,248.	19,396.	15,000.	3,296.		
COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.								
3	Enter amount, if any, from line 9 of previous column	3				5,221.		
4	Add line 2 and line 3	4		19,396.	15,000.	8,517.		
5	Add amounts on line 7 and line 8 of the previous column	5		1,505.	9,779.			
6	Subtract line 5 from line 4. If zero or less, enter -0 For column (a) only, enter the amount from line 2	6	19,248.	17,891.	5,221.	8,517.		
	If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7		0.	0.			
8	Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9	8	1,505.	9,779.		12,236.		
9	Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9			5,221.			

Part II Figure the Penalty. Complete line 10 and line 11 of one column before going to the next column.

Rate Period 1:		4/15/17	6/15/17	9/15/17	1/15/18
April 15, 2017 - April 15, 2018 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or		Days:	Days:	Days:	Days:
4/15/18, whichever is earlier	10	SEE ATTACHE	D WORKSHEET		
11 Underpayment Number of on line 8 X days on line 10 X .04					
(see instructions) 365	11	 \$	 \$	 \$	 \$

Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, and check the box on that line _______ **12** \$ 230 •

lame(s)				Identifying Numb	
DOUGLAS C. (A) *Date	EMHOFF & KAN	(C) Adjusted Balance Due	S (D) Number Days Balance Due	(E) Daily Penalty Rate	(F)
		-0-			
04/15/17	20,753.	20,753.			
04/15/17	-3,296.	17,457.			
04/15/17	-15,952.	1,505.	61	.000109589	1
06/15/17	27,670.	29,175.			
06/15/17	-4,396.	24,779.			
06/15/17	-15,000.	9,779.	92	.000109589	9
09/15/17	-15,000.	-5,221.			
01/15/18	20,753.	15,532.			
01/15/18	-3,296.	12,236.	90	.000109589	12
nalty Due (Sum of Col	umn F).			1	23

^{*} Date of estimated tax payment, withholding credit date or installment due date.

(California	Exemption Credit - AGI Limitation Worksheet		2017
	e(s) as shown on UGLAS C.	return EMHOFF & KAMALA D. HARRIS		Social security number
a.	Enter the amount	from Form 540, line 13, or RDP recalculated AGI	a	1,467,700.
b.	Single or married Married/RDP filin	for your filing status on line b: /RDP filing separate \$187,203 g joint or qualifying widow(er) \$374,411 Id \$280,808	b	374,411.
c.	Subtract line b fr	om line a	c	1,093,289.
d.		2,500 (\$1,250 if married/RDP filing separate). It is not a whole number, round it to the next higher whole number	d	438.
e.	Multiply line d by	\$6	e	2,628.
f.	Add the numbers	from the boxes on Form 540, line 7, line 8 and line 9	f _	2
g.	Multiply line e by	line f	g	5,256.
h.	Enter the total do	llar amount from Form 540, line 7, line 8 and line 9	h	228.
i.	Subtract line g fr	om line h. If zero or less, enter -0-	i	0.
j.	Enter the number	from the box on Form 540, line 10	j	1
k.	Multiply line e by	line j	k	2,628.
I.	Enter the dollar a	mount from Form 540, line 10	ι_	353.
m.	Subtract line k fro	om line I. If zero or less, enter -0-	m	
n.	Add line i and m.	Enter the result here and on Form 540, line 32. If zero or less, enter -0-	n	

	California	Itemized Deductions Worksheet	2017
	e(s) as shown on return UGLAS C • EM	HOFF & KAMALA D. HARRIS	Social security number
1.	Enter the amount from S	Schedule CA (540), line 42 or Schedule CA (540NR), line 42	105,523.
2.	Using California amount	s, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses	
3.	Subtract line 2 from line	1	105,523.
	Note: If -0-, stop. Enter	the amount from line 1 on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
4.	Multiply line 3 by 80% (80)	84,418.
5.	Amount from Form 540	or Form 540NR, line 13	1,467,700.
6.	Enter amount shown be	ow for your filing status:	
	- Head of household, en	filing separate, enter \$187,203 ter \$280,808 t or qualifying widow(er), enter \$374,411	374,411.
7.	Subtract line 6 from line	5	1,093,289.
	Note: If -0- or less, stop	Enter the amount from line 1 above on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
8.	Multiply line 7 by 6% (.0	6)	65,597.
9.	Compare line 4 and line	8. Enter the smaller amount here	65,597.
10.	Total itemized deduction	s. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	39,926.

2017 Income from Pa	ssthroughs	
VENABLE LLP I.D. NUMBER: **-*****		
TAXABLE INCOME (LOSS) SUMMARY:		
NONPASSIVE GAIN		1,066,209
NET INCOME (LOSS) FOR ENTITY		1,066,209
ACTIVITY INFORMATION:	=	
VENABLE LLP		
GUARANTEED PAYMENTS UNREIMBURSED EXPENSES ORDINARY INCOME (LOSS)	123,336 -58,692 1,001,565	
TOTAL NONPASSIVE GAIN (LOSS)		1,066,209

2017 Income from Pas	sthroughs CA	
DLA PIPER LLP I.D. NUMBER: **-*****		
TAXABLE INCOME (LOSS) SUMMARY:		
NONPASSIVE GAIN		243,450
NET INCOME (LOSS) FOR ENTITY		243,450
ACTIVITY INFORMATION:		
DLA PIPER LLP		
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS)	243,596 -146	
TOTAL NONPASSIVE GAIN (LOSS)		243,450

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

lame	e of Entity: VENABLE LLP	EIN: **-*	****
1.	Your adjusted basis at the end of the prior year. Do not enter less than zero.		1 ((0 171
	Enter -0- if this is your first tax year	1.	1,669,171.
	Increases:		
2.	Money and your adjusted basis in property contributed to the partnership less		
	the associated liabilities (but not less than zero)	2.	34,085.
3	Your increased share of or assumption of partnership liabilities (Subtract your share of		
٥.	liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities		
	shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership		
	liabilities you assumed during the tax year) (but not less than zero)	3.	0.
	masimiles you assumed during the tax your, (but not loss than 2010)	 _	
4.	Your share of the partnership's income or gain (including tax-exempt income) reduced by		
	any amount included in interest income with respect to the credit to holders of clean renewable		0.40 0.07
	energy bonds	4. <u> </u>	942,897.
5.	Any gain recognized this year on contributions of property. Do not include gain from		
	transfer of liabilities	5. <u> </u>	0.
6	Your share of the excess of the deductions for depletion (other than oil and gas		
0.	depletion) over the basis of the property subject to depletion	6.	0.
	depletion, over the basis of the property subject to depletion	0.	
	Decreases:		
7.	Withdrawals and distributions of money and the adjusted basis of property distributed		
	to you from the partnership. Do not include the amount of property distributions		
	included in the partner's income (taxable income)	7.	1,406,301.
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		
	your partnership interest immediately before the distribution.		
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities		
	because they were assumed by the partnership. (Subtract your share of liabilities shown in		
	item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed		
	during the tax year (but not less than zero))	8.	0.
9.	Your share of the partnership's nondeductible expenses that are not capital		11 202
	expenditures	9. <u> </u>	11,293.
10.	Your share of the partnership's losses and deductions (including capital losses).		
	However, include your share of the partnership's section 179 expense deduction for		
	this year even if you cannot deduct all of it because of limitations	10	34,059.
11	The amount of your deduction for depletion of any partnership oil and gas property,		
	not to exceed your allocable share of the adjusted basis of that property	11.	0.
	The second secon	·····	- `
12.	Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6		1 104 500
	and subtract lines 7 through 11 from the total. If zero or less, enter -0)	12	1,194,500.
	Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

CA SCHEDULE CA TAXABLE INTERES	T INCOME - SUBT	RACTION	STATEMENT	1
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTME	NT
FROM K-1 - DLA PIPER LLP	0.	1.	- 	-1.
TOTAL TO SCHEDULE CA (540), LINE 8B				-1.
CA SCHEDULE CA ORDINARY DIVI	DENDS - ADDITIC	DN	STATEMENT	2
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMEN	NT
MERRILL LYNCH 15265	740.	0.		40.
TOTAL TO SCHEDULE CA (540), LINE 9C			74	40.
CA SCHEDULE CA RENTS, ROYALTIES,	PARTNERSHIPS,	ETC	STATEMENT	3
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMEN	ΝT
VENABLE LLP	1,066,209.	1,063,534	2,67	75.
TOTAL TO SCHEDULE CA(540), LINE 17C			2,67	75.

SCHEDULE P (540), PART II, LINE 22

SCHI	EDULE P LINE 22 EXEMPTION WORKSHEET	STATEMENT 4
1.	ENTER \$68,846 IF SINGLE OR HEAD OF HOUSEHOLD; \$91,793 IF	
	MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$45,895	
	IF MARRIED/RDP FILING SEPARATELY	91,793.
2.	ENTER YOUR AMTI FROM SCHEDULE P (540), PART I, LINE 21	1,409,135.
3.	ENTER \$258,168 IF SINGLE OR HEAD OF HOUSEHOLD; \$344,225	
	<pre>IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER);</pre>	
	\$172,110 IF MARRIED/RDP FILING SEPARATELY	344,225.
4.	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0-	1,064,910.
5.	MULTIPLY LINE 4 BY .25% (.25)	266,228.
6.	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0	
	IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 24, GO TO LINE 7.	
	OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540), PART II,	
	LINE 22 AND COMPLETE SCHEDULE P (540)	0.
7.	CHILD'S MINIMUM EXEMPTION AMOUNT	
8.	ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE	
	INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION	
9.	ADD LINE 7 AND LINE 8	
10.	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON	

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

lame	e of Entity: VENABLE LLP	EIN: **-*	****
1.	Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	1.	1,382,479.
	Increases:		
2.	Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2	34,085.
3.	Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2016 Schedule K-1 from your share of liabilities shown in Item K of your 2017 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	3.	0.
4.	Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	4.	942,897.
5.	Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	5. <u> </u>	0.
6.	Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	6. <u> </u>	0.
	Decreases:		
7.	Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	7. <u> </u>	1,406,301.
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2017 Schedule K-1 from your share of liabilities shown in item K of your 2016 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	8. <u> </u>	0.
9.	Your share of the partnership's nondeductible expenses that are not capital expenditures	9	11,293.
10.	Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	10	34,107.
11.	The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	11	0.
12.	Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0)	12	907,760.
	Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

2017 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	DOUGLAS C. EMHOFF & KAMALA D. HARRIS
Prepared by	
Amount of tax	Total tax \$ 1,200 Less: payments and credits \$ 1,306 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 106
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 106
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD, IL 62719-0001
Return must be mailed on or before	OCTOBER 15, 2018
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

Automatic Extension Payment for Individuals Filing Form IL-1040

	Tax Payment Worksheet for Y	our Reco	rds		
1 Enter the total income and other taxes you e	xpect to owe and report on Form IL-1040.			1	0.
2 Enter your Illinois Income Tax withheld and		2	0.		
3 Enter your Illinois estimated payments and a	ny overpayment credited to 2017.	3	0.		
4 Enter any tax payment made for tax year 20	17 with a previous Form IL-505-I.	4	0.		
5 Enter the estimated allowable credits for inco	ome tax paid to other states, Illinois Property				
Tax paid, education expenses, earned incom	e, and credits from Schedule 1299-C.	5	0.		
6 Total tax payments and credits. Add Lines 2	through 5.				0.
7 Tentative tax due - Subtract Line 6 from Lin	e 1. Round to whole dollars and enter here and o	on Form IL-505	i-I.	7	0.
Illinois Department of Revillands Scarling Scarl	ment for Individuals	h your pa	Official	Use	
***-**- EMHO	***-**-** 2	STOP	Do not file this form if no electronically or by credit	payment is due or you pay card.	
Your Social Security number	Spouse's Social Security number		endar year ending or fiscal year ending		
				Month and year	
DOUGLAS C. EMHOFF & K	AMALA D. HARRIS			•	
•	•	\rightarrow	\$	0	
		,	our check or money order S DEPARTMENT OF REVE	,	y)
Daytime phone number			FIELD IL 62794-9005		

Illinois Department of Revenue 2017 Form IL-1040 Individual Income Tax Return or for fiscal year ending

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

***_**	*	***-**-**	* * :
חחוומו. אפ מ	EMU∩EE		

KAMALA D. HARRIS

	С	Filing status (see instructions) Single or head of household Married filing jointly Married filing status (see instructions)	enarately	Widowed
Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or	верагатету	(Whole dollars only)
Income		1040EZ, Line 4.	1	1,467,700 _{.00}
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A,		
		Line 8b; or federal Form 1040EZ.	2	740 .00
	3	Other additions. Attach Schedule M.	3	.00.
	4	Total income. Add Lines 1 through 3.	<u> </u>	1,468,440 .00
Step 3:	5	Social Security benefits and certain retirement plan income		
Base		received if included in Line 1. Attach Page 1 of federal return. 5	.00	
Income	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10. 6	.00	
<u> </u>	7	Other subtractions. Attach Schedule M. 7	209 _{.00}	
2		Check if Line 7 includes any amount from Schedule 1299-C.		4.6.000
5	_	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	16,209.00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	1,452,231 .00
Step 4:		e instructions before completing Step 4. a Number of exemptions from your federal return. b If someone can claim you as a dependent, see instructions. C Check if 65 or older: You + Spouse = X \$1,000 C	.00.	
กี		d Check if legally blind: You + Spouse = X \$1,000 d Exemption allowance. Add Lines a through d.	.00 10	0.00
Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	.00
Net		Nonresidents and part-year residents:		
Income		Check the box that applies to you during 2017 X Nonresident Part-year resident	t, and	
		enter the Illinois base income from Sch. NR. Attach Sch. NR. 12 27, 5	63 .00	
Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero.		
Tax		Nonresidents and part-year residents: Enter the tax from Schedule NR.	_	
}		Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA.	□ 13	1,200 .00
<u> </u>		Recapture of investment tax credits. Attach Schedule 4255.	14	.00
Step 7:	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	1,200 .00
Step 7:	16	Income tax paid to another state while an Illinois resident.		
Tax After		Attach Schedule CR. 16	.00	
	17	Property tax and K-12 education expense credit amount from		
refundable		Schedule ICR. Attach Schedule ICR.	.00	
Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18	.00	
refundable Credits		Add Lines 16, 17, and 18. This is the total of your credits.		
0		Cannot exceed the tax amount on Line 15.	19	.00.
▼	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	1,200 _{.00}

IL-1040 page 1 (R-12/17) **ID: 2BX** 749001 01-22-18 This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



	21	Tax after nonrefundable credits from Page 1, Lin	ne 20. 2	.11	, 200 .00	
Step 8: Other Taxes	23 24	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-st. UT Worksheet or UT Table in the instructions. De Compassionate Use of Medical Cannabis Pilot Program Total Tax. Add Lines 21, 22, 23, and 24.	ate purchases from o not leave blank. 2	22 23 24	.00 0 .00 .00 25	1,200 .00
Step 9: Payments and Refundable Credit	26 27 28 29 30	Illinois Income Tax withheld. Attach all W-2 and Estimated payments from Forms IL-1040-ES and including any overpayment applied from a prior y Pass-through withholding payments. Attach Scheamed Income Credit from Schedule IL-EIC. Attach Total payments and refundable credit. Add Lin	HIL-505-I, year return. nedule K-1-P or K-1-T. 2 ach Schedule IL-EIC. 2		.00 .00 .,306 .00 .00	1,306.00
Step 10: Total		If Line 30 is greater than Line 25, subtract Line 2 If Line 25 is greater than Line 30, subtract Line 3			31 32	106 .00
Step 11: Underpayme of Estimated Tax Penalty and Donations	d 33	Only complete this step for late-payment pend of estimated tax or to make a voluntary charit Late-payment penalty for underpayment of estimated. Check if at least two-thirds of your federal group between the complete the check if you or your spouse are 65 or older a living in a nursing home. c Check if your income was not received evenly annualized your income on Form IL-2210. Att description of the check if you were not required to file an Illinoration return in the previous tax year. Voluntary charitable donations. Attach Schedule Total penalty and donations. Add Lines 33 and	table donation. nated tax ass income is from farm and permanently y during the year and y ach Form IL-2210. is Individual Income Ta e G. 3	ning.	.00 .00 35	.00
Step 12: Refund	37 38 4	Routing number Account number Illinois Individual Income Tax refund debi	our overpayment. Check one box on Line one low if you check this Check			106 .00 106 .00
		X paper check Amount to be credited forward. Subtract Line 3	37 from Line 36. See in	structions.	39	.00
Step 13: Amount You Owe Step 14:	If this	If you have an amount on Line 32, add Lines 32 If you have an amount on Line 31 and this amou subtract Line 31 from Line 35. This is the amour is a joint return, both you and your spouse must spenalties of perjury, I state that I have examined	int is less than Line 35 It you owe. See instru sign below.	ctions.	40	.00 nd complete.
Paid Preparer Use Only	Print/T Firm's	name ►	Spouse's signature Paid preparer's signat	ure Date (mm/dd/y	yyy) Daytime phone Check if yyy) self-employed Pa	aid Preparer's PTIN
Third Party		ee's name (please print)	•	Firm's phone	X Check if the discuss this return party designee she	with the third
ID: 2BX	8	If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001	If payment enclosed ILLINOIS DEPARTM SPRINGFIELD IL 62	MENT OF REVENUE		

IL-1040 page 2 (R-12/17)

DR_____ AP____

DC IR

RR

Illinois Department of Revenue

2017 Schedule M Attach to your Form IL-1040

Other Additions and Subtractions for Individuals

IL Attachment No. 15

Read this information first

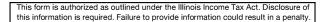
Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

DO	UGLAS C. EMHOFF & KAMALA D. HARRIS	***_	**_***
	r name as shown on Form IL-1040	Your So	cial Security number
Ste	p 2: Figure your additions for Form IL-1040, Line 3		
	er the amount of		(Whole dollars only)
1	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	1_	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. Attach Illinois Schedule K-1-P or Schedule K-1-T.	2 _	.00
3	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	3 _	.00
4	Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or other college savings and tuition programs that meet certain disclosure requirements. See instructions.)	4 _	.00.
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.	5	.00.
6	Business expense recapture (nonresidents only).	6	.00.
7	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.	7	.00.
8	Student-Assistance Contribution Credit taken on Schedule 1299-C.	8	.00.
9	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses		
	or refunded.	9	.00.
10	Income attributable to domestic production activities under IRC Section 199. Attach Page 1 of federal Form 1040	. 10	.00.
11	·	11	.00.
12	Total Additions. Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	12	.00.
13 a	er the amount of Contributions made to the following college savings plans: "Bright Start" College Savings Pool	13a	.00
b	"College Illinois" Prepaid Tuition Program	13b	.00.
c	"Bright Directions" College Savings Pool	13c	.00.
14	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. SEE STATEMENT 1	14	1 .00
15	,,,,,	15 _	<u> </u>
16	Restoration of amounts held under claim of right under IRC Section 1341. Contributions to a job training project.	16	.00
17	Expenses related to federal credits or federally tax-exempt income.	17	.00.
18		18	.00
19	Interest earned on investments through the Home Ownership Made Easy Program. Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562.	19	.00.
	er the following only if included in Form IL-1040, Lines 1, 2, or 3:	19_	.00
20	Military pay earned. Attach military W-2.	20	.00
	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040.	20 _	.00
21		21	00
22	Attach a copy of federal Form 1040A or 1040, Schedule B, if required federally.	21 _	.00
22	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms.	22	00
23	'		.00
20	River edge redevelopment zone and high impact business dividend subtraction amount	23	00
24	from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.	23 _ 24	.00 1 .00
27	Add Lines 13a through 23 and enter the amount here and on Page 2, Line 25.	- 44	







25 Enter the amount from Page 1, Line 24. 8 Recovery of times proviously deducted on federal Form 1940, Schedule A (including refunds of any state and tool income tows, other than Illinois), Attach a copy of federal Form 1940, Page 1, and required federal forms. 26 16, 20 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ste	p 3: Continued		
26 Rezovery of terms proviously deducted on federal Form 1040, Schedule A (including refunds of any state and local tisome taxes, their than illuno). Attach a copy of federal Form 1040, Page 1, and required federal forms. 27 9 28 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		•	25	1 .00
27 Richesharing money and other benefits. 28				
27 Rightsharing money and other benefits 28 0.00			26	16,208.00
29 Liyd's plan of operation income if reported on your behalf on Form IL-1055. 29	27		27	.00
29 1,00 30 30 30 30 30 30 30	28	Payment of life insurance, endowment, or annuity benefits received.	28	.00
30	29		29	
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Interest on the following non-U.S. government bonds. a Bonds issued by the government of Guam b Bonds issued by the government of Puerto Rico c Bonds issued by the government of the Virgin Islands d Bonds issued by the government of American Samoa e Bonds issued by the government of the Northern Mariana Islands f Mutual mortgage insurance fund bonds Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814. 35 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 37 Unjust imprisonment compensation awarded by Illinois Court of Claims. 37 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 38 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39 In the source of Guam and the source of Subtractions of Subtractions. 30 31 32 33 34 34 35 36 37 38 39 30 30 30 30 30 30 30 30 30	w	Will-Kankakee Regional Development Authority bonds		.00
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b Bonds issued by the government of Puerto Rico c Bonds issued by the government of the Virgin Islands d Bonds issued by the government of American Samoa e Bonds issued by the government of the Northern Mariana Islands f Mutual mortgage insurance fund bonds 346 347 348 349 340 340 340 340 340 340 340	34	Interest on the following non-U.S. government bonds.		
c Bonds issued by the government of the Virgin Islands d Bonds issued by the government of American Samoa e Bonds issued by the government of the Northern Mariana Islands f Mutual mortgage insurance fund bonds 346 347 348 350 368 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 369 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 370 381 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	а	Bonds issued by the government of Guam		.00
d Bonds issued by the government of American Samoa e Bonds issued by the government of the Northern Mariana Islands f Mutual mortgage insurance fund bonds Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814. 35 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 Unjust imprisonment compensation awarded by Illinois Court of Claims. 37 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 38 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39 16,209.00	b	Bonds issued by the government of Puerto Rico		.00
Bonds issued by the government of the Northern Mariana Islands Mutual mortgage insurance fund bonds Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814. Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. Nous imprisonment compensation awarded by Illinois Court of Claims. Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	С	Bonds issued by the government of the Virgin Islands		.00
Mutual mortgage insurance fund bonds Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814. Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. Unjust imprisonment compensation awarded by Illinois Court of Claims. Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	d	Bonds issued by the government of American Samoa		.00
Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814. Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 Unjust imprisonment compensation awarded by Illinois Court of Claims. Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	е			.00
from sources in Line 21, 33, or 34 as reported on federal Form 8814. 35 36 Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 37 Unjust imprisonment compensation awarded by Illinois Court of Claims. 37 38 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 38 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39 16, 209 .00			34f	.00
Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return. 36 Unjust imprisonment compensation awarded by Illinois Court of Claims. 37 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 38 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39	35			
Unjust imprisonment compensation awarded by Illinois Court of Claims. Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.				
Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 38 16,209.00				
in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit. 3800 39 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39 16,209.00			37	.00
39 Total Subtractions. Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7. 39	38		00	
			აყ	10,209.00

IL-1040 Schedule M page 2 (R-12/17)



Illinois Department of Revenue 2017 Schedule NR Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

DOUGLAS C. EMHOFF & KAMALA

Your name as shown on your Form IL-1040

*** - * * - * * *

Your Social Security number

Step	1:	Provide	the	follo	wing	ı inforı	mation
						,	

1	Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year? Yes X No If you answered "Yes," STOP you cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017. a I lived in Illinois from / / to / / Ilived in Illinois from / / Month Day Year to Month Day Year to Month Day Year to Month Day Year to Month Day Year to Month Day Year
	b My spouse lived in Illinois from / / / / / / / / / / / And State from / / / / / / / / / / / / / / / / / / /
3	If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in
	the military, check the appropriate box. Iowa Kentucky Michigan Wisconsin Military Spouse If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5	171,737 _{.00}	.00
	6	Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6	1,123 .00	17 .00
	7	Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	7	1,243 .00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040, Line 10)	8	16,208.00	.00
	9	Alimony received (federal Form 1040, Line 11)	9	.00	.00
	10	Business income or loss (federal Form 1040, Line 12)	10	.00	.00
	11	Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 _	49,592 _{.00}	9 .00
	12	Other gains or losses (federal Form 1040, Line 14)	12	.00	.00
စ္	13	Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b) 13	.00	.00
Income	14	Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14	.00	.00
Ĭ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17) SEE STATEMENT 2	15	1,306,984 .00	29,804.00
	16	Farm income or loss (federal Form 1040, Line 18)	16	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends		_	
		(federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17	.00	.00
	18	Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18	.00	.00
	19	Other income. See instructions. (federal Form 1040, Line 21)			
		Include winnings from the Illinois State Lottery as Illinois income in Column E	s. 19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federa	l total in	come. 20 _	29,830 .00

tep	3: Continued		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	29,830 .00
22	Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00	.0
23	Certain business expenses of reservists, performing artists, and fee-based	200	- - 1 8 - 18 - 1	
	government officials (federal Form 1040, Line 24)	23	.00	.0
24	Health savings account deduction (federal Form 1040, Line 25)	24	2,267 .00	2,267.0
25	Moving expenses (federal Form 1040, Line 26)	25	.00	.0
26	Deductible part of self-employment tax (federal Form 1040, Line 27)	26	26,332.00	.0
27 28	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	44,151 .00	.0
28	Self-employed health insurance deduction (federal Form 1040, Line 29)	28	6,437.00	.0
29	Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00	.0
30 31 32 33	Alimony paid (federal Form 1040, Line 31a)	30	.00	.0
31	IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00	.0
32	Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00	.0
33	Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00	.0
34	Domestic production activities deduction (federal Form 1040, Line 35)	34	.00	.0.
35	Other adjustments (see instructions)	35	.00	.0.
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your feder	al	50 98	
	adjustments to income.		36	2,267 .00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1	37	1,467,700 .00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adju	sted gr	oss income. 38	27,563 .00

		n A, enter the total amounts from your Form IL-1040. You must read actions for Column B to properly complete this step.	Column A Form IL-1040 Total		Column B Illinois Portion	
ments	39 40 41	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total	39 _ 40 _ income	740 .00 .00 e. 41	.00 .00 27,563 .00	
Adjustme	42 43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your federal Form 1040, Line	42 _	.00	.00.	
Illinois	44 45	(Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions	43 44	16,209 _{.00} 45	.00 .00 .00	

Step 5: Figure your Illinois income and tax

	40								
	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter ze	ro. This is						
		your Illinois base income.							
l		Enter this amount on your Form IL-1040, Line 12.	- C	→ 46	27,563 .00				
		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.							
us	47	Enter the base income from Form IL-1040, Line 9.	47	1,452,231.00					
Tax Calculations	48	Divide Line 46 by Line 47 (carry to three decimal places). Enter the		3.0					
nla	-	appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	.019					
Salc	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	00.00					
XE	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	on						
ř		allowance.		50	0 .00				
l	51	Subtract Line 50 from Line 46. This is your Illinois net income.		51	27,563 .00				
	52	Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero.							
		Enter the amount here and on your Form IL-1040, Line 13.							
		If you completed Schedule SA, enter the amount from Line 25 of that s	chedule her	re and on your Form IL-1040, Line 13	3.				
		This is your tax.		52	1,200 .00				



IL SCHEDULE M	OTHER SUBTRACTIONS	5	STATEMENT	1
DESCRIPTION			AMOUNT	
U.S. INTEREST FROM PTSP	S, S CORPS, TRUSTS, ETC			1.
TOTAL INCLUDED IN SCHED	ULE M, LINE 14			1.
IL SCHEDULE NR	RENTS, ROYALTIES, AND PASS	STHROUGHS	STATEMENT	2
DESCRIPTION		TAXPAYER	SPOUSE	
DLA PIPER LLP		29,804.		0.
TOTAL TO SCHEDULE NR, L	INE 15, COLUMN B	29,804.		0.
IL SCHEDULE NR	OTHER SUBTRACTIONS		STATEMENT	3
DESCRIPTION		FORM IL-1040 TOTAL	ILLINOI PORTION	
U.S. INTEREST FROM PTSP OTHER STATE AND LOCAL T		16,208.		0.
TOTAL TO SCHEDULE NR, L	INE 44	16,209.		0.

Department of the Treasury - Interna		(99)	_	1		
U.S. Individual Incor		ຶ 201	8 OMB No. 1545-0	IRS Use Only	y - Do not write or staple in this sp	pace.
Filing status: Single X Married filing jointly Ma	rried filing separately	Head of househo	ld Qualifying widow(e			
Your first name and initial	Last nam	e		,	Your social security numb	er
DOUGLAS C	ЕМНОЕ	F_			***_**	
Your standard deduction: Someone can cla	aim you as a dependent	You were bo	rn before January 2, 195	You are		
If joint return, spouse's first name and initial ${\bf KAMALA}\ {\bf D}$.	Last nam HARR I	=			Spouse's social security n	iumber
Spouse is blind Spouse itemizes of	m your spouse as a depe on a separate return or yo	ou were dual-status	se was born before Janua alien		Full-year health care cover or exempt (see inst.)	rage
Home address (number and street). If you have				Apt. no.	Presidential Election Cam (see inst.) You S	npaign. Spouse
City, town or post office, state, and ZIP code. If y	ou have a foreign addres	s, attach Schedule	6.		If more than four depender see inst. and √ here▶	nts,
_ \ /	t name	cial security number	(3) Relationship to you	Child tax of		ndents
ELLA R EMHOFF	***_	_**_***	DAUGHTER		X	
				\bot		
Sign Under penalties of perjury, I declare th correct, and complete. Declaration of perjury.					owledge and belief, they are true,	
Here Joint return? See instructions.		1	our occupation TTORNEY	, ,	If the IRS sent you an Ide Protection PIN, enter it here	entity
Keep a copy for Spouse's signature. If a joint retu your records.	rn, both must sign.		pouse's occupation ENATOR		If the IRS sent you an Ide Protection PIN, enter it here	entity
Paid Preparer's name Preparer Use Only	Preparer's signatur	e	PTIN	Firm's EIN	Check if:	Designee
Firm's name			Phone	e no.	Self-employ	yed
Firm's address						

Form 1040 (2018)	וטע	JGLAS C. EMHOFF	& K.F	MALA D. HARRIS	***-**-	κ.	Page 2
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2	STMT 1	1	157,352.
	2a	Tax-exempt interest	2a		Taxable interest	2b	2,288.
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a	8. b	Ordinary dividends	3b	8.
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities	4a	b	Taxable amount	4b	
withheld.	5a	Social security benefits	5a		Taxable amount	5b	
	6	Total income. Add lines 1 through	5. Add a	ny amount from Schedule 1, line	1,884,319	• 6	2,043,967.
	_ 7	Adjusted gross income. If you have					
Standard Deduction for -	L	subtract Schedule 1, line 36, from	line 6			7	1,889,156.
 Single or married filing separately, 	8	Standard deduction or itemized	deductio	ns (from Schedule A)		8	70,839.
\$12,000	9	Qualified business income deduct	ion (see	nstructions)		9	
 Married filing iointly or 	10	Taxable income, Subtract lines 8 a	nd 9 fro	m line 7. If zero or less, enter -0-		10	1,818,317.
Qualifying	11	a Tax (see inst) 611,	965.	(check if any from: 1 Form(s) 8814 2 4	orm .972 3		
widow(er), \$24,000		b Add any amount from Schedule				11	611,965.
 Head of household. 	12	a Child tax credit/credit for other deper	dents	b Add any amount	from Sch. 3 and check here	12	316.
\$18,000	13	Subtract line 12 from line 11. If ze				13	611,649.
 If you checked any box under 	14	Other taxes. Attach Schedule 4				14	85,962.
Standard	15	T				15	697,611.
deduction, see instructions.	16	Federal income tax withheld from	Forms W	'-2 and 1099		16	23,426.
	17	Refundable credits: a EIC (see inst.) Add any amount from Schedule 5		b Sch 8812	C Form 8863		
		Add any amount from Schedule 5		540,000.		17	540,000.
	18	Add lines 16 and 17. These are yo				18	563,426.
	19	If line 18 is more than line 15, sub	tract line	15 from line 18. This is the amo	unt you overpaid	19	
Refund	20 a	Amount of line 19 you want refun	ded to y	ou. If Form 8888 is attached, che	ck_here ►	20a	
Direct deposit?	► b	Routing number		► c Type:	Checking Savings		
See instructions.	► d	Account number					
	21	Amount of line 19 you want appli	ed to you	r 2019 estimated tax	21		
Amount You	22	Amount you owe. Subtract line 18	3 from lin	e 15. For details on how to pay, s		22	134,185.
Owe	23	Estimated tax penalty (see instruc	tions) .	>	23 0	•	

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

Form 1040 (2018)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.

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

OMB No. 1545-0074
2018
Attachment

Name(s) shown on Form 1040 Your social security number ***_**_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS 1-9b STATEMENT STATEMENT Additional 1-9b Reserved Taxable refunds, credits, or offsets of state and local income taxes STATEMENT 4 14,622. 10 Income 11 11 Alimony received 320,125. 12 Business income or (loss). Attach Schedule C or C-EZ 12 1,257. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 14 Other gains or (losses). Attach Form 4797 15a 15b Reserved Reserved 16a 16b 1,548,315. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 18 Farm income or (loss). Attach Schedule F 18 Unemployment compensation 19 19 20a Reserved 20b 21 21 Other income. List type and amount Combine the amounts in the far right column. If you don't have any adjustments to 22 1,884,319. income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 22 Adjustments 23 Educator expenses Certain business expenses of reservists, performing artists, to Income and fee-basis government officials. Attach Form 2106 25 25 Health savings account deduction. Attach Form 8889 Moving expenses for members of the Armed Forces. 26 Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 33,188. 120,000. Self-employed SEP, SIMPLE, and qualified plans 28 28 Self-employed health insurance deduction 1,623. 29 29 30 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 31a 32 32 IRA deduction 33 33 Student loan interest deduction 34 Reserved 35 Reserved 154,811. Add lines 23 through 35

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

Schedule 1 (Form 1040) 2018

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Tax

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Go to WWW.ii.olgov/rorining and the latest information.			ocquerios ito.				
Name(s) shown	Name(s) shown on Form 1040						
DOUGLAS	C. E	EMHOFF & KAMALA D. HARRIS	* * *	_**_***			
Tax	38-44	Reserved	38-44				
	45	Alternative minimum tax. Attach Form 6251	45	0.			
	46	Excess advance premium tax credit repayment. Attach Form 8962	46				
	47	Add the amounts in the far right column. Enter here and include on Form 1040,					
		line 11	47	0.			

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

Schedule 2 (Form 1040) 2018

SCHEDULE 3 (Form 1040)

Nonrefundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 Your social security number ***_**_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Nonrefundable 48 Foreign tax credit. Attach Form 1116 if required 48 Credit for child and dependent care expenses. Attach Form 2441 49 49 **Credits** Education credits from Form 8863, line 19 50 50 Retirement savings contributions credit. Attach Form 8880 51 51 52 52 53 Residential energy credit. Attach Form 5695.... 53 a X 3800 b 8801 316. 54 Other credits from Form 54 Add the amounts in the far right column. Enter here and include on Form 1040, line 12 55 55

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

Schedule 3 (Form 1040) 2018

SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment 04

Name(s) shown on Form 1040 Your social security number DOUGLAS C. EMHOFF & KAMALA D. HARRIS ***_**_** 66,374. **Other** Self-employment tax. Attach Schedule SE 57 57 58 Unreported social security and Medicare tax from: Form **a** 4137 **b** 8919 58 **Taxes** Additional tax on IRAs, other qualified retirement plans, and other tax-favored 59 accounts. Attach Form 5329 if required 59 Household employment taxes. Attach Schedule H 4,585. 60 a 60a Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if 60b Health care: individual responsibility (see instructions) 61 61 Taxes from: a X Form 8959 b X Form 8960 c Instructions; enter code(s) SEE STATEMENT 7 15,003. 62 Section 965 net tax liability installment from Form 63 965-A Add the amounts in the far right column. These are your total other taxes. Enter 64 85,962. here and on Form 1040, line 14 64

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

Schedule 4 (Form 1040) 2018

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. 05

Name(s) shown on Form 1040 Your social security number DOUGLAS C. EMHOFF & KAMALA D. HARRIS ***_**_** Other Reserved 65 540,000. 66 2018 estimated tax payments and amount applied from 2017 return STMT 8 66 **Payments** 67 a Reserved 67a and b Reserved 67b Refundable 68-69 68-69 **Credits** 70 Net premium tax credit. Attach Form 8962 70 71 Amount paid with request for extension to file (see instructions) 71 72 Excess social security and tier 1 RRTA tax withheld 72 Credit for federal tax on fuels. Attach Form 4136 73 73 Credits from Form: a 2439 b Reserved c 8885 d 74 74 75 Add the amounts in the far right column. These are your total other payments 540,000. and refundable credits. Enter here and include on Form 1040, line 17. 75

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

Schedule 5 (Form 1040) 2018

SCHEDULE 6 (Form 1040)

Foreign Address and Third Party Designee

► Attach to Form 1040.

OMB No. 1545-0074

Department of the Tre Internal Revenue Serv	Attachment Sequence No. 05A			
Name(s) shown o	n Form 1040		Your social security number	
DOUGLAS	C. EMHOFF & KAMALA D. HARRI	A D. HARRIS ***		
Foreign	Foreign country name	Foreign province/county	Foreign postal code	
Address	dress			
Third Party	Do you want to allow another person to discuss this return w	ith the IRS (see instructions)? X Yes. C	complete below. No	
Designee	Designee's	Phone	Personal identification number	
	name >	no. ▶		

		Child Tax Credit and Credit for Other Dependents Worksheet (kee		,
Name(s): First	C	Last EMHOFF	Yo	ur SSN ***_***
		Number of qualifying children under age 17 with the required		
Part 1	١.	social security number: X \$2,000. Enter the result.	1	0.
	2	Number of other dependents, including qualifying children who are not under 17 or who do not have the	٠'	
	۲.	required social security number: X \$500. Enter the result.	2	500.
	3	Add lines 1 and 2		500.
	4.	Enter the amount from Form 1040, line 7 or Form 1040NR, line 37. 4 1,889,156.	. •	
		1040 filers: Enter the total of any-		
	•	• Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555, E7		
		• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ,		
		line 18; and Form 4563, line 15.		
		1040NR filers: Enter -0		
	6.	Add lines 4 and 5. Enter the total. 6 1 , 889 , 156 .		
		Enter the amount shown below for your filing status.		
		• Married filing jointly - \$400,000 7 400,000 .		
		• All other filing statuses - \$200,000		
	8.	Is the amount on line 6 more than the amount on line 7?		
		No. Leave line 8 blank. Enter -0- on line 9.		
		X Yes. Subtract line 7 from line 6. 8 1,490,000.		
		If the result is not a multiple of \$1,000, increase it to the next multiple of		
		\$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).		
	9.	Multiply the amount on line 8 by 5% (.05). Enter the result.	. 9	74,500.
	10.	Is the amount on line 3 more than the amount on line 9?		
		X No. STOP		
		You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a,		
		or Form 1040NR, line 49. You also cannot take the additional child tax credit.		
	4.4	Yes. Subtract line 9 from line 3. Enter the result.		
Part 2		Enter the amount from Form 1040, line 11 or Form 1040NR, line 45.	. 11	
	12.	1040 filers: Enter the total of the amounts from Schedule 3, lines 48 through 51.* 1040NR filers: Enter the total of the amounts from lines 46 through 48.* Subtract line 12 from line 11		
		10.40ND filere: Enter the total of the amounts from lines 46 through 48 *		
	12	Subtract line 12 from line 11	12	
		Are you claiming any of the following credits?	. 10	
	14.	Residential energy efficient property credit, Form 5695, Part I.		
		Mortgage interest credit, Form 8396		
		Adoption credit, Form 8839		
		District of Columbia first-time homebuyer credit, Form 8859		
		No. Enter -0	14	
		Yes. If you are filing Form 2555 or 2555-EZ, enter -0 Otherwise,		
		complete the Line 14 Worksheet to figure the amount to enter here.		
	15.	Subtract line 14 from line 13. Enter the result.	15	
	16.	Is the amount on line 10 of this worksheet more than the amount on line 15?		
		No. Enter the amount from line 10. This is your child tax credit		
		Yes. Enter the amount from line 15. and credit for other dependents.	. 16	
		Iso include amounts from:		
		Form 5695, line 30		
		Form 8910, line 15 Form 8936, line 23		
		Schedule R, line 22		
		I and the second second second second second second second second second second second second second second se		

Form **2210**

Department of the Treasury

Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

► Attach to Form 1040, 1040NR, 1040NR-EZ, or 1041.

OMB No.1545-0074

2018

Attachment Sequence No. **06**

_

Name(s) shown on tax return

Identifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Don't file Form	2210. You don't o	we a r	penalty.
] [
No					
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes		penalty. Don't file art II applies, you i		
No	· [,			
You may owe a penalty. Does any box in Part II below apply?	Yes ▶	You must file Fo	rm 2210. Does bo	x B, C	, or D in Part II apply?
No W		No	Yes	u mus	st figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.		figure it and send figure it, you may	d you a bill for any use Part III or Par	unpai t IV a	y because the IRS will d amount. If you want to s a worksheet and enter but file only page 1 of
Part I Required Annual Payment					
1 Enter your 2018 tax after credits from Form 1040, line 13 (see instruct	ions if not filing F	orm 1040)		1	611,649.
2 Other taxes, including self-employment tax and, if applicable, Additional	al Medicare Tax a	nd/or Net Investmen	t		
Income Tax (see instructions)				2	85,962.
3 Refundable credits, including the premium tax credit (see instructions)				3	(
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; y				4	697,611.
5 Multiply line 4 by 90% (0.90)					
6 Withholding taxes. Don't include estimated tax payments (see instructi	ons)			6	23,426.
7 Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a p				7	674,185.
8 Maximum required annual payment based on prior year's tax (see inst				8	564,237.
9 Required annual payment. Enter the smaller of line 5 or line 8				9	564,237.
Next: Is line 9 more than line 6?					
No. You don't owe a penalty. Don't file Form 2210 unless box E be					
X Yes. You may owe a penalty, but don't file Form 2210 unless one		Part II below applies	S.		
 If box B, C, or D applies, you must figure your penalty and file F 					
• If box A or E applies (but not B, C, or D) file only page 1 of Forr					
a bill for any unpaid amount. If you want to figure your penalty, yo only page 1 of Form 2210.	u may use Part n	TOFIV as a Workshe	et and enter your per	iaity of	i your tax return, but file
Part II Reasons for Filing. Check applicable boxes. If nor	o opply doubt	file Form 2010			
A X You request a waiver (see instructions) of your entire penalty due			avat abaal thia bay	und Ella	
2210, but you aren't required to figure your penalty. 80% W		other reasons. You r	nust check this dox a	ına ille	page i oi Form
B You request a waiver (see instructions) of part of your penalty. You	ou must figure yo	ur penalty and waive	r amount and file For	m 221	0.
C Your income varied during the year and your penalty is reduced or	r eliminated wher	n figured using the a	nnualized income in	stallm	ent method. You must
figure the penalty using Schedule AI and file Form 2210.					
D Your penalty is lower when figured by treating the federal income			d on the dates it was	actuall	y withheld, instead of in
equal amounts on the payment due dates. You must figure your p	-				
E You filed or are filing a joint return for either 2017 or 2018, but no			maller than line 5 abo	ve. Yo	u must file page 1 of
Form 2210, but you aren't required to figure your penalty (unless	box B, C, or D ap	plies).			

Form **2210** (2018)

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

			Payment D	Oue Dates	
Section A - Figure Your Underpayment		(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19
18 Required installments. If box C in Part II applies, enter					
the amounts from Schedule AI, line 27. Otherwise, enter					
25% (0.25) of line 9, Form 2210, in each column	18	141,059.	141,059.	141,059.	141,060.
19 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don t owe a penalty. Don't file Form 2210 unless you checked a box in Part II	19	115,857.	105,857.	155,857.	185,855.
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20 Enter the amount, if any, from line 26 in the previous					
column	20				
21 Add lines 19 and 20	21		105,857.	155,857.	185,855.
22 Add the amounts on lines 24 and 25 in the previous column	22		25,202.	60,404.	45,606.
23 Subtract line 22 from line 21. If zero or less, enter -0					
For column (a) only, enter the amount from line 19	23	115,857.	80,655.	95,453.	140,249.
24 If line 23 is zero, subtract line 21 from line 22.					
Otherwise, enter -0-	24		0.	0.	
25 Underpayment. If line 18 is equal to or more than line					
23, subtract line 23 from line 18. Then go to line 20 of					
the next column. Otherwise, go to line 26	25	25,202.	60,404.	45,606.	811.
26 Overpayment. If line 23 is more than line 18, subtract line					
18 from line 23. Then go to line 20 of the next column	26				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)

27	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also		
	include this amount on Form 1040, line 23; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 27. Don't		
	file Form 2210 unless you checked a box in Part II AMOUNT WAIVED - \$ 1,764. ▶	27	0.

Form **2210** (2018)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nun	nber
DOUGLAS C.	EMHOFF & KAN	MALA D. HARRIS	5	***_**	_***
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	141,059.	141,059.			
04/15/18	-5,857.	135,202.			
04/15/18	-110,000.	25,202.	61	.000136986	211
06/15/18	141,059.	166,261.			
06/15/18	-5,857.	160,404.			
06/15/18	-100,000.	60,404.	92	.000136986	761
09/15/18	141,059.	201,463.			
09/15/18	-5,857.	195,606.			
09/15/18	-150,000.	45,606.	107	.000136986	668
12/31/18	0.	45,606.	15	.000164384	112
01/15/19	141,060.	186,666.			
01/15/19	-5,855.	180,811.			
01/15/19	-180,000.	811.	90	.000164384	12
enalty Due (Sum of Col	umn F).	I			1,764

^{*} Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

LHA 819501 11-29-18

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018
Attachment
Sequence No. 07

Your social security number

** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Medical Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) SEE STATEMENT 12 2,688. and Enter amount from Form 1040, line 7 21,889,156. Dental 141,687 **Expenses** Multiply line 2 by 7.5% (0.075) 0. Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-..... **Taxes You** State and local taxes. **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a. but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 10 ▶ □ 201,715. 23,278. 5b **b** State and local real estate taxes (see instructions) 447. 5с c State and local personal property taxes 225,440. d Add lines 5a through 5c 5d e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 10,000 separately) 5e Other taxes. List type and amount ▶ _ _ _ _ _ _ _ 6 10,000. Add lines 5e and 6 Interest You 8 Home mortgage interest and points. If you didn't use all of your Paid home mortgage loan(s) to buy, build, or improve your home, Caution: Your see instructions and check this box mortgage interest a Home mortgage interest and points reported to you on Form deduction may be 33,580. limited (see instructions). b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and 8b c Points not reported to you on Form 1098. See instructions for special rules 8с 8d d Reserved 33,580. e Add lines 8a through 8c 8e Investment interest. Attach Form 4952 if required. See instructions 9 33,580. Add lines 8e and 9 10 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, 27,259. Charity STMT 11 11 see instructions 12 Other than by cash or check. If any gift of \$250 or more, see If you made a instructions. You must attach Form 8283 if over \$500 12 gift and got a benefit for it, 13 13 Carryover from prior year see instructions. 27,259. 14 Add lines 11 through 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions Other Other - from list in instructions. List type and amount Itemized **Deductions** 16 Total Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on **Itemized** 70,839. Form 1040, line 8 ______ Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, check here

SCHEDULE B

(Form 1040)

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

Interest and Ordinary Dividends

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

OMB No. 1545-0074 Sequence No. 08

** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Amount List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that Interest buyer's social security number and address 83. MERRILL LYNCH 15265 WELLS FARGO 0247 173. 2,032 FROM K-1 - DLA PIPER LLP Note: If you received a Form 1099-INT Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest 2,288. shown on that form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b 4 2,288. Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer 8. FROM K-1 - DLA PIPER LLP Ordinary **Dividends** Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the paver and enter the ordinary dividends shown on that form. 8. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such X Accounts as a bank account, securities account, or brokerage account) located in a foreign country? See instructions and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), **Trusts** to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Х If "Yes," you may have to file Form 3520. See instructions

827501 10-24-18

Interest and Dividend Summary

Name:	DOUGLAS C. EMHOFF & KAMALA D. HARRIS	FEIN/SSN:							
	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
Α	MERRILL LYNCH 15265	83.							
В									
С	WELLS FARGO 0247	173.							
D									
Е									
F									
G	FROM K-1 - DLA PIPER LLP	2,032.						8.	8.
Н									
1									
J									
K									
Totals		2,288.						8.	8.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
Α									
В									
С									
D									
Е									
F									
G									
Н									
1									
J									
К									
Totals									

830191 09-11-18 20.1

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. 09

_ KAMALA D. HARRIS R Enter code from instructions Principal business or profession, including product or service (see instructions) 711510 C Business name. If no separate business name, leave blank. Business address (including suite or room no.) City, town or post office, state, and ZIP code F Accounting method: (1) X Cash Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses G Н If you started or acquired this business during 2018, check here Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes X No ı If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 732,500. and the "Statutory employee" box on that form was checked 2 Returns and allowances 2 732,500. 3 3 Subtract line 2 from line 1 4 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 732,500. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 6 732,500. 7 7 Gross income. Add lines 5 and 6 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising 18 Office expense 19 Car and truck expenses Pension and profit-sharing plans 9 (see instructions) 9 20 Rent or lease (see instructions): 412,375. 10 Commissions and fees a Vehicles, machinery, and equipment 20a 10 Contract labor (see instructions) **b** Other business property 11 11 12 Depletion 12 21 Repairs and maintenance 22 Supplies (not included in Part III) 13 Depreciation and section 179 Taxes and licenses expense deduction (not included in 23 13 Part III) (see instructions) 24 Travel and meals* 14 Employee benefit programs (other than on line 19) 14 Deductible meals (see Insurance (other than health) instructions) 15 15 16 25 25 Interest (see instructions): Utilities Mortgage (paid to banks, etc.) 16a Wages (less employment credits) a 16b b 27 a Other expenses (from line 48) 27a 17 Legal and professional services 17 27b 412,375 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 Tentative profit or (loss). Subtract line 28 from line 7 320,125. 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. 320,125. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on 32a Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on 32b Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

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

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

OMB No. 1545-0074

Name(s) shown on return

Your social security number

DOUGLAS C		EMHOFF	&	KAMALA	D.	HARRIS
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***= **= ***

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss t		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off is to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, P	art I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s)					
	8949 with Box A checked					
2	Totals for all transactions reported on Form(s)					
	8949 with Box B checked					
3	Totals for all transactions reported on Form(s)					
	8949 with Box C checked					
5	Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1	corporations, estates, SEE ST	and trusts ATEMENT 13		5	136
6	Short-term capital loss carryover. Enter the amou					
	Carryover Worksheet in the instructions	•			6	(
7	Net short-term capital gain or (loss). Combine					
	capital gains or losses, go to Part II below. Other	wise, go to Part III on pa	age 2		7	136
Pa	rt II Long-Term Capital Gains and Lo	sses - Generally A	Assets Held More	Than One Yea	r(see	instructions)
See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss t		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off st to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, P	art II,	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					

ΙΗΔ	A For Panerwork Reduction Act Notice see your tax return instructions		Schedule D	(Form 1040) 2018
	Part III on page 2		15	1,121.
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to			
	Worksheet in the instructions		14 ()
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss C	arryover		
13	Capital gain distributions		13	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Scheduling	ule(s) K-1	12	1,121.
	from Forms 4684, 6781, and 8824 SEE STATEMENT 14		11	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or	(loss)		
	8949 with Box F checked			
10	Totals for all transactions reported on Form(s)			
	8949 with Box E checked			
9	Totals for all transactions reported on Form(s)			
	8949 with Box D checked			
8b	Totals for all transactions reported on Form(s)			
	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			

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

Schedule D (Form 1040) 2018

Pa	rt III Summary			
16	Combine lines 7 and 15 and enter the result	16		1,257.
	If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form			
	1040NR, line 14. Then go to line 17 below.			
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.			
17	Are lines 15 and 16 both gains?			
	Yes. Go to line 18.			
	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			
13	instructions), enter the amount, if any, from line 18 of that worksheet	▶ 19		
20	Are lines 18 and 19 both zero or blank?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			
	for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines			
	21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21			
	and 22 below.			
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14,			
	the smaller of:			
	The loss on line 16; or	21	(
	• (\$3,000), or if married filing separately, (\$1,500)			
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions			
	for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).			

Schedule D (Form 1040) 2018

No. Complete the rest of Form 1040 or Form 1040NR.

	ie(s) shown on return IGLAS C. EMHOFF & KAMALA D. HARRIS	Your SSI	***_**_**
	ore you begin: See the instructions for line 11a to see if you can use this worksheet to figure yo Before completing this worksheet, complete Form 1040 through line 10. If you don't have to file Schedule D and you received capital gain distributions, be checked the box on line 13 of Schedule 1.		
1.	Enter the amount from Form 1040, line 10. However, if you are filing Form		
	2555 or 2555-EZ (relating to foreign earned income), enter the amount from		
	line 3 of the Foreign Earned Income Tax Worksheet 1. 1,818,32	L7.	
2.	Enter the amount from Form 1040, line 3a* 2.		
3.	Are you filing Schedule D?*		
	X Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0 No. Enter the amount from Schedule 1, line 13.		
1	Add lines 2 and 3 4. 1,129.		
5	If filing Form 4952 (used to figure investment		
J.	interest expense deduction), enter any amount		
	from line 4g of that form. Otherwise, enter -0 5 5		
ء ا	Subtract line 5 from line 4. If zero or less, enter -0-	29.	
7	Subtract line 5 from line 4. If zero or less, enter -0- Subtract line 6 from line 1. If zero or less, enter -0- 7. 1,817,18	38.	
٠. و	Enter:		
0.	\$ 20 COO if single or movined filing apparetal.		
	\$ 36,000 if single of married filing separately, \$ 77,200 if married filing jointly or qualifying widow(er), 8	00.	
	\$ 51,700 if head of household.		
۵	Enter the smaller of line 1 or line 8 9. 77, 20	00.	
10	Enter the smaller of line 7 or line 9	00.	
11	Enter the smaller of line 7 or line 9 Subtract line 10 from line 9. This amount is taxed at 0% 10. 77, 20	0.	
12	Enter the smaller of line 1 or line 6 12. 1,12	29.	
12.	Enter the amount from line 11	0.	
14	Enter the amount from line 11 13. Subtract line 13 from line 12 14. 1,12	29.	
	Enter:		
13.	\$ 425 800 if single		
	\$ 423,500 if married filing separately, 15. 479,00	00.	
	\$ 479,000 if married filing jointly or qualifying widow(er),		
	\$ 452,400 if head of household.		
16	Enter the smaller of line 1 or line 15	00.	
17	Enter the smaller of line 1 or line 15 Add lines 7 and 11 Column 15 16. 479,00 17. 17. 18. 17. 18. 18. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	38.	
18.	Subtract line 17 from line 16. If zero or less, enter -0-	0.	
19.	Enter the smaller of line 14 or line 18	0.	
20.	Multiply line 19 by 15% (0.15)		0.
21.	Add lines 11 and 19	0.	
22.	Subtract line 21 from line 12 22. 1,12	<u> </u>	
23.	Multiply line 22 by 20% (0.20)	23	226.
24.			_
	figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	611,739.
25.	Add lines 20, 23, and 24		
	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to		<u> </u>
	figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet		612,156.
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry spa		<u> </u>
	on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space		
	Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet		611,965.
* 1.5	you are filing Form 2555 or 2555-EZ. see the footnote in the Foreign Earned Income Tax Worksheet before		
ı //\	YOU BIE HIING I ONN 2333 OF 2333-LZ. SEE THE TOUTHOLE IN THE FOLEIGH EBITIEU HICOTHE TAX WORKSHEEL DEIOFE	combieting ti	IIS III IC.

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

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

* *	*		*	*		*	*	*	*	
-----	---	--	---	---	--	---	---	---	---	--

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 (a) on line 28 and attach the required has

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).

	computation. If you report a loss		y for writer arry	amount	3 110	at risk, you must check	li ie D	ox iii coluii	III (I) OII
	line 28 and attach Form 6198 (se	· · · · · · · · · · · · · · · · · · ·							
27	Are you reporting any loss not allowed in	a prior year due to t	he at-risk, exce	ss farm lo	ss, c	r basis limitations, a prio	r year		
	unallowed loss from a passive activity (if	f that loss was not re	ported on Form	8582), oi	r unr	eimbursed partnership ex	xpens		
	you answered "Yes," see instructions be	fore completing this	section	·····				X Yes	└ No
28	(a) Name		(b) _{Enter} P _{for} partnership; S or S corporation	(C) Check if foreign	اء: ا	(d) Employer entification number	(e basis is	Check if computation required	(f) Check if any amount is not at risk
Α	DLA PIPER LLP	P			*_****		<u> </u>		
В	UNREIMBURSED EXPENSE	S	P		*	*_***			
С	VENABLE LLP	P		*	*_***				
ם	VERMEDEL DEL		- 		+				
ַ	Dossive Income and L					Nonpassive Income and	41.000		
	Passive Income and Loss		1 2 3 3=2						
	(g) Passive loss allowed (attach Form 8582 if required)	· · · · · · · · · · · · · · · ·		deduction from Form 4562	from Schedule K-1				
Α								1,382	2,299.
В				36,93	33.				
ပ								202	2,949.
D									
29a	Totals							1,585	5,248.
b	Totals			36,93	33.				
30	Add columns (h) and (k) of line 29a	•					30	1,58	5,248.
31	Add columns (h) and (k) of line 29a Add columns (g), (i), and (j) of line 29b						31		5,933.)
32	Total partnership and S corporation in						32	1,548	3,315.
	rt III Income or Loss From Esta								•
33	(a) Name					(b) Employer identification number			
Α									
В									
	Passive Incon	ne and Loss				Nonpassive Inc	come	and Loss	
			d) Passive incor om Schedule k		(e) Deduction or loss from Schedule K-1		(f) Other income from Schedule K-1		
Α									
В									
 34a	Totals								
b	Totals								
35							35		
36							36	()
37	Total estate and trust income or (loss)						37		
Pa	rt IV Income or Loss From Rea	I Estate Mortga	ge Investme	ent Cor	ndui	ts (REMICs) - Resi	dual	Holder	
		(b) Employer	(c) Exce	ss inclus	ion	(d) Taxable income		(e) Incom	e from
38	(a) Name	identification numb		from Schedules Q 2c (see instruction				Schedules Q, line 3b	
					,	Concuerco Q, into 15			
39	Combine columns (d) and (e) only. Enter	the result here and in	nclude in the to	tal on line	<u>Δ</u> 1	nelow nelow	39		
	rt V Summary	and result from and if	iolado in trio to	car orr mile	1 k	,0,0,1	- 55		
40		m 4835 Also compl	ete line 42 holo	١٨/			40		
41	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below						41	1.548	3,315.
42	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18						71	/	, , , , , ,
74	moodination of farming and noming income	o. Entor your gross latti	ining and horning h	1001110					

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)

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Name DOUGLAS C. EMHOFF			NSS SS	N/EIN	***-**-***
Passthrough VENABLE LLP - VENABLE LLP	ID _	**_****		_	TAXPAYER
PARTNERSHIP				_	

Rental real estate income (loss)	PARTNERSHIP								
SCHEDULE E, PAGE 2 Ordinary business income (loss) Partal rail satis for income (loss) Other net rental income (loss) Other net rental income (loss) Differ net rental income (loss) Other net rental income (loss) Differ net rental income (loss) Other net rental income (loss) Other net rental income (loss) Differ net rental income (loss) Other net rental income (loss) O									
Definition 202,949.	NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	Tax Return
Rental real estate income (loss)	SCHEDULE E, PAGE 2								
Other net rental income (loss)	Ordinary business income (loss)	202,949.							
Intangible drilling costs/dry hole costs Self-charged passive interest expense 3uaranteed payments Section 179 and carryover Section 179 expense Excess farm loss Vet income (lose) Vet income (Rental real estate income (loss)								
Section 179 and carryover Section 179 expense Section 179 and carryover Section 179 and carryover Section 179 expense Section 1231 gain (loss) Section 179 recapture on disposition Section 179 recapture on disposition Section 179 recapture and disposition Section 1	Other net rental income (loss)								
Section 179 and carryover	Intangible drilling costs/dry hole costs								
Section 179 expense	Self-charged passive interest expense								
Section 179 expense	Guaranteed payments								
Disallowed section 179 expense	Section 179 and carryover								
Net income (loss) 202,949.	Disallowed section 179 expense								
Net income (loss) 202,949.	Excess farm loss								
First passive other Second passive other Second passive other Second passive other Second passive other Second passive other Second septetion Second septetion Second Seco		202,949.							202,949.
Second passive other	First passive other								
Percentage depletion	Second passive other								
Percentage depletion	Cost depletion								
Depletion carryover									
Disallowed due to 65% limitation									
Nonpassive other	Disallowed due to 65% limitation								
202,949. 202,949.	Unreimbursed expenses (nonpassive)								
202,949. 202,949.	Nonpassive other								
Section 1231 gain (loss)	Total Schedule E (page 2)	202,949.							202,949.
Section 179 recapture on disposition SCHEDULE D Net short-term cap. gain (loss) Net long-term cap. gain (loss) Section 1256 contracts & straddles FORM 4952 Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	FORM 4797								
SCHEDULE D Net short-term cap. gain (loss) Net long-term cap. gain (loss) Section 1256 contracts & straddles FORM 4952 Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	Section 1231 gain (loss)								
Net short-term cap. gain (loss) Net long-term cap. gain (loss) Section 1256 contracts & straddles FORM 4952 Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	Section 179 recapture on disposition								
Net long-term cap. gain (loss) Section 1256 contracts & straddles FORM 4952 Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	SCHEDULE D								
Section 1256 contracts & straddles FORM 4952 Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	Net short-term cap. gain (loss)								
FORM 4952 Investment interest expense - Sch. A Other net investment income	Net long-term cap. gain (loss)								
Investment interest expense - Sch. A Other net investment income ITEMIZED DEDUCTIONS Charitable contributions Deductions related to portfolio income	Section 1256 contracts & straddles								
Other net investment income	FORM 4952								
ITEMIZED DEDUCTIONS	Investment interest expense - Sch. A								
Charitable contributions Deductions related to portfolio income	Other net investment income								
Deductions related to portfolio income	ITEMIZED DEDUCTIONS								
Deductions related to portfolio income	Charitable contributions								
Other	Deductions related to portfolio income								
	Other								

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SCHEDULE E								
Name DOUGLAS C. EMHOFF							SSN/EIN _	***_**_***
Passthrough VENABLE LLP - VENAB	BLE LLP		IC.	**-*****	_			TAXPAYER
PARTNERSHIP								
NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due t Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	202,949.							202,949.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								

Penalty on early withdrawal of savings NOL Other taxes/recapture of credits Credits Casualty and theft loss

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Name DOUGLAS C. EMHOFF			SSI	N/EIN _	***_**_***
Passthrough DLA PIPER LLP	ID _	**_****			TAXPAYER
PARTNERSHIP				_	•

PARTNERSHIP								
		Prior Year Unallowed		Prior Year Unallowed			Disallowed Passive	
NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	1,382,299.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,382,299.							1,382,299.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)	36,933.							36,933.
Nonpassive other								
Total Schedule E (page 2)	1,345,366.							1,345,366.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	136.							136.
Net long-term cap. gain (loss)	1,121.							1,121.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	7,739.							7,739.
Deductions related to portfolio income								
Other								

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Name DOUGLAS C. EMHOFF			SSN/EIN	***_**_***
Passthrough DLA PIPER LLP	ID	**_****		TAXPAYER
PARTNERSHIP			_	

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	2,032.							2,032.
Interest from U.S. bonds								
Ordinary dividends	8.							8.
Qualified dividends	8.							8.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	25.							25.
Adjusted gain or loss	-167.							-167.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	1,397,725.							1,397,725.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	1,623.							1,623.
Dependent care benefits								
Retirement plans	120,000.							120,000.
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	316.							316.
Casualty and theft loss								

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

DOUGLAS C. EMHOFF

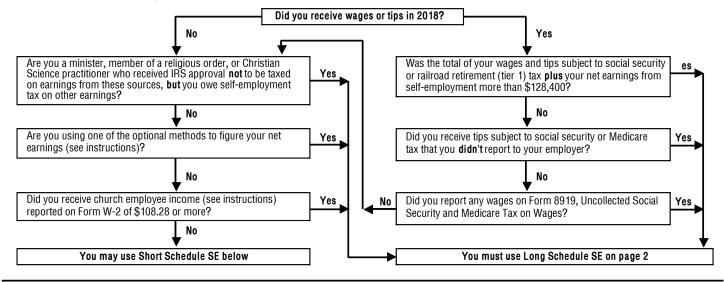
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of person with self-employment income

**

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1		
(Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A		
(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders,		
see instructions for types of income to report on this line. See instructions for other income to report ${ m STMT}$ 15	2	1,563,741.
3 Combine lines 1a, 1b, and 2	3	1,563,741.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this		
schedule unless you have an amount on line 1b	4	1,444,115.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is:		
• \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form		
1040), line 57, or Form 1040NR, line 55		
 More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. 		
Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5	57,801.
6 Deduction for one-half of self-employment tax.		
Multiply line 5 by 50% (0.50). Enter the result here and on		
Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27		

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

Schedule SE (Form 1040) 2018

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of person with self-employment

income

KAMALA D. HARRIS Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of

Jilur	cri employee income.		
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but more of other net earnings from self-employment, check here and continue with Part I		
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b 2	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A	1b	
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious		
	orders, see instructions for types of income to report on this line. See instructions for other income to report.		220 125
	Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 16	2	320,125.
3	Combine lines 1a, 1b, and 2	3	320,125. 295,635.
4 a	, , , , , , , , , , , , , , , , , , , ,	4a	493,033.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	۱	
b	, , , , , , , , , , , , , , , , , , , ,	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception:	1	295,635.
E -	If less than \$400 and you had church employee income , enter -0- and continue Enter your church employee income from Form W-2. See instructions	4c	255,055
эа	· · · · · · · · · · · · · · · · · · ·		
b	for definition of church employee income	- 5b	
6	ALLE A LEI	6	295,635.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or	1	250,000
•	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	7	128,400.0
8a		-	,
	W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip		
	lines 8b through 10, and go to line 11	,	
b	Unreported tips subject to social security tax (from Form 4137, line 10)		
С	Wages subject to social security tax (from Form 8919, line 10)		
d		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	8,573.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line		
	57, or Form 1040NR, line 55	12	8,573.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter the result here and on		
Do	Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27 13 4, 287.	•	
	rt II Optional Methods To Figure Net Earnings (see instructions)		
	n Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more		
	\$7,920, or (b) your net farm profits ² were less than \$5,717.	44	5,280.0
14 15	Maximum income for optional methods	14	5,260.0
15		15	
Mont	this amount on line 4b above	13	
	also less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment of		
	ast \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on		
-	line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C , line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Department of the Treasury Internal Revenue Service

Name

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Form **1116** (2018)

Identifying number as shown on page 1 of your tax return

_ DOUGLAS C. EMHOFF & KAMALA D. HARRIS Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions Section 951A income Foreign branch income **d** X General category income Certain income re-sourced by treaty h Resident of (name of country) ► UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for category checked above) Foreign Country or U.S. Possession Total В С (Add cols. A, B, and C.) OTHER Enter the name of the foreign country or U.S. COUNTRIES possession 1a Gross income from sources within country shown above and of the type checked above: 4,135. 4,135. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) **Deductions and losses (Caution: See instructions.):** Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 17 137,382. Pro rata share of other deductions not definitely related; 10,000. Certain itemized deductions or standard deduction Other deductions (attach statement) 10,000. c Add lines 3a and 3b 4,135. Gross foreign source income 4,142,783. Gross income from all sources .000998121 Divide line 3d by line 3e Multiply line 3c by line 3f 10. Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources 137,392. Add lines 2, 3g, 4a, 4b, and 5 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (vou must check one) (t) Other (u)Total foreign (p) Other (j) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign taxes paid or taxes paid or accrued (add cols. Accrue accrued (q) through (t)) accrued (I) Date paid or accrued (s) Interest (m)Dividends (n) Rents and rovalties (0) Interest (q) Dividends (r) Rents and rovalties 33, 33. Α В С Add lines A through C, column (u). Enter the total here and on line 9, page 2 33.

LHA For Paperwork Reduction Act Notice, see instructions.

***	_ * * _	_***	Page 2
			I aut /

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	33.		
10	Carryback or carryover (attach detailed computation)	10			
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)				
11	Add lines 9 and 10	11	33.		
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	33.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the		400 0		
	United States (before adjustments) for the category of income checked above Part I	15	-133,257.		
			400 055		
	Adjustments to line 15	16	133,257.	_	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17		-	
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts; Enter your taxable income without the deduction for your				
	exemption	[18]			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in				
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Sch		•		
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1		Ine 42	20	
04	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instru				
	Multiply line 20 by line 19 (maximum amount of credit) Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thru		and onter this	21	
22	amount on line 0.1. Otherwise, complete the amount istaline in Dout IV			22	0.
Р	art IV Summary of Credits From Separate Parts III			22	
_	Credit for taxes on section 951A income	23			
	Credit for taxes on foreign branch income	24		-	
	Credit for taxes on passive category income	25		-	
	Credit for taxes on general category income	26		-	
	Credit for taxes on section 901(j) income	27			
	Credit for taxes on certain income re-sourced by treaty	28			
		29			
	Add lines 23 through 29			30	
	Enter the smaller of line 20 or line 30			31	0.
	Reduction of credit for international boycott operations			32	
	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form			<u> </u>	
55	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a			33	0.

Form **1116** (2018)

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

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2018
Attachment
Sequence No. 22

entifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS ***_**_** Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) 316. General business credit from line 2 of all Parts III with box A checked 2 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2018. See instructions 3 Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach 4 5 Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked 5 316. Add lines 1, 3, 4, and 5 6 | Part II | Allowable Credit Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 611,965. 7 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 8 Alternative minimum tax: Corporations. Enter -0-8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 611,965. 9 9 Add lines 7 and 8 10a Foreign tax credit **b** Certain allowable credits (see instructions) 10c c Add lines 10a and 10b 611,965. Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 611,965. Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-146,741. 13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 9 503,883. Corporations. Enter -0-14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 503,883. Enter the greater of line 13 or line 14 15 108,082. 16 Subtract line 15 from line 11. If zero or less, enter -0-16 316. 17 Enter the smaller of line 6 or line 16 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2018)

	Irt II Allowable Credit (continued)		
Not	e: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line	26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23 24	Passive activity credit from line 3 of all Parts III with box B checked	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the		
	smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	465,224.
28	Add lines 17 and 26	28	316.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	464,908.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Passive activity credits from line 5 of all Parts III with box B checked 32	31	
UZ.	T assive activity diedits from the 3 of all 1 arts in with box B directed		
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked		
	and line 6 of Part III with box G checked. See instructions for statement to attach	34	
٥-	One has been after a second to fine 2010. Extend to account for a line E of Dat III with here Date alord		
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked.	25	
	See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
-	, , , ,		
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	316.
			E 2000 (00.10)

Name	s) shown on return			Identifying number
DO	JGLAS C. EMHOFF & KAMALA D. HARRIS			***_**
Pa	rt III General Business Credits or Eligible Small Business Credi	t s (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions.		•	
Α	X General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	ed		
ı	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combir	ning amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			> □
Note for e	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ded	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k	**_****	316.
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		316.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

316.

6

Department of the Treasury Internal Revenue Service (99) **Alternative Minimum Tax - Individuals**

► Go to www.irs.gov/Form6251 for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

Attachment
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

	GLAS C. EMHOFF & KAMALA D. HARRIS	4	***_**_***
Par	t I Alternative Minimum Taxable Income		
1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8		
	and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a		1 010 217
	negative amount.)	1	1,818,317.
	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from		10 000
	Form 1040, line 8	2a	10,000.
	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	2b	-14,622.
	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
	Interest from specified private activity bonds exempt from the regular tax	2g	
	Qualified small business stock, see instructions	2h	
	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	1.67
	Disposition of property (difference between AMT and regular tax gain or loss)	2k	-167.
	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 18	21	25.
	Passive activities (difference between AMT and regular tax income or loss)	2m	
	Loss limitations (difference between AMT and regular tax income or loss)	2n	
	Circulation costs (difference between regular tax and AMT)	20	
	Long-term contracts (difference between AMT and regular tax income)	2p	
	Mining costs (difference between regular tax and AMT)	2q	
	Research and experimental costs (difference between regular tax and AMT)	2r	
	Income from certain installment sales before January 1, 1987	2s	
	Intangible drilling costs preference	2t	
	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4		1 012 552
_	is more than \$718,800, see instructions.)	4	1,813,553.
Par			
5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)		
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	Single or head of household \$500,000 \$70,300		•
	Married filing jointly or qualifying widow(er) 1,000,000 109,400	5	0.
	Married filing separately 500,000 54,700		
	If line 4 is over the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9,		1 012 552
	and 11, and go to line 10	6	1,813,553.
7	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	• If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported		
	qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the		FA2 002
	amount from line 40 here.	7	503,883.
	● All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by		
	26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing		
	separately) from the result.		
	Alternative minimum tax foreign tax credit (see instructions)	8	FAA AAA
	Tentative minimum tax. Subtract line 8 from line 7	9	503,883.
	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract		
	from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to		
	figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this		644 06-
	line (see instructions)	10	611,965.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040), line 45	11	0.

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Part III Tax Computation Using Maximum Capital Gains Rates

12 Enter the amount from Firm R251, line 6. If you are filling Form 2555 or 2555 EZ, enter the amount from line 3 of the worksheat in the instructions for firm 6. In the Committed Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions), if you are filling Form 2555 or 2555 EZ, see instructions for the amount for the manual to enter the structions for Schedule D (Form 1040), line 10 (as refigured for the AMT, if necessary) (see instructions) (if you are filling Form 2555 or 2555 EZ, see instructions for the amount to more the structions for the structions for the structions for the structions for the struction for the manual to the amount to manual to the structions for the amount to the amount to manual to the structions for the amount to manual to the structions for the amount to the amount to manual to the structions for the amount to the amount to manual to the structions for the amount to the AMT, if necessary), if you are filling Form 2555 or 2555 EZ, see instructions for the amount to the AMT, if necessary), if you are filling Form 2555 or 2555 EZ, see instructions for the amount to the AMT, if necessary), if you are filling Form 2555 or 2555 EZ, see instructions for the amount form form 2550 or 2555 EZ, see instructions for 15 structions for 15	_	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Workshee	et in the	e instructions.
13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, [line 11.a, or the amount of noile 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 14 Enter the amount from Schodule D Term 1040, line 11 (see 12.5) (see instructions) for the AMT, if necessary) (see instructions), If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 15 If you did not complete a Schedule D Tax Worksheet for the regular tax, If you are filing Form 2555 or 2555-EZ, see instructions for the AMT, if necessary), If you are filing Form 2555 or 2555-EZ, see instructions for the AMT, if necessary), If you are filing Form 2555 or 2555-EZ, see instructions for the AMT, if necessary), If you are filing Form 2555 or 2555-EZ, see instructions for the AMT, if necessary), If you are filing Form 2555 or 2555-EZ, see instructions for the AMT, if necessary), If you are filing Form 2555 or 2555-EZ, see instructions for fem 1040, International Part of the Enter the amount for line 15 15 1, 12.9 16 Enter the smaller of line 12 or line 15 17 1, 812, 424. 18 If line 17 is 511, 100 or less (585-550 or less if married filing separately), multiply line 17 by 2896 (0.28), Otherwise, multiply line 17 by 2896 (0.28) and subtract \$3.822 (\$1.911 if married filing separately) from the result. 18 50.3, 657. 19 77, 200 or 19 1, 11, 11, 11, 11, 11, 11, 11, 11, 1	12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from		
for Form 1040, line 11s, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions (or Schedule D Form 1040), whicheve applies are originared for the AMT, if necessary) (see instructions), if you are filing from 2555 or 2555 EZ, see instructions for the amount to enter 15 if you did not complete a Schedule D Form 1040, line 19 (see refigured for the AMT, if necessary) (see instructions), if you are filing from 2555 or 2555 EZ, see instructions for the amount to enter 16 if you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from 10 10 of the Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from 10 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing from 2555 or 2555 EZ, see instructions for the amount to enter 15 1,129 16 Enter the semalter of line 12 or line 15 17 1,812,424 18 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 296 (0.26). Otherwise, multiply line 17 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.28). Otherwise, multiply line 18 by 296 (0.29). Otherwise, multip		line 3 of the worksheet in the instructions for line 7	12	1,813,553.
for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555EZ, see instructions for the amount to enter in the complete a Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555EZ, see instructions for the amount to enter in the complete a Schedule D Tax Worksheet for the regular tax or the AMT retret the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that the amount from line 10 of the Schedule D Tax Worksheet (for the AMT, if necessary). If you are filing Form 2555 or 2555EZ, see instructions for the amount to enter 16. Enter the smaller of line 12 or line 15. 11, 129. 17. 1812, 424. 181 (line 17 is 319.100 or less (92.8) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 19. 1812, 424. 181 (line 17 is 319.100 or less (92.8) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 19. 181, 20. 20. 181, 20. 20. 181, 20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
you are filing Form 2555 c7 2555 E2, see instructions for the amount to enter 18 Inter the manunt from Shedube D (Form 1040), line 119 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555 E2, see instructions for the amount to enter 18 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 10 of the Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount form line 10 of the Schedule D Tax Worksheet for the regular tax or the AMT, if necessary). If you are filing Form 2555 or 2555 E2, see instructions for the amount to enter 19 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, if necessary). If you are filing Form 2555 or 2555 E2, see instructions for the amount to enter 10 of the Schedule D Tax Worksheet for the regular tax or the AMT, if necessary). If you are filing Form 2555 or 2555 E2, see instructions for Inter the amount form line 12 or line 15 interes and subtract \$3,822 (\$1,911 if married filing separately) from the result. 11		for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions		
14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions), if you are filing Form 2555 or 2555-EZ, see instructions for the amount to make in 14 in 16 of the Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 16 in 1, 129 i		for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 16 If you did not complete a Schedulo D Tax Worksheet for the regular tax or the AMT, interest he amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedulo D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 11.1.29. 16 Enter the smaller of line 12 or line 15 17. 1, 812, 4224 18 If line 17 is \$191,100 or less (\$85,550 or less if married filing separately), multiply line 17 by 28% (0, 26). Otherwise, multiply line 17 by 28% (0, 28) and subtract \$\$3,822 (\$1,911 if married filing separately) from the result 18 50 3, 657. 19 Enter: 19 \$77,200 if married filing jointly or qualifying widow(er). 29 \$33,600 if single or married filing separately or 29 \$37,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D Form 1040, hichever applies (a figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D Form 1560 or Sche5et. See instructions for the amount to enter 21 Subtract line 20 from line 19. If zero or less, enter 0. 22 11, 129. 25 Enter the smaller of line 12 or line 12 or line 12. 26 Enter the smaller of line 12 or line 12. 27 Enter the smaller of line 12 or line 12. 28 Enter the smaller of line 12 or line 12. 29 Enter the smaller of line 12 or line 12. 20 Enter the amount from line 7 of the Qualifying widow(er) 20 \$3,500 or line 20 or lin		you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13	1,129.
15 if you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 255€ Z, see instructions for the amount to enter 11 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 255€ Z, see instructions for the amount to enter 16 from line 12 for line 15 for line 15 for line 16 for line 16 for line 16 for line 17 for 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) multiply line 17 by 28% (0.28) of therwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 15. 1, 129. 16. Enter the smaller of line 12 or line 15. 16. 1, 129. 17. Subtract line 16 from line 12. 18. If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.28). Otherwise, multiply line 17 by 26% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. ▶ 18. 503,657. 19. Enter: ■ \$77.200 if married filing jointly or qualifying widow(er), \$33,800 if single or married filing separately, or \$33,800 if single or married filing separately, or \$33,700 if head of household. So from 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D form 1040, whichever applies (as figured for the regular tax, lif you did not complete either worksheet for the regular tax, enter the amount from 1040, line 110, lizer or less, enter 0. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12		instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	
10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 1, 1, 129 or 16 Enter the smaller of line 12 or line 15 17, 1812, 424. If line 17 is 2911, 100 or less (\$95,550 or less if married filing separately), multiply line 17 by 28% (0.28). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. ▶ 18 503, 657. If line 17 is 2911, 100 or less (\$95,550 or less if married filing separately) from the result. ▶ 18 503, 657. If line 17 is 2911, 100 or less (\$95,550 or less if married filing separately) from the result. ▶ 19 77, 200 or \$33,800 if single or married filing separately, or \$33,800 if single or married filing separately, or \$33,800 if single or married filing separately, or \$35,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from 1040, line 10, if zero or less, enter 0. If you are filing Form 2555 or 2555-EZ see instructions for the amount to enter 22 1, 129 0. 22 Enter the smaller of line 21 or line 13 22 1, 129 0. 23 Enter the smaller of line 21 or line 13 22 1, 129 0. 24 1, 129 0. 25 0	15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
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18 If lim 17 is \$191.100 or less (\$95,550 or less if married filing separately), multiply line 17 by 28% (0.28) or less if married filing separately) from the result. ▶ 19 Enter: ▶ \$77,200 if married filing pointly or qualifying widow(er), ▶ 338,800 if single or married filing separately, or ▶ \$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from filine 19 or line 19, if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 21 Subtract line 20 from line 19, if zero or less, enter -0. 21 22 1,129. 23 Enter the smaller of line 12 or line 12. This amount is taxed at 0% 23 0, the subtract line 23 from line 22. This amount is taxed at 0% 24 1,129. 25 Enter: ▶ 329,500 if single ▶ 329,500 if single ▶ 329,500 if single ▶ 329,500 if married filing jointly or qualifying widow(er) ▶ 347,000 if married filing jointly or qualifying widow(er) ▶ 347,000 if married filing pointly or qualifying widow(er) ▶ 347,000 if married filing pointly or diversible to the schedule DTax Worksheet, in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule DTax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from line 19 of the Schedule DTax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either versible tax worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule DTax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either versible to the regular tax, enter the amount from line 20 from li	16	Enter the smaller of line 12 or line 15	——	
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• \$38,600 if single or married filing separately, or • \$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter 0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 21 1,817,188. 22 1,817,188. 23 10. 24 1,129. 25 Enter the smaller of line 12 or line 22. This amount is taxed at 0% 26 Enter the smaller of line 21 or line 22. This amount is taxed at 0% 27 1,129. 28 Enter the smaller of line 22 or line 22. This amount is taxed at 0% 29 1,129. 20 Enter the smaller of line 19 or line 22. This amount is taxed at 0% 20 1,817,188. 21 0. 22 1,129. 23 0. 24 1,129. 25 Enter: 26 1,817,188. 27 2,323,500 if married filing penarately 28 247,900 if married filing penarately 29 479,000 if married filing ponthy or qualifying widow(er) 29 479,000 if married filing ponthy or qualifying widow(er) 29 5 479,000 if married filing ponthy or qualifying widow(er) 29 0. 20 Enter the amount from line 21 20 1,817,188. 21 1,817,188. 22 Enter the amount from line 21 25 Enter the amount from line 21 26 1,817,188. 27 1,817,188. 28 Add line 26 and line 27 29 0. 30 0. 30 0. 31 1,817,188. 32 Subtract line 28 from line 25. If zero or less, enter 0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter 27 1,817,188. 28 Subtract line 28 from line 25. If zero or less, enter 0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter 29 0. 30 0. 31 1,817,188. 32 30 0. 33 1,817,188. 34 20 0. 35 30 0. 36 30 0. 37 30 0. 38 30 0. 39 4 1 lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line	19			
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● \$425,800 if single \$239,500 if married filing separately \$479,000 . ● \$452,400 if head of household 26 0 Enter the amount from line 21 26 27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter 27 1,817,188 28 Add line 26 and line 27 28 1,817,188 29 O. 30 0. 30 Enter the smaller of line 24 or line 29 30 0. 31 Multiply line 30 by 15% (0.15) 31 32 Add lines 23 and 30 32 0. 4 Multiply line 32 from line 22 33 1,129 34 Multiply line 35 by 20% (0.20) 34 226 4 Multiply line 35 by 20% (0.20) 37 33 3,129 36 Subtract line 37 from line 22 33 1,129 37 Multiply line 38 by 25% (0.25) 37 37 38 Add lines 17, 32, and 33 35 39 Subtract line 35 from line 12 36			24	1,149.
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• \$479,000 if married filing jointly or qualifying widow(er) 26 473,000 • • \$452,400 if head of household 26 0 • 26 Enter the amount from line 21 26 0 • 27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0 · If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter 27 1,817,188 · 28 28 1,817,188 · 29 28 1,817,188 · 29 29 0 · 30		• \$239,500 if married filing separately		470 000
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Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not			30	222,000
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not	55		39	503.973.
	4 0		33	222,3,00
	.5		40	503,883.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

Social Security Number

***_**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

POOGT	AS C. EMHOFF & KAMALA	D. HARRIS					***-**-***
Form	5				Adjustment		
Name	Description	Income	Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
K1-	DLA PIPER LLP						
	* REGULAR INCOME	1,345,366.					
	DEPR ADJ	25.		25.			
	ADJ GAIN/LOSS, LN	-167.	-167.				
	* AMT NET INCOME	1,345,224.		25.			
	THIT NET INCOME	1,313,221.	107.	25.			
	** TOTAL ADJ & PREF **		-167.	25.			
	TOTAL ADO & FREE		-107•	∠			

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquire	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	PARTNERSHIP EXPENSES IPAD ** SUBTOTAL **	07011	.8200D	B5.00	1,498. 1,498.	0.	1,498. 1,498.	1,498. 1,498.	0. 0.
	*** GRAND TOTAL ***				1,498.	0.	1,498.	1,498.	0.

828104 04-01-18

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form1116 for instructions and the latest information. Name Identifying number as shown on page 1 of your tax return ***_**_*** DOUGLAS C. EMHOFF & KAMALA D. HARRIS Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Lump-sum distributions Section 951A income Passive category income Section 901(j) income Foreign branch income **d** X General category income Certain income re-sourced by treaty h Resident of (name of country) ► UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for category checked above) Foreign Country or U.S. Possession Total В С (Add cols. A, B, and C.) OTHER Enter the name of the foreign country or U.S. COUNTRIES possession 1a Gross income from sources within country shown above and of the type checked above: 4,135 4,135. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 137,382. (attach statement) Pro rata share of other deductions **not definitely related**: Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 4,135. Gross foreign source income 4,127,994. Gross income from all sources .001001697 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources 137,382. 137,382 Add lines 2, 3g, 4a, 4b, and 5 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (vou must check one) (t) Other (u)Total foreign (p) Other (j) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign taxes paid or taxes paid or accrued (add cols. Accrue accrued (q) through (t)) accrued (I) Date paid or accrued (s) Interest (m)Dividends (n) Rents and rovalties (q) Dividends (r) Rents and rovalties (0) Interest 33, 33. Α В С

811501 12-18-18

Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

33.

*_**_ Page	2
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* *

P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	. 9	33.		
10	Carryback or carryover (attach detailed computation)	. 10			
	(If your income was section 951A income (box a above Part I), leave				
	line 10 blank.)				
11	Add lines 9 and 10	. 11	33.		
12	Reduction in foreign taxes	. 12			
13	Taxes reclassified under high tax kickout	13			
	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	33.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the		400 045		
	United States (before adjustments) for the category of income checked above Part I	. 15	-133,247	<u>-</u>	
			122 045		
	Adjustments to line 15	. 16	133,247.	-	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	. 17			
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41.				
	Estates and trusts; Enter your taxable income without the deduction for your				
	exemption	. [18]			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see				
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, \$		·		
	Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form		line 42	20	
•	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see ins				
	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 to amount on line 21. Otherwise, complete the appropriate line in Part IV.				0.
D	amount on line 31. Otherwise, complete the appropriate line in Part IV Summary of Credits From Separate Parts III		>	22	0.
	Credit for taxes on section 951A income	23			
	Credit for taxes on foreign branch income			-	
	Credit for taxes on passive category income			-	
				-	
	0 156	·		-	
	Credit for taxes on section 901(j) income Credit for taxes on certain income re-sourced by treaty				
	Credit for taxes on lump-sum distributions			20	
ე ∪	Add lines 23 through 29			30	0.
	Enter the smaller of line 20 or line 30			31	· ·
	Reduction of credit for international boycott operations			32	
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (For				
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	<u></u>		33	0.

Form **1116** (2018)

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

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

OMB No. 1545-1971

Name of employer

Social security number ***_**

Employer identification number **_****

DOUGLAS C. EMHOFF

Са	alendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.					
A	Did you pay any one household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)					
	Yes. Skip lines B and C and go to line 1. No. Go to line B.					
В	Did you withhold federal income tax during 2018 for any household employee?					
	Yes. Skip line C and go to line 7. No. Go to line C.					
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household emplo (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)	yees?				
	No. Stop. Don't file this schedule. Yes. Skip lines 1-9 and go to line 10.					
P	Part I Social Security, Medicare, and Federal Income Taxes					
1	Total cash wages subject to social security tax					
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	3,682.			
3	Total cash wages subject to Medicare tax 29,693.					
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	861.			
5	Total cash wages subject to Additional Medicare Tax withholding					
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6				
7	Federal income tax withheld, if any	7				
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	4,543.			
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household employed (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)	ees?				
	No. Stop. Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not require see the line 9 instructions.	ed to fi	le Form 1040,			
	X Yes. Go to line 10.					

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

Schedule H (Form 1040) 2018

		UGLAS C. E						**	*_**	_**	* *	Page 2
Part II	rederal Un	employment (F	JIA) Iax									
10 Did you p	ay unemploym	nent contributions to	only one state? I	f you paid co	ntributions to a c	credit reduction	on state,		,		Yes	No
	ctions and che									10	X	
		employment contribu								11	X	
	•	taxable for FUTA tax		•		x?			[12	Х	
		' es" box on all the lin lo" box on any of the				ction B						
n you c	niconcu tric 1	box on any or an	c inica above, and	Section A	· · · · · · · · · · · · · · · · · · ·	DION D.						
13 Name of t	he state where	e you paid unemploy	ment contribution			CA						
		- y - a paia ai i - ai i - ai - ai										
14 Contribut	ions paid to yo	our state unemploym	ent fund		14							
		ct to FUTA tax				% RATE		15			7,0	00.
		15 by 0.6% (0.006).		ere, skip Sect	tion B, and go to	line 25		16				42.
				Section E	3							
		elow that apply (if yo										
(a) Name Taxa	(b) able wages (as	(c) State experie	nce rate	(d) State	(e) Multiply col. (b)	(f) Multiply co	I. (b)	(g) Subtract		Co	(h) ntributio	ons
	ed in state act)	From	d To	experience rate	by 0.054	by col. (d		from co	I. (e).	pa	id to sta mployn	ate
State		FIOIII	10	Tuto				enter -	-0		fund	
					I.							
18 Totals							18					
19 Add colur	mns (g) and (h)	of line 18			19							
20 Total cash	n wages subje	ct to FUTA tax (see t	he line 15 instruc	tions)				20				
		(0.060)						21				
		(0.054)										
		19 or line 22										
		oloyment contribution						1 00				
	ctions and che	eck nere) 23 from line 21. Ent	or the regult here					23				
		ehold Employm		and go to line	20		<u></u>	24				
		ine 8. If you checked		n line C of pa	ge 1. enter -0-			25			4,5	43.
	16 (or line 24) a	and line 25						26			$\frac{1}{4}, 5$	85.
	equired to file F											
		the amount from line	e 26 above on Sc	hedule 4 (For	m 1040), line 60a	a. Don't comp	olete Part	IV belo	w.			
		to complete Part IV										
		d Signature - Co		only if require	ed. See the line 2	7 instructions	S	I Ant us				
Address (number a	and street) or P.O. L	oox ii maii isri t delivered to	street address					Apt., re	oom, or suit	e no.		
City town or post	office, state, and Z	IP code										
,,												
Under penalties of	periury. I declare the	nat I have examined this sc	hedule, including accor	mpanving stateme	ents, and to the best o	f mv knowledge ar	nd belief, it i	s true, con	rect, and co	mplete.	No par	t of anv
	a state unemployme	ent fund claimed as a credi										
\	,											
Employer's s	signature					Date						
	1	reparer's name	Preparer's	s signature	Dat	te	Check	if	PTIN			
Paid	"	•	' "	J			self- emp					
Preparer	Firm's name	>	•		•	<u>'</u>	Firm's E					
Use Only												
	Firm's addres	ss ►					Phone i	10.				

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have

HSAs, see instructions ▶ ***_**_*** DOUGLAS C. EMHOFF Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Pai	HSA Contributions and Deduction. See the instructions before completing this pa	rt. If y	ou are	filing jointly
	and both you and your spouse each have separate HSAs, complete a separate Part	I for	each s	oouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during			
	2018 (see instructions)	<u> </u>	elf-only	X Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made			
	from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer			
	contributions, contributions through a cafeteria plan, or rollovers (see			
	instructions)	2		
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you			
	were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for			6 000
	family coverage). All others, see the instructions for the amount to enter	3		6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form			
	8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during			
	2018, also include any amount contributed to your spouse's Archer MSAs	4		C 000
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had			
	family coverage under an HDHP at any time during 2018, see the instructions for the			C 000
	amount to enter	6		6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family			
	coverage under an HDHP at any time during 2018, enter your additional contribution amount	l _		
	(see instructions)	7		6 000
8	Add lines 6 and 7	8		6,900.
9	Employer contributions made to your HSAs for 2018 9	_		
10	Qualified HSA funding distributions	٠		
11	Add lines 9 and 10	11		6,900.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0,900.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040),	100		
	line 25, or Form 1040NR, line 25	13		
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Pai	THI HSA Distributions. If you are filing jointly and both you and your spouse each have	cono	roto US	200
1 G	HSA Distributions. If you are filing jointly and both you and your spouse each have complete a separate Part II for each spouse.	sepa	rate no	DAS,
140		14a		425.
	Total distributions you received in 2018 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any	148		425
b	·			
	excess contributions (and the earnings on those excess contributions) included on			
	line 14a that were withdrawn by the due date of your return (see	446		
_	instructions) Subtract line 14b from line 14a	14b 14c		425.
15	Subtract line 14b from line 14a Qualified medical expenses paid using HSA distributions (see instructions)	15		425.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include	13		1234
10				
	this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the	16		0.
17 ^	dotted line next to line 21, enter "HSA" and the amount If any of the distributions included on line 16 meet any of the Exceptions to the Additional	16		
ıı d				
h	20% Tax(see instructions), check here Additional 20% tax(see instructions). Enter 20% (0.20) of the distributions included on line 16			
D	that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4			
	(Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62,			
	or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b		
	ST SON S STATE OF THE STATE OF	,,	1	

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

Form **8889** (2018)

Pa	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the inst completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.					
18	Last-month rule	18				
19	Qualified HSA funding distribution	19				
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040NR, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21				

Form **8889** (2018)

Additional Medicare Tax

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions. ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment Sequence No. **71**

	me(s) shown on return	Your so	our social security number			
	OUGLAS C. EMHOFF & KAMALA D. HARRIS					
	art 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	.	166,05	,		
_	from box 5	1	100,03	<u></u>		
2	1 1 /			-		
3	,		166,05	-		
4		4	100,03	<u> </u>		
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 widow(er) \$200,000	_	250,000	ا ا م		
6	Subtract line 5 from line 4. If zero or less, enter -0-			_	0.	
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter h				0.	
	art II Additional Medicare Tax on Self-Employment Income	ere anu	90 to Fart It	/		
	Self-employment income from Schedule SE (Form 1040),					
0	Section A, line 4, or Section B, line 6. If you had a loss, enter					
	0.75	8	1,739,75	ا م		
۵	-0- (Form 1040-PR and Form 1040-SS filers, see instructions.) Enter the following amount for your filing status:	•	1,100,10	~		
9	Married filing jointly \$250,000					
	Married filing separately \$125,000					
	Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000	ا م		
10			166,05			
	Subtract line 10 from line 9. If zero or less, enter -0-		83,948			
	Subtract line 11 from line 8. If zero or less, enter -0-				1,655,802.	
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009)			'-	1/033/0021	
13	here and go to Part III	y. Liitei		13	14,902.	
P	art III Additional Medicare Tax on Railroad Retirement Tax Act	(RRTA) Compensation		11/3020	
	Railroad retirement (RRTA) compensation and tips from	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	, compensation			
14	Form(s) W-2, box 14 (see instructions)	14				
15	Enter the following amount for your filing status:			-		
13	Married filing jointly \$250,000					
	Married filing separately \$125,000					
	Single, Head of household, or Qualifying widow(er) \$200,000	15				
16	Subtract line 15 from line 14. If zero or less, enter -0-			16		
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16			10		
"	0.9% (0.009). Enter here and go to Part IV.	-		17		
P	art IV Total Additional Medicare Tax			17		
	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62) (check				
	box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part	•		18	14,902.	
P	art V Withholding Reconciliation	·		10		
	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	2,408	8 .		
20		20	166,05	2.		
	Multiply line 20 by 1.45% (0.0145). This is your regular					
	Medicare tax withholding on Medicare wages	21	2,408	8 .		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicar		•			
	withholding on Medicare wages			22	0.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation fro					
_0	W-2, box 14 (see instructions)			23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this			···		
7	amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 10)40-PR				
	and 1040-SS filers, see instructions)			24		

Department of the Treasury

Internal Revenue Service (99)

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.

2018

Attachment

Form 8960 (2018)

Name(s) shown on your tax return Your social security number or EIN ***_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS **Investment Income** Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 2,288. Taxable interest (see instructions) 2 Ordinary dividends (see instructions) 2 Annuities (see instructions) 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, 1,548,315. etc. (see instructions) Adjustment for net income or loss derived in the ordinary course of -1,548,315a non-section 1411 trade or business (see instructions) STATEMENT 19 0. Combine lines 4a and 4b 1,257. Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see instructions) 1,257. Combine lines 5a through 5c 5d Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 6 <u>530</u> Other modifications to investment income (see instructions)

SEE STATEMENT 7 7 4.083. Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 8 Investment Expenses Allocable to Investment Income and Modifications Investment interest expenses (see instructions) 1,418. State, local, and foreign income tax (see instructions) b С Miscellaneous investment expenses (see instructions) 1,418. d Add lines 9a, 9b, and 9c 9d Additional modifications (see instructions) 10 10 1,418. Total deductions and modifications. Add lines 9d and 10 11 Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete 2,665. lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-Individuals: 1,889,156. 13 Modified adjusted gross income (see instructions) 250,000. Threshold based on filing status (see instructions) 14 Subtract line 14 from line 13. If zero or less, enter -0-15 2,665. 16 Enter the smaller of line 12 or line 15 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and 101. include on your tax return (see instructions) **Estates and Trusts:** 18a Net investment income (line 12 above) Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-Adjusted gross income (see instructions) 19a 19a Highest tax bracket for estates and trusts for the year (see c Subtract line 19b from line 19a. If zero or less, enter -0-Enter the smaller of line 18c or line 19c 20 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)

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

LHA

1.	Enter total amount of recovery included in gross income	1	202.		
	Don't include recoveries of items that are included in net investment				
	income in the year of recovery (included on lines 1-6).				
	• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.				
	Don't include recoveries of items if the amount relates to a deduction				
	taken in a tax year beginning after 2012, and you weren't subject to the				
	NIIT solely because your MAGI was below the applicable threshold.				
CA	This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.				
2.	Amount of the recovery that would've been included in gross income but				
	for the application of the tax benefit rule under section 111	2.	0.		
3.	Total amount of recovery (add lines 1 and 2)			3	202.
4.	Enter the percentage of the deduction allocated to net investment income				
	in the prior year. (If the deduction wasn't allocated between investment		000011011		
	income and non-investment income, enter 100%.)	4. <u>•</u>	036241614		
5.					
	year Form 8960 attributable to item recovered (after any deduction limitations imp	,			7
	section 67 or 68)			5	7.
	culation of recoveries when the deduction isn't taken into account in				
	Multiply line 5 by 0.038			6	0.
7.	Enter the amount of net investment income in the year of the deduction				
	(previous year's Form 8960, line 12, unless line 12 is zero, then previous		40 746		
	year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7	7.	49,746.		
_		8.	49,/53.		
9.	,				
	the deduction by replacing the amount reported on line 12 with the amount				
	reported on line 8 of this worksheet (don't use the net investment income				
	reported on that year's Form 8960, line 12). Enter your recalculated NIIT	0	1 891		
10	here Enter the NIIT reported for the year of the deduction		4 000		
	Subtract line 10 from line 9			11	1.
	Enter the smaller of line 6 or line 11		0.		
	Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on	<u></u>			
	Form 8960, line 7 AMOUNT FULLY TAXED. LINE 12 EQ	QUALS LI	NE 6.	13	7.
Cal	culation of recoveries when the deduction is taken into account in co	mputing you	ır section 1411 N	NOL	
14.	Enter the amount of the section 1411 NOL in the year of the deduction				
	(entered as a positive number)	14			
15.	Enter the amount of the section 1411 NOL in the year of the deduction				
15.	recomputed without the amount on line 5 (entered as a positive number,				
	•				

1.	Enter total amount of recovery included in gross income	1	14,420.		
	Don't include recoveries of items that are included in net investment				
	income in the year of recovery (included on lines 1-6).				
	• Don't include recoveries of items if the amount relates to a deduction				
	taken in a tax year beginning before 2013.				
	• Don't include recoveries of items if the amount relates to a deduction				
	taken in a tax year beginning after 2012, and you weren't subject to the				
	NIIT solely because your MAGI was below the applicable threshold.				
CA	This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.				
2.	Amount of the recovery that would've been included in gross income but				
	for the application of the tax benefit rule under section 111	2. _	0.		4.4.400
3.	Total amount of recovery (add lines 1 and 2)			3	14,420.
4.	Enter the percentage of the deduction allocated to net investment income				
	in the prior year. (If the deduction wasn't allocated between investment		026241614		
_	income and non-investment income, enter 100%.)	4. —	.036241614		
5.	Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on				
	year Form 8960 attributable to item recovered (after any deduction limitations impos	,		_	523.
	section 67 or 68)			5	<u> </u>
Cal	culation of recoveries when the deduction isn't taken into account in co	omputina	vour section 141	1 NOI	
		omputing	your section 141	INOL	
	Multiply line 5 by 0.038				20.
6.					20.
6.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income				20.
6. 7.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT	7 8	49,746. 50,269.		20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	7 8	49,746. 50,269. 1,910.		20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction	7 8 9 10	49,746. 50,269. 1,910. 1,890.	6	
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9	7	49,746. 50,269. 1,910. 1,890.		20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11	7	49,746. 50,269. 1,910. 1,890.	6	
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on	9 10	49,746. 50,269. 1,910. 1,890.	6	
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7	9 10	1,910. 1,890.	11 13	20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7	9 10	1,910. 1,890.	11 13	20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 culation of recoveries when the deduction is taken into account in come	9	49,746. 50,269. 1,910. 1,890. 20.	11 13	20.
6. 7. 8. 9. 10. 11. 12. 13. Cal	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 culation of recoveries when the deduction is taken into account in come entered as a positive number)	9	49,746. 50,269. 1,910. 1,890. 20.	11 13	20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 culation of recoveries when the deduction is taken into account in come enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) Enter the amount of the section 1411 NOL in the year of the deduction	9	49,746. 50,269. 1,910. 1,890. 20.	11 13	20.
6. 7. 8. 9.	Multiply line 5 by 0.038 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) Add the amount of line 5 to line 7 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here Enter the NIIT reported for the year of the deduction Subtract line 10 from line 9 Enter the smaller of line 6 or line 11 Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 culation of recoveries when the deduction is taken into account in come entered as a positive number)	910	49,746. 50,269. 1,910. 1,890. 20.	11 13	20.

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Par	t III -	Deductions Properly Allocable to Investr	nent Inco	me (Individuals On	ly)			
1.	Ente	r the amount of Miscellaneous Itemized Deductio	ns properly	/ allocable to				
	inves	stment income from column (C) of Part II:						
		Description	Line	<u>Amount</u>				
	(a)	N/A	N/A	N/A				
	(b)_	N/A N/A	N/A					
2.	Ente	r the amount of state, local, and foreign income to	axes that a	re properly				
	alloc	able to investment income (limited to \$10,000, \$5	,000 if MF	S)	2.	1,418.		
3.	Ente	r the amounts of other Itemized Deductions prop	erly allocab	ole to				
	inves	stment income						
	(Des	cription and Form 8960 line number where they'll	be reporte	ed):				
		Description	<u>Line</u>	<u>Amount</u>				
	(a)_							
	(b)_							
4.		r the total deductions properly allocable to invest						1 110
	of lin	es 2 and 3					4.	1,418.
						70 020		
		r the amount of total itemized deductions reporte			5.	70,839.		
6.		r all other itemized deductions allowed but not su	bject to th	e section 68				
		uction limitation:						
		Investment Interest Expense		N/A				
	(b)	Casualty Losses (other than losses described in						
		section 165(c)(1))						
		Medical Expenses		N/A				
		Gambling Losses			_			
_	(e)	Total of lines 6(a) through 6(d)			6e.	N/A	_	70 020
		ract line 6e from line 5						
8.	Ente	r the lesser of line 7 or line 4					8.	1,418.
│ ┰	TP	This is the amount of itemized deductions that a	re properly	allocable to investmen	t inco	me. Use Part IV of this		
•	••	worksheet to reconcile this amount to the individ-	dual deduc	tion amounts reported	on Fo	rm 8960, lines 9 and 10).	
Par	t IV -	Reconciliation of Schedule A Deductions	to Form	8960, Lines 9 and	10 (Ir	ndividuals Only)		
						(B)		
						IF Part III, line 8 is less		(C)
						than Part III, line 4, THEN divide line 8 by		Multiply the individual
						line 4 AND enter the		amounts in column
						amount in column (B). IF the amounts		(A) by the amount in column (B). Enter
						reported on Part III,		these amounts in the
		(A)				lines 4 and 8 are equal, THEN enter		appropriate location
	_	Reenter the amounts and descriptions	from Part II	I, lines 1 - 3.		1.00 in column (B).		on lines 9 and 10.
Mis	cellar	eous Itemized Deductions properly allocable	to					
inve	estme	nt income:						
		<u>Description</u>	<u>Line</u>	<u>Amount</u>				
1.	-	N/A	N/A	N/A	X	N/A	=	N/A
	(b)_	N/A	N/A		X	N/A	=	N/A
		e, local, and foreign income taxes		1,418.	X	1.0000	=	1,418.
		Deductions						
		on Line 3 of Part III:						
3.	(a)				X		=	
	(b)_				X		=	

Net Investment Income Tax - Individuals, Estates, and Trusts

2018

CALIFORNIA

Name DOI	e(s) JGLAS C. EMHOFF & KAMALA D. HARRIS		Your s		ecurity number or EIN _ * * _ * * * *
Pai	t I Investment Income Section 6013(g) election				
	Regulations section 1.1411-10(g) election				
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)			1	2,288.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)			2	8.
3	Annuities from nonqualified plans			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (Form 1040, line 17; or Form 1041, line 5)	a 1,548	,315.		
b	Adjustment for net income or loss derived in the ordinary course of				
	a non-section 1411 trade or business	b -1,548	,315.		
С	Combine lines 4a and 4b			4c	0.
5a	Net gain or loss from disposition of property from Form 1040,				
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	a 1	<u>,257.</u>		
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax 51	b			
С	Adjustment from disposition of partnership interest or S corporation				
	stock 50				4 4
d	Combine lines 5a through 5c			5d	1,257.
6	Changes in investment income for certain CFCs and PFICs			6	
7	Other modifications to investment income			7	2 552
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	3,553.
Pai					1 074 524
9	State total income	CE 3 EE 14 E 14	T 01	9	1,874,534.
10	State income tax payments for 2018 SEE	STATEMEN	T. 7T	10	105,349.
11	2018 state income tax payments attributable to investment income, line 8 divided by lin			11	200.
	t III State Income Tax Pro-ration for 2017 Estimate Payments Ma			l I	
12	State estimate payments for 2017			12	.036242
13	Percent of state income taxes attributable to investment income for 2017			13	.030242
14 Do:	2017 state estimate payments attributable to investment income. Line 12 times line 13 t IV State Income Tax Pro-ration for Balance of Prior Years Tax P			14	Doid in 2019
15	Balance of prior years tax plus extension payments paid in 2018			15	45,000.
16	Percent of state income taxes attributable to investment income for 2017			16	.036242
17	Balance of prior years tax and extension payments attributable to investment income. I			17	1,631.
Pai			10	1 17 1	
18	Reduction of state tax deduction			18	(11,396,
19	Percent of state income taxes attributable to investment income for 2017			19	.036242
20	Reduction of state tax deduction attributable to investment income. Line 18 times line			20	(413,
Pai	t VI Total State Income Tax Payments Attributable to Investment				. ,
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2			21	1,418.

Form **8960** (2018)

Statement SBE Supplemental Business Expenses

10 Add the amounts on line 9 of both columns and enter the total here.

These are your supplemental business expenses

2018

10

36,933.

Social security number Business in which expenses were incurred ***_**_*** DOUGLAS C. EMHOFF PARTNERSHIP EXPENSES **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 13,336. Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment 3 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 22 21,147 4,900. **5** Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 34,483 4,900. enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 7 STEP 3 Figure Expenses Subject to the Limitation 34,483 4,900. 8 Subtract line 7 from line 6 9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: 34,483 2,450. Multiply by 80% (.80) instead of 50%)

Pa	art II Vehicle Expenses								
Sect	tion A General Information					(a) Vehicle	1	(b) Vehicle	
11	Enter the date vehicle was placed in service			11		12/01/			
12	Total miles vehicle was driven during 2018			12	!	5,700	miles		miles
13	Business miles included on line 12			13	3	3,640			miles
14	Percent of business use. Divide line 13 by line 12					63.8	6 %		%
15	Average daily roundtrip commuting distance				;		miles		miles
16					5		miles		miles
17	Other miles. Add lines 13 and 16 and subtract the t					2,060	miles		miles
18	Was your vehicle available for personal use during	off-dı	ity hours?					X Yes	No
19	Do you (or your spouse) have another vehicle avail	able f	or personal use?					X Yes	☐ No
20	Do you have evidence to support your deduction?							X Yes	☐ No
21	If "Yes," is the evidence written?							X Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	s for	Part II to find out whether to o	complete this	section o	r Section C.)			
	Multiply line 13 by 54.5¢ (0.545). Enter the result h	ere a							
	tion C Actual Expenses		(a) Vehi				(b)	Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	STMT 23	5	,544	•			
24 a	Vehicle rentals	24a	15,600.						
b	Inclusion amount	24b	261.						
C	Subtract line 24b from line 24a	24c		15	,339	•			
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26		20	,883	•			
27	Multiply line 26 by the percentage on line 14	27		13	,336	•			
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
	line 1	29		13	,336	•			
Sect	tion D Depreciation of Vehicles (Use this section	only	if you owned the vehicle and	are complet	ing Secti	on C for the vehicl	e.)		
			(a) Vehi	cle			(b)	Vehicle	
30	Enter cost or other basis	30							
31	Enter section 179 deduction								
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

PARTNERSHIP EXPENSES DOUGLAS C. EMHOFF

***_**

Document of Limital	ment SBE		T-4-14-				
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals Expenses	Total to Business Entity
DLA PIPER LLP OTHER BUSINESS EXPENSES OTHER DEPRECIATION GROSS OTHER BUSINESS EXP.					19,649. 1,498.	2,450.	22,099. 1,498. 23,597.
CAR AND TRUCK EXPENSES		3,541.					25,5516
LEASE EXPENSES TOTAL VEHICLE EXP.		9,795. 13,336.					13.336.
GRAND TOTAL		23,3300					13,336. 36,933.

2018 DEPRECIATION AND AMORTIZATION REPORT

PARTNERSHIP EXPENSES

FORM 2106/SBE- 1

	CONTI DAI DAODO							2100/000						
Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	IPAD	07/01/18	200DB	5.00	нү191	1,498.		1,498.		0.		1,498.	1,498.	0.
	MACHINERY & EQUIPMENT													
1	I PHONE	07/01/11	200DB	5.00	нұ17	790.		790.	0.	0.			0.	0.
3	LAPTOP COMPUTER	07/01/14	200DB	5.00	HY17	1,200.		1,200.	0.	0.			0.	0.
	* 2106/SBE TOTAL MACHINERY & EQUIPMENT					1,990.		1,990.		0.			0.	0.
	* GRAND TOTAL 2106/SBE DEPRECIATION					3,488.		3,488.		0.		1,498.	1,498.	0.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					1,990.		1,990.	0.	0.	0.			0.
	ACQUISITIONS					1,498.		1,498.	0.	0.	0.			0.
	DISPOSITIONS					0.		0.	0.	0.	0.			0.
	ENDING BALANCE					3,488.		3,488.	0.	0.	0.			0.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return. FORM 2106/SBE-

OMB No. 1545-0172

Sequence No. 179

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Name(s) shown on return ***_**_** DOUGLAS C. EMHOFF & KAMALA D. HARRIS PARTNERSHIP EXPENSES Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000. **1** Maximum amount (see instructions) 1,498.2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-1,000,000. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 IPAD 1,498. 1,498. 7 Listed property. Enter the amount from line 29 7 1,498. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 1,498. 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 1,000,000. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 1,498. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 **17** MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs. g S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30 yrs. 30-year MM S/L С 40 yrs. d 40-vear MM S/I Part IV Summary (See instructions.)

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

21 Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs

1,498.

21

22

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

k	*	_	*	*	_	*	*	*	*	Page	2	
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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to s	siness/investme	ent use claimed? Yes N		No	No 24b If "Yes," is the evidence written?				Yes	No				
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ott	(d) Cost or her basis			preciation nvestment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) eciation uction	Elec sectio	(i) cted in 179 ost
25	Special depreciation allo	wance for q	ualified listed	property	placed i	n serv	/ice dui	ing the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								25				
	Property used more that														
		: :	9	6											
		: :	9	6											
		1 1	9	6											
27	Property used 50% or le	ess in a quali	fied business	use:											
		: :	9	6						S/L -					
		1 1	9	6						S/L -					
		: :	· · · · · · · · · · · · · · · · · · ·	6						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	(i), line 26. E											. 29		
	mplete this section for ve your employees, first ans		by a sole prop	rietor, pa		othe	r "more	than 5%	6 owner,"						5
				(a	a)		(b)		(c)	(6	d)	(6	e)	(f)
	Total business/investment			Veh	icle	V	ehicle	\	/ehicle	Veh	icle	Veh	nicle	Veh	icle
	year (don't include commu														
31	Total commuting miles of	driven during	the year \dots												
32	Total other personal (no	ncommuting) miles												
	driven														
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle available during off-duty hours?			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	Was the vehicle used pr														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
	use?														
		Section C	- Questions f	or Empl	oyers W	ho Pr	ovide \	ehicles/	for Use b	y Their E	Employe	ees			
Ans	wer these questions to d	determine if	you meet an e	xception	to comp	oleting	g Section	n B for v	ehicles us	sed by er	nployee	s who ar	ren't		
mor	re than 5% owners or rel	ated person	S.												
37	Do you maintain a writte											r		Yes	No
20															-
	Do you maintain a writte		-	-											
	employees? See the ins Do you treat all use of ve				•										
	Do you provide more that	-							omployee					•	+
	the use of the vehicles,														
	Do you meet the require														
	Note: If your answer to														
	art VI Amortization	07,00,00,4	0,01-113 10	3, doi:	compic	10 000	JUIOIT D	ioi tiic c	overed ve	illoics.					
				(b)		(c)			(d)		(e)			(f)	
	Description of			amortization begins		Amortiz	able		(d) Code section		Amortiza period or per	tion	Ar fo	(f) mortization or this year	
42	Amortization of costs th	at begins du	iring your 2018	-	ır:			- 1							
				<u> </u>											
	A 11 - 21 - 2			<u> </u>								100			
	Amortization of costs th											43			
<u>44</u>	Total. Add amounts in o	column (t). Se	ee the instruct	ions for	where to	repor	τ					44	-	=::	- (0040)

_	orr	~ 1	4	4	6
-	orr	n 1	П	1	n

U.S. and Foreign Source Income Summary

DOUGLAS C. EMHOFF &	KAMALA D. HARRIS			***_**
INCOME TYPE		TOTAL	U.S.	FOREIGN GENERAL
Compensation		157,352.	157,352.	
Dividends/Distributions		8.	8.	
Interest		2,288.	2,288.	
Capital Gains		1,257. 732,500.	1,257. 732,500.	
Business/Profession Rent/Royalty		134,300.	134,500.	
State/Local Refunds		14,622.	14,622.	
	SEE STATEMENT 25	3,234,756.	3,230,621.	4,135.
Trust/Estate				•
Other Income				
Gross Income		4,142,783.	4,138,648.	4,135.
Less:				
Section 911 Exclusion				
Capital Losses Capital Gains Tax Adjustment				
Total Income - Form 1116		4,142,783.	4,138,648.	4,135.
			· · ·	,
Deductions:				
Business/Profession Expenses		2,098,816.	2,095,978.	2,838.
Rent/Royalty Expenses				
Partnership/S Corporation Losses				
Trust/Estate Losses Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction		33,188.	7,355.	25,833.
Self-employment Health Insurance		1,623.	172.	1,451.
Keogh Contributions		120,000.	12,740.	107,260.
Alimony				
Forfeited Interest Foreign Housing Deduction				
Other Adjustments				
Capital Gains Tax Adjustment				
Total Deductions		2,253,627.	2,116,245.	137,382.
Adjusted Gross Income		1,889,156.	2,022,403.	-133,247.
Less Itemized Deductions:				
Specifically Allocated		27,259.	27,259.	
Home Mortgage Interest		33,580.	33,580.	
Other Interest		10 000	0 000	4.0
Ratably Allocated Total Adjustments to Adjusted Gross Incom	ne	10,000.	9,990. 70,829.	10.
Taxable Income		1,818,317.	1,951,574.	

Allocation of Itemized Deductions

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**

	Total Itemized	Form 1116			
	Deductions	Specifically U.S.	Specifically Foreign	Ratable	
Medical/Dental					
Taxes	10,000.			10,000.	
Interest - Not Including Investment Interest	33,580.	33,580.			
Investment Interest					
Contributions	27,259.	27,259.			
Casualty Losses					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	70,839.	60,839.		10,000.	

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**

Foreign Income Category

GENERAL LIMITATION INCOME

Regular		2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						33.
2.	FTC carryback to 2018						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						33.
5.	Maximum credit allowable						0.
6.	Unused foreign tax (+)						
	or excess of limit (-)						33.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						33.
	Total foreign taxes from all a	available years to be ca	rried to next year				33.
						_	
			2008	2009	2010	2011	2012
-	Foreign toy poid/occrued						

		2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2018					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining					

Form 1116

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

***_**_*	* * *
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Foreign Income Category

GENERAL LIMITATION INCOME

AMT		2013	2014	2015	2016	2017	2018
1.	Foreign tax paid/accrued						33.
2.	FTC carryback to 2018						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						33.
5.	Maximum credit allowable						0.
6.	Unused foreign tax (+)						
	or excess of limit (-)						33.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						33.
	Total foreign taxes from all	available years to be ca	rried to next year				33.
	Total foreign taxes from all	available years to be ca	iniou to next year			L	

		2008	2009	2010	2011	2012
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2018					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining					

Form 1116 Foreign Wages, Salaries, Business and Profession Income				
DOUGLAS C. EMHOFF	& KAMALA D. HARRIS	*	**_**_***	
Wages and Salaries:		Amount		
	Source	Amount		
Total Foreign Wages and Salaries				
Business and Profession Income:				
	Source	Amount		
DLA PIPER LLP		4,135.		
Total Faraign Business and Drafassian In	nome.	4,135.		
TOTAL FOLEIGHT DUSHIESS AND FLOIESSION IIII	come	<u> </u>		
Reduction for Foreign Earned Income Exc	lusion/Deduction:			
Total Foreign Wages and Salaries Foreign Farned Income Exclusion/Deduct	ion	<u>-</u>		
Percent Applicable to Foreign Wages and	Salaries			
Reduction Amount				
Wages and Salaries Included on Form 11	16, line 1			
Total Foreign Business and Profession Inc Foreign Earned Income Exclusion/Deduct	come ion	<u></u>		
Percent Applicable to Foreign Business ar	nd Profession Income			
Reduction Amount		<u>-</u>		
Business and Profession Income Include	d on Form 1116 line 1		4,135	

SELF-EMPLOYED RETIREMENT PLAN COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR

FEDERAL 1040

***_** DOUGLAS C. EMHOFF 1. DEFINED CONTRIBUTIONS a. Employer contributions made to the plan(s) for the sole proprietor or partner 61,000. Less amount allocated to insurance 61,000. Net contributions, line 1a minus line 1b 1,534,840. d. Earned income of the sole proprietor or partner Applicable percentage of line d LIMITED TO MAXIMUM CONTRIBUTION 55,000. 6,000 Elective deferrals and catch-up contributions Elective deferrals designed as Roth contributions 61,000. Allowable deduction, lesser of (line 1c or line 1e) plus line f minus line g Excess contribution **DEFINED BENEFIT** - Deductible contributions

Total deductible contributions. Add line 1h and line 2

61,000

FORM 1040	WAGES RECEI	VED AND TAX	KES WITHHE	LD 	STATE	MENT 1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNITED STATE SENATE	157,352.	23,426.	9,750.		7,961.	2,408.
TOTALS	157,352.	23,426.	9,750.		7,961.	2,408.
FORM 1040	QUA	ALIFIED DIVI	IDENDS		STATE	EMENT 2
NAME OF PAYER				DINARY VIDENDS		LIFIED IDENDS
FROM K-1 - DLA PIPER L	LP			8.		8.
TOTAL INCLUDED IN FORM	1040, LINE	3A				8.

SCHEDULE 1 STATE AND 1	LOCAL INCOME TAX	REFUNDS	STATEMENT	3
	2017	2016	2015	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	CALIFORNIA 202.			
NET TAX REFUNDS CALIFORNIA	202.			
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	CALIFORNIA 25,816. 11,396.			
NET TAX REFUNDS CALIFORNIA	14,420.			
TOTAL NET TAX REFUNDS	14,622.			

SCHI	EDULE 1	TAXABLE STATE ANI	LOCAL INCOME	TAX REFUNDS	STATEMENT	4
			2017	2016	2015	
	TAX REFUNDS FI		14,622.			
LES		ENEFIT DUE TO AMT BENEFIT REDUCTION				
1	NET REFUNDS FO	OR RECALCULATION	14,622.			
2	TOTAL ITEMIZED BEFORE PHASE		209,760.			
3 4	NET REFUNDS FI		14,622.			
5 6 7 8	PRIOR YEAR AG	APPL SEC. 68 PCT	195,138. 156,110. 1,463,335. 313,800.			
9	(IF ZERO OR LI 10 THROUGH 15		1,149,535.			
10 11 12	MULT LN 9 BY A ALLOWABLE ITEM (LINE 5 LESS S LINE 6 OR LIM	APPL SEC. 68 PCT MIZED DEDUCTIONS THE LESSER OF	34,486. 160,652.			
	PRIOR YR. STD	EMIZED DEDUCTIONS DED. AVAILABLE OWABLE ITEM. DED.	160,652. 12,700. 175,274.			
15 16 17 18	13A OR LINE TAXABLE REFUNI (LESSER OF LII ALLOWABLE PRICE	GREATER OF LINE 13B FROM LINE 14 DS NE 15 OR LINE 1) DR YR. ITEM. DED. D. DED. AVAILABLE	14,622. 14,622. 175,274. 12,700.			
19 20 21		18 FROM LINE 17 E 16 OR LINE 19 KABLE INCOME	162,574. 14,622. 1,288,061.		-	
22	* IF LINE 21	LUDE ON SCHEDULE 1, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	E AMOUNT FROM		14,6	22.
	STATE AND LOCA	AL INCOME TAX REFUN	IDS PRIOR TO 2	015		
	TOTAL TO SCHE	DULE 1, LINE 10			14,6	22.

SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT

AMOUNT SUBTRACTED 2017 STATE REFUND FROM TAXABLE REFUND

CALIFORNIA

STATE TAX PAID IN FOLLOW YEAR 45,000.

TOTAL STATE TAX PAID 2017 101,940.

-----X 25,816. = 11,396.

DOUGLAS C. EMHOFF DLA PIPER LLP 1 NONSPECIFIED HEALTH INSURANCE PAYMENTS 2 NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED 3 TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9 1,563,741.	1,623.
<pre>1 NONSPECIFIED HEALTH INSURANCE PAYMENTS 2 NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED 3 TOTAL OF ALL NET PROFITS AND EARNED INCOME.</pre>	
2 NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED 3 TOTAL OF ALL NET PROFITS AND EARNED INCOME.	
PLAN IS ESTABLISHED 3 TOTAL OF ALL NET PROFITS AND EARNED INCOME.	1,360,792.
=	
4 DIVIDE LINE 2 BY LINE 3 .8702	
5 DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX 28,901.	
6 LINE 4 TIMES LINE 5	25,150.
7 LINE 2 MINUS LINE 6	1,335,642.
8 SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	104,426.
9 LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	1,231,216.
10 FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11 LINE 9 MINUS LINE 10	1,231,216.
12 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	1,623.
SCHEDULE 4 OTHER TAXES	STATEMENT 7
DESCRIPTION	AMOUNT
FROM FORM 8959 FROM FORM 8960	14,902. 101.
TOTAL TO SCHEDULE 4, LINE 62	15,003.

SCHEDULE 5 CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 8
DESCRIPTION	AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT 2ND QTR ESTIMATE PAYMENT - JOINT 3RD QTR ESTIMATE PAYMENT - JOINT 4TH QTR ESTIMATE PAYMENT - JOINT	110,000. 100,000. 150,000. 180,000.
TOTAL TO SCHEDULE 5, LINE 66	540,000.

WITH YOUR RETURN.

FORM	2210 80% EXCEPTION WORKSHEET	STATEMENT 9
1.	ENTER THE AMOUNT FROM FORM 2210, PART I, LINE 4 HERE	697,611.
2.	MULTIPLY LINE 1 BY 80%	558,089.
3.	ENTER YOUR WITHHOLDING TAXES FROM FORM 2210, LINE 6	23,426.
4.	ENTER THE AMOUNT OF YOUR 2018 ESTIMATED TAX PAYMENTS	
	MADE ON OR BEFORE JANUARY 15, 2019	540,000.
5.	ADD LINES 4 AND 5 ABOVE	563,426.
6.	IS LINE 5 ABOVE GREATER THAN OR EQUAL TO THE AMOUNT ON LINE 2 ABOVE?	·

- X YES. YOU QUALIFY FOR THE 80% WAIVER RELIEF. CHECK BOX A IN PART II OF FORM 2210, WRITE "80% WAIVER" NEXT TO BOX A, AND FILE PAGE 1
 - NO. YOU DO NOT QUALIFY FOR THE 80% WAIVER RELIEF. FOLLOW THE INSTRUCTIONS FOR THE "YES" BOX ON LINE 9 OF FORM 2210, PART I, IGNORING THE 80% WAIVER

SCHEDULE A STA	TE AND LOCAL INCOME T	AXES	STATEMENT	10
DESCRIPTION			AMOUNT	
UNITED STATE SENATE OTHER STATE AND LOCAL INCOME CALIFORNIA 1ST QTR ESTIMATE CALIFORNIA 2ND QTR ESTIMATE CALIFORNIA PRIOR YEAR OVERPA CALIFORNIA PRIOR YEAR BALANC REDUCTION OF STATE TAX DEDUC	9,7 62,7 50,0 20,0 25,5 45,0	00. 00. 99.		
TOTAL TO SCHEDULE A, LINE 5A	1		201,7	15.
TOTAL TO SCHEDULE A, LINE 5A	CASH CONTRIBUTIONS		201,7	11
		AMOUNT 60% LIMIT		11
SCHEDULE A	CASH CONTRIBUTIONS AMOUNT		STATEMENT	11

DOUGLAS C. EMHOFF & KAMALA D. HARRIS		***_**_***
CSUN FOUNDATION HOWARD UNIVERISTY PUBLIC COUNSEL PARSONS SCHOOL OF DESIGN BET TZEDEK WIKIPEDIA SOUTH CENTRAL SCHOLARS FROM K-1 - DLA PIPER LLP FROM K-1 - DLA PIPER LLP	2,000. 5,000. 1,000. 1,000. 2,500. 20. 1,500. 7,106.	633.
SUBTOTALS	26,626.	633.
TOTAL TO SCHEDULE A, LINE 11		27,259.
SCHEDULE A MEDICAL AND DENTAL EXPEN	SES	STATEMENT 12
DESCRIPTION		AMOUNT
DOCTORS, DENTISTS, ETC.		2,688.
TOTAL TO SCHEDULE A, LINE 1		2,688.
SCHEDULE D NET SHORT-TERM GAIN OR LO PARTNERSHIPS, S CORPORATIONS, AN		STATEMENT 13
DESCRIPTION OF ACTIVITY		GAIN OR LOSS
DLA PIPER LLP		136.
TOTAL TO SCHEDULE D, PART I, LINE 5		136.
SCHEDULE D NET LONG-TERM GAIN OR LOS PARTNERSHIPS, S CORPORATIONS, AN		STATEMENT 14
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
DLA PIPER LLP	1,121.	
TOTAL TO SCHEDULE D, PART II, LINE 12	1,121.	

SCHEDULE SE NON-FARM	INCOME	STATEMENT	15 —
DESCRIPTION		AMOUNT	
VENABLE LLP DLA PIPER LLP		202,94 1,360,79	
TOTAL TO SCHEDULE SE, LINE 2		1,563,74	1.
SCHEDULE SE NON-FARM	INCOME	STATEMENT	16
DESCRIPTION		AMOUNT	
WRITER		320,12	5.
TOTAL TO SCHEDULE SE, LINE 2		320,12	5.
FORM 1116 EXPENSES DIRECTLY ALLOCA		STATEMENT	17
DESCRIPTION	COUNTRY	AMOUNT	
DLA PIPER LLP SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	OTHER COUNTRIES	2,83 1,45	
KEOGH/SEP CONTRIBUTIONS	OTHER COUNTRIES	107,26	
SELF-EMPLOYMENT TAX DEDUCTION	OTHER COUNTRIES	25,83	
TOTAL TO FORM 1116, PART I, LINE 2		137,38	2.
	ED IN SERVICE AFTER 1986	STATEMENT	18
FORM 6251 DEPRECIATION ON ASSETS PLACE			
		AMOUNT	
FORM 6251 DEPRECIATION ON ASSETS PLACE DESCRIPTION FROM K-1 - DLA PIPER LLP			5.

FORM 8960	TRADE OR BUSINESS INCOME		STATEMENT	19
VENABLE LLP DLA PIPER LLP			-202,9 -1,345,3	
AMOUNT TO FORM 89	960, LINE 4B		-1,548,3	15.
FORM 8960	OTHER MODIFICATIONS TO INVESTMENT	INCOME	STATEMENT	20
AMOUNT FROM LINE	7 WORKSHEET, LINE 13 FOR CA 7 WORKSHEET, LINE 13 FOR CA F PRIOR YEAR FORM 8960, LINE 9B	7. 523. 530.	5	30.
AMOUNT TO FORM 89	960, LINE 7		5	30.
FORM 8960	STATE INCOME TAX PAYMENTS		STATEMENT	21
CALIFORNIA				
DESCRIPTION			AMOUNT	
UNITED STATE SENA ESTIMATE OR PRIOR	ATE R YEAR OVERPAYMENT		9,7 95,5	50.
TOTAL TO STATE FO	ORM 8960, LINE 10		105,3	49.
FORM 2106/SBE	OTHER BUSINESS EXPENSES		STATEMENT	22
PARTNERSHIP EXPE	NSES			
DESCRIPTION			AMOUNT	
INTEREST - VENABI PROFESSIONAL FEES TRAVEL MCTMT CELL PHONE INTERNET DUES & SUBSCRIPTS OFFICE EXPENSE DEPRECIATION	5		2,0 8,3 8 1,7 1,6 4	80. 000. 20. 07. 94. 68. 80.
TOTAL TO FORM 210	06/SBE, PART I, LINE 4		21,1	47.

STATEMENT SBE TOTAL GROSS VEHICLE EXPE	ENSES	STATEMENT	23
PARTNERSHIP EXPENSES			
VEHICLE NUMBER 1			
GASOLINE AND OIL REPAIRS INSURANCE MISCELLANEOUS	1,596. 460. 2,988. 500.		
TOTAL TO STATEMENT SBE, PART II, LINE 23		5,5	44.
FORM 4562 PART I - BUSINESS INC	COME	STATEMENT	24
INCOME TYPE		AMOUNT	
WAGES SCHEDULE C PARTNERSHIPS SECTION 179 EXPENSE		157,3 320,1 1,563,7	25.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11		2,042,7	16.
FORM 1116 U.S. AND FOREIGN SOURCE INCOME FOREIGN PARTNERSHIP/S-CORPORAT		STATEMENT	25
DESCRIPTION		AMOUNT	
DLA PIPER LLP		4,1	35.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME		4,1	35.
FORM 1116 U.S. AND FOREIGN SOURCE INCOME TOTAL PARTNERSHIP/S-CORPORATION		STATEMENT	26
DESCRIPTION	INCOME	LOSS	
VENABLE LLP DLA PIPER LLP	202,949. 3,031,807.		
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	3,234,756.		

2018 California e-file Signature Authorization for Ir	ndividual	9	FORM 8879
Your name		SN or ITIN	
DOUGLAS C. EMHOFF	***	_**_***	•
Spouse's/RDP's name	1 '	's/RDP's SSN o	
KAMALA D. HARRIS	***-	_**_***	:
Part I Tax Return Information (whole dollars only)		<u> </u>	074 527
1 California Adjusted Gross Income. See instructions			.,874,534
2 Amount You Owe. See instructions		^	(
Refund or No Amount Due. See instructions		3	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and	keep a copy of y	your return.)	
corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds with estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorizare turn, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Fraction of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider to transmit my complete return to the Fraction of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider to transmit my complete return, I understand the payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I accepted the provider of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I accepted the provider of my electronic income tax return. I have seen the provider of my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consenting my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consenting my signature for my electronic income tax return and, if applicable, my Electronic funds Withdrawal Consenting my signature for my electronic income tax return and, if applicable, my Electronic funds Withdrawal Consenting my signature for my electronic funds Withdrawal Consenting my signature for my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenting my electronic funds withdrawal Consenti	for Individuals, tion stated on more funds withdrawanchise Tax Boaprovider, and/oat if the FTB docknowledge that elected a person	or a comparab ny return. If I ha wal or direct de ard (FTB). If the or transmitter t es not receive t I have read an	ole form. If ave filed a joint eposit. I e processing the reason(s) full and timely and consent to the
Taxpayer's PIN: check one box only			
X I authorize to en	nter my PIN		
ERO firm name		Do not ente	er all zeros
as my signature on my 2018 e-filed California individual income tax return.			
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Chec PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III bel Your signature ▶* **** THIS IS NOT A FILEABLE COPY *****		if you are enter	
Spouse's/RDP's PIN: check one box only			
I authorize to er	nter my PIN		
ERO firm name		Do not ente	er all zeros
as my signature on my 2018 e-filed California individual income tax return.			
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Chec PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III bel		if you are enter	ring your own
Spouse's/RDP's signature ►	Date ►	04/09/2	2019
Solding and a signature P	Date -	0 1 7 0 3 7 2	
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.			
	Do not ent	er all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual i above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner Handbook for Authorized e-file Providers.		•	• • •
ERO's signature	Date		
For Privacy Notice, get FTB 1131 ENG/SP.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	FTB 8879 201

20 ⁻	19 California Estimated Tax Worksheet	Keep [·]	this worksheet for your records.			
1	Residents: Enter your estimated 2019 California AGI. Nonr	resident	s and part-year residents. Enter you	r estimated 2019 total AGI		
•	from all sources. Military servicemember/spouses, get FTB				1	
2						
	b If you do not plan to itemize deductions, enter the stand					
	\$4,401 single or married/RDP filing separately		3			
	\$8,802 married/RDP filing jointly, head of household, or	r qualify	ring widow(er)	2b		
	c Enter the amount from line 2a or line 2b, whichever app				2c	
3					_	
4	Tax. Figure your tax on the amount on line 3 using the 2018					
	Also include any tax from form FTB 3800, Tax Computation	n for Ce	rtain Children with Unearned Income	, and form FTB 3803,		
	Parents' Election to Report Child's Interest and Dividends				4	
5	Residents: Skip to line 6a. Nonresidents and part-year res					
	a Enter your estimated 2019 California taxable income fro	m Sche	edule CA (540NR), Part IV, line 5		5a	
	b Compute the CA Tax Rate: Tax on total taxable income to	from lin	<u>e 4</u>		5b	
	Total taxable income from lir					
	${f c}$ Multiply the amount on line 5a by the CA Tax Rate on line	ne 5b			5c	
6	\boldsymbol{a} $$ $$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$					
	\boldsymbol{b} $$ $$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$	lit prora	tion percentage. Divide line 5a by line	e 3. If more than 1 enter 1.000	00 6b	
7	$\textbf{Nonresidents:} \ \textbf{CA} \ \textbf{prorated exemption credits.} \ \textbf{Multiply the}$					
8	Residents: Subtract line 6a from line 4. Nonresidents or pa				8	
	Tax on accumulation distribution of trusts. See instructions				9	
10	Add line 8 and line 9				10	
11	Credits for joint custody head of household, dependent pare	ent, ser	nior head of household, and child and	d dependent care expenses \dots	11	
	Nonresidents and part-year residents: For the child and de				n	
	540NR, line 50. For the other credits listed on line 11, multi		-			
12	Subtract line 11 from line 10				12	
	Other credits (such as other state tax credit). See the 2018 $$					
	Subtract line 13 from line 12					
15	Interest on deferred tax from installment obligations under	IRC Sec	ctions 453 or 453A		15	
	Alternative Minimum Tax. See Schedule P (540 or 540NR)					
	Mental Health Services Tax Worksheet, line E (on page 2 of					
18	2019 Estimated Tax. Add line 14 through line 17. Enter the	resuit, i	out not less than zero		18	
19	a Multiply line 18 by 90% (.90). Farmers and fishermen m					
	b Enter the sum of line 48, line 61, and line 62 from your 2			401		
	or the sum of line 63, line 71, and line 72 from your Lon				_ ,,,	
	c Enter the amount from your 2018 Form 540 line 17; or I d Is the amount on line 19c more than \$150,000 (\$75,000				190	
			19b. Skip line 19e and 19f and go to	ling 20	19d	l
	14 10 1 1100/ /1 10 1 11 101					
	f Enter the lesser of line 19a or line 19e and go to line 20		California AGI is equal to or greater			
		` •			400	
	Caution: Generally, if you do not prepay at least the amount	t on line	e 19d (or 19f if no amount on line 19	d), you may owe a penalty	101	
	for not paying enough estimated tax. To avoid a penalty, maprefer, you may pay 100% of your 2019 estimated tax (line	ake sur	e your estimated tax on line 18 is as	accurate as possible. If you		
20	California income tax withheld and estimated to be withheld		2019 (include withholding on pensi	ons, annuities, etc.)	20	
	Balance . Subtract line 20 from line 19d (or line 19f if no an					
	filing separately), you do not have to make a payment at thi		,		: 21	158,240
22	Installment amount. Multiply the amount on line 21 by 30%. Ente	er the res	ults on the 1st and 4th installments of your	Forms 540-ES. Multiply the amour	nt	
	on line 21 by 40%. Enter the result on the 2nd installment of your Forr at an uneven rate during the year, see Annualization Option in the inst	ms 540-E	ES. There is not a required 3rd installment p	payment. If you will earn your incom	е	
Re	cord of Estimated Tax Payments	51.10	1 5 1			
	ment form (a) (b) Web Pay/Credit card	and	(c)	(d)	(e)	otal amount paid and
num	ber Date confirmation number		Amount paid	2018 overpayment applied	cre	dited add (c) and (d)
1	04/15/19		\$ 44,945		\$	47,470
2	06/17/19		63,300			63,300
3	09/16/19					
4	01/15/20		47,470			47,470
Tota	······································	▶	\$ 155,715	\$ 2,525	\$	158,240

A R RP

FORM

2018	California	Resident	Income	Tax	Return
	Calliolilla	HOSIGOIL	IIICOIIIC	IUA	HOLUIII

APE	ATTA	CH FED	ERAL RETURN
0 ***_**	18	PBA	711510
EMHOFF			
HARRIS			
		O ***-**** 18 EMHOFF	O ***-**** 18 PBA EMHOFF

	If your California filing status is different from your federal filing status, check the box here 1 Single 4 Head of household (with qualifying person). See instructions.											
Filing Status	2	X Married/RD	P filing jointly. See inst.	5 🗌 Q	ualifying wi	dow(er). Ente	er year	spouse/	RDP died		(1)	
.,			3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	ee instruction	ons	1					
	3	Married/RD	P filing separately. Enter spo	ouse's/RDP's	SSN or ITI	N above and	full nai	me here	, e			
72			aim you (or your spouse/RD									
			e 9, and line 10: Multiply the				ore-prin	ted dolla	ar amount	for that line	e. Whole doll	ars only
	7	-	checked box 1, 3, or 4 above 2, in the box. If you checked		_		7	2	(\$118 =	\$		236
	8		our spouse/RDP) are visually			istructions	, r		(4)10=	- ψ		
						VOI 41 (10 TO 10 T	● 8)	(\$118 =	\$		
	9	Senior: If you (or	your spouse/RDP) are 65 or	older, enter	1;		Ī	- 38				==
		if both are 65 or 0			<u></u>	voletier followy:	• 9)	(\$118 =	\$		
Suc	10	Dependents: Do	not include yourself or you Dependent 1	ır spouse/R	DP. <u>Depen</u>	dent 2			De	pendent 3		
Exemptions		First Name	● ELLA						•			
Ä		Last Name	● EMHOFF		•							
		SSN	***_***		•] •[
		Dependent's relationship to you	• DAUGHTER		•				•			
		Total dependent	exemptions				• 10	1	X \$367 =	\$		367
	11	Exemption amou	ınt: Add line 7 through line 1	0. Transfer t	his amount	to line 32	<u>.</u>			11 \$		603

Your	nam	DOUGLAS C. EMHOFF Your SSN or ITIN: ***-***		
	12	State wages from your Form(s) W-2, box 16 • 12 157, 35	2.00	
	13	Enter federal adjusted gross income from Form 1040, line 7	① 13	1,889,156.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B	• 14	14,622.00
Je	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1,874,534
Incon	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 16	.00
Taxable Income		California adjusted gross income. Combine line 15 and line 16 Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR	. • 17	1,874,534.00
		larger of Your California standard deduction shown below for your filing status: ● Single or Married/RDP filing separately \$4,401		
		Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	• 18	16,913.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	① 19	
	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule		
	32	● ☐ FTB 3800 ● ☐ FTB 3803 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504,		, , , ,
Tax		see instructions	● 32	
Н		Subtract line 32 from line 31. If less than zero, enter -0-		198,929 00
		Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A		
	35	Add line 33 and line 34	. ⊚ 3	198,929 00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 4	.00.
	43	Enter credit name OTHER STATE code ● 187 and amount	• 4	з 54,817.00
edits	44	Enter credit name code ● and amount	• 4	.00
Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	. • 4	.00
Spe	46	Nonrefundable renter's credit. See instructions	• 4	.00
	47	Add line 40 through line 46. These are your total credits	• 4	54,817.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	● 4	a 144,112 _{.00}
	61	Alternative minimum tax. Attach Schedule P (540)	• 6	.00
axes	62	Mental Health Services Tax. See instructions	• 6	8,576.00
Other Taxes	63	Other taxes and credit recapture. See instructions	• 6	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	. • 6	152,688.00

Your	nam	DOUGLAS C. EMHOFF	Your SSN or ITIN:	***_**		
Payments	71	California income tax withheld. See instructions			• 7	9,750.00
	72	2018 CA estimated tax and other payments. See instr	uctions		• 7	145,599.00
	73	Withholding (Form 592-B and/or 593). See instructions	3		• 7	.00
	74	Excess SDI (or VPDI) withheld. See instructions			• 7	.00
	75	Earned Income Tax Credit (EITC)			• 7	.00
	76	Add lines 71 through 75. These are your total paymen	ts. See instructions		● 7	155,349.00
Use	91	Use Tax. Do not leave blank. See instructions If line 91 is zero, check if: X No use tax is owed. You paid your use tax		8:	0.0	00
	92	Payments balance. If line 76 is more than line 91, sub	tract line 91 from line 7	76	© 9	155,349.00
>	93	Use Tax balance. If line 91 is more than line 76, subtr	act line 76 from line 9	1	© 9	.00
Overpaid Tax/ Tax Due	94	Overpaid tax. If line 92 is more than line 64, subtract li	ne 64 from line 92		© g	2,661
Overp	95	Amount of line 94 you want applied to your 2019 esting	nated tax		• 9	2,525.00
	96	Overpaid tax available this year. Subtract line 95 from	line 94		• 9	136 00
	97	Tax due. If line 92 is less than line 64, subtract line 92	from line 64			
tions	Cal	ifornia Seniors Special Fund. See instructions			400	
Contributions		heimer's Disease and Related Dementia Voluntary Tax			401	
ŏ	Rai	re and Endangered Species Preservation Voluntary Tax	Contribution Progran	n•	403	.00





022 3103184 Form 540 2018 Side 3

Your name: DOUGLAS C. EMHOFF

Your SSN or ITIN: ***-**-***

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

Your	nam	DOUGLAS C. EMHOFF Your SSN or ITIN: ***-***	
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0001 Pay online - Go to ftb.ca.gov/pay for more information.	.00
Interest and Penalties	112	Interest, late return penalties, and late payment penalties	.00
	113	Underpayment of estimated tax. Check the box: • X FTB 5805 attached • TFB 5805F attached • 113	. —
=	114	Total amount due. See instructions. Enclose, but do not staple, any payment	.00
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions. Mail to: FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001 • 115	. 00
Refund and Direct Deposit	See All	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. In instructions. Have you verified the routing and account numbers? Use whole dollars only. In the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: In the information to authorize direct deposit slip. In the information to auth	.00
Refu		e remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Outling number Account number Account number Savings	.00
		ANT: See the instructions to find out if you should attach a copy of your complete federal tax return.	_
ftb.c	a.go	about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **V/forms** and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined eturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Date Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must sign) Spouse's/RDP's signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return, both must signature (if a joint tax return) Spouse's/RDP'	
Sig Her		Your email address. Enter only one email address. Preferred phone number	
It is ur forge a	nlawful a e's/RD		
Joint t			
return (See in	? nstruct	ions) Firm's address Firm's FEIN	_
		_****	
		Do you want to allow another person to discuss this tax return with us? See instructions ■ X Yes ■ No Print Third Party Designee's Name Telephone Number	

022 3105184

Form 540 2018 Side 5

2018

Wage and Tax Statement

W-2

Name(s) as shown on tax retu	ırn	and the second section of the second	SSN or ITIN
	OFF & KAMALA D. HARRIS		***_**
copies showing California tax	out, do not send your Form(s) W-2 to the Franch withheld to this schedule. If this schedule is blad. DO NOT ATTACH PAYMENT TO T	ank, attach your Form(s) W-2 to th	하다 얼마 가지 않는 경기가 있는 것이 없는 사람들이 살아보다는 것이 되었다.
*Employee's social security no	umber, name, and address must be the same a	s the information on the Form(s) \	N-2.
W-2 Information	1st W-2		2nd W-2
a. Employee's social security number *	<pre>***_*********************************</pre>	•	
b. Employer identification number (EIN)	**_******	•	
c. Employer's name	● UNITED STATE SENATE	•	
Address	● RM SH 127 HART OFFICE	BLDG ⊚	
City	● WASHINGTON	•	
State	●pc	•	
ZIP code	⊚ 20510	•	
e. Employee's first name *		•	
Middle initial *	● D	•	
Last name *	● HARRIS	•	
Suffix *	•	•	
f. Employee address *	•	•	
City *	•	•	
State *	•	•	
ZIP code *	•	•	
Wages, tips, other compensation	•	157,352 ⊚	
Federal income tax withheld	•	23,426 ⊚	
3. Social security wages	•	128,400 🂿	

7,961 ⊚

2,408 •

3. Social security wages 4. Social security tax

6. Medicare tax withheld

withheld

•

•

W-2 Information	1st W-2	2nd W-2
7. Social security tips8. Allocated tips (not included in box 1)	•	•
10. Dependent care benefits		
11. Nonqualified plans	•	
12. Codes and amounts	Codes Amounts	Codes Amounts
12a .	● D ● 8,70	000
12b.	● DD ● 5,96	<u>61</u> ⊚
12c.	•	
12d.	•	• •
13. Check the appropriate box for: Statutory	Statutory employee	Statutory employee
employee, Retirement plan, or Third-party	Retirement plan	Retirement plan
sick pay	Third-party sick pay	Third-party sick pay
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type Amount • Amount	Type Amount
15. State and employer's state ID number	State Employer's state ID number © CA © 805-0703-1	State Employer's state ID number
16. State wages, tips, etc.	● 157,35	52 ⊚
17. State income tax	● 9,75	50 ⊚



California Adjustments - Residents

SCHEDULE CA (540)

	2018 California Adjustments	-	R	esidents		CA (540)
Imp	ortant: Attach this schedule behind Form 540, Side 5 as a sup	por	rtin	g California schedule.		(S) (May)
_	ne(s) as shown on tax return		ecogono.			SSN or ITIN
						and the second s
DO	UGLAS C. EMHOFF & KAMALA D. HAR	RI	S			***_**_**
Par	t I Income Adjustment Schedule			Federal Amounts	B Subtractions	C Additions
Sec	tion A - Income			(taxable amounts from your federal tax return)		
from	federal Form 1040					
1	Wages, salaries, tips, etc. See instructions before making			a paragraph whilehold	Account to 1	acceptants
	an entry in column B or C	1		V. 100 DE 100 ALCOHOLOGO		•
2	Taxable interest (a)	(b)	(Photos a	•
3		(b)	(8	•	•
4		(b)			•	•
5	Social security benefits. (a) 5	(b)	(•	
Sec	tion B - Additional Income					
from	federal Schedule 1 (Form 1040)			4. 600	0 44 600	
10	THE REPORT OF THE PROPERTY OF	10			14,622	
11	Alimony received					•
12	Business income or (loss)					•
13	Capital gain or (loss). See instructions	13				•
14	Other gains or (losses)	14	()	•	•
15a			100			
16a	Reserved 16			1 540 045		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.					<u> </u>
18	Farm income or (loss)				<u>•</u>	•
19	Unemployment compensation		13		•	
	Reserved 20	(b)			• •	а
21	Other income. e NOL from FTB 3805Z,			(. a <u>o</u>	b
	a California lottery winnings 3806, 3807, or 3809		-		b (
	Federal NOI	21	(<u> </u>	c	c <u>●</u>
	C (federal Schedule 1 (Form 1040), line 21)			i	d <u>()</u>	d
	d NOL deduction from FTB 3805V			l	e <u> </u>	e _
				1	f 🖲	f ●
22	Total. Combine line 1 through line 21 in column A. Add line 1		6	0 042 067	9 14 600	
	through line 21f in column B and column C. Go to Section C	22	(2,043,967	14,622	•
	tion C - Adjustments to Income					
	n federal Schedule 1 (Form 1040)		6			
23		23	(9	•	
24	Certain business expenses of reservists, performing artists,		6		•	•
		24	-		⊙	•
25		25	6			•
26		26	-			9
27		27				
28		28	1			
29		29		TO A THE RESIDENCE OF THE PARTY		
30		30	-			
31a			(•
30	and the second s	1a	-			9
32		32	-	2		•
33		33				9
34		34				
35 36		35				
36	Add line 23 through line 31a and line 32 through line 35 in	36	•	154,811	•	•
37	columns A, B, and C. See instructions Total. Subtract line 36 from line 22 in columns A, B, and C.	30	F	134,011	-	
01		37	•	1,889,156	14,622	•

Chec	rt Adjustments to Federal Itemized Deductions k the box if you did NOT itemize for federal but will itemize for California			federal Schedule A 1 1040))				
_	dical and Dental Expenses		V.	9000	63			
1	Medical and dental expenses © 2,688	1						
2	Enter amount from federal Form 1040, line 7 1,889,156	2						
3	Multiply line 2 by 7.5% (0.075) 141,687	3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4	•	0	b			
Tax	es You Paid		To the same of the		1			
				001 715		001 715		
5a	State and local income tax or general sales taxes	5a		201,715		201,715		
5b	State and local real estate taxes	5b		23,278	_			
5c	State and local personal property taxes	5c		447				
5d	Add lines 5a through 5c	5d	_	225,440		,		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in Column A							
	Enter the amount from line 5a, column B in line 5e, column B			10 000		001 715		015 444
	Enter the difference from line 5d and line 5e, col A in line 5e, col. C			10,000	0	201,715	•	215,440
6	Other taxes. List type	6		10 000	9	001 515	_	015 444
7	Add lines 5e and 6	. 7	•	10,000	•	201,715	•	215,440
Inte	erest You Paid			22 500			_	
8a	Home mortgage interest and points reported to you on Form 1098 $$			33,580			●	
8b	Home mortgage interest not reported to you on Form 1098 $_{\cdot\cdot}$						●	
8c	Points not reported to you on Form 1098	8c	•				•	
8d	Reserved						_	
8e	Add lines 8a through 8c	8e	•	33,580	_		<u> </u>	
9	Investment interest	9	•		•		•	
10	Add lines 8e and 9	10	•	33,580	•		•	
Gift	s to Charity						_	
11	The state of the s	11	O	27,259	9		<u> </u>	
12	Other than by cash or check	12	•		9		<u> </u>	
13	Carryover from prior year	13	•		9		●	
14	Add lines 11 through 13	. 14	ullet	27,259	•		<u> </u>	
Cas	sualty and Theft Losses		-					
15	Casualty or theft loss(es) (other than net qualified disaster						_	
	losses). Attach federal Form 4684. See instructions	15	•		•		<u> </u>	
Oth	er Itemized Deductions						_	
16	Other-from list in federal instructions	16	o		9		<u> </u>	-4-
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	•	70,839		201,715	•	215,440

Job	Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses - job travel, union dues, job education	٦,			
	etc. Attach federal Form 2106 if required. See instructions	19			
20	Tax preparation fees		4,885		
21	Other expenses- investment, safe deposit box, etc. List type	©21			
22	Add lines 19 through 21		4,885		
23	Enter amount from federal Form 1040, line 7 • 1,889,156				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	●24	37,783		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0				0
26	Total Itemized Deductions. Add line 18 and line 25			● 26	84,564
20	Total Itelinized Deductions. Add line to and line 25				01/001
27	Other adjustments. See instructions. Specify			⊚ 27	
28	Combine line 26 and line 27				84,564
29	Is your federal AGI (Form 540, line 13) more than the amount shown	below for y	our filing status?		
	Single or married/RDP filing separately	_	_		
	Head of household				
	Married/RDP filing jointly or qualifying widow(er)				
	No. Transfer the amount on line 28 to line 29.		LIMITE	ED [
	Yes. Complete the Itemized Deductions Worksheet in the instructions for	r Schedule	CA (540), line 29	●29	16,913
30	Enter the larger of the amount on line 29 or your standard deduction	listed belo	ow .		
	Single or married/RDP filing separately. See instructions		\$4,401		
	Married/RDP filing jointly, head of household, or qualifying	g widow(er)	\$8,802	_	
	Transfer the amount on line 30 to Form 540, line 18			⊚30	16,913





TAXABLE YEAR 2018

Alternative Minimum Tax and **Credit Limitations - Residents**

839361 12-04-18 CALIFORNIA SCHEDULE

P (540)

Atta	ich this schedule to Form 540.							
Nar	ne(s) as shown on Form 540					20	Your SSN or ITIN	
	OUGLAS C. EMHOFF & KAMA						***_**	*
_	rt I Alternative Minimum Taxable Income (AN	WHOM DATES AND LINE		A STATE OF THE STA	jarding California/fede	eral differe	nces.	
1	If you itemized deductions, go to line 2. If you did							
	deduction from Form 540, line 18, and go to line 6					1		00
	Medical and dental expense. Enter the smaller of S							00
3	Personal property taxes and real property taxes. So	ee instructions				O 3		
	Certain interest on a home mortgage not used to b							00
5	Miscellaneous itemized deductions. See instruction	ns	-LE			• 5	,	00
0	Refund of personal property taxes and real property		structions			• 6	(00)
7	Do not include your state income tax refund on this					7		00
	Investment interest expense adjustment. See instru						2!	00
	Post-1986 depreciation. See instructions						-16	
10	Adjusted gain or loss. See instructions Incentive stock options and California qualified s	etook ontions (COSOs) Saa instructions			●10	DETERMINE	00
	Passive activities adjustment. See instructions							00
	Beneficiaries of estates and trusts. Enter the am							00
	Other adjustment and preferences. Enter the amou							00
	a Circulation expenditures ●		Mining costs	1	242	00		
	b Depletion		Patron's adjustment	100 miles		00		
	c Installment sales		Pollution control facilitie	_		00		
	d Intangible drilling costs	-	Research and experimen	_		00		
	e Long-term contracts •		Tax shelter farm activitie			00		
	f Loss limitations		Related adjustments			00		
			The state of the s		580	●13		00
14	Total Adjustments and Preferences. Combine line	1 through line	13			€14	23,583	
	Enter taxable income from Form 540, line 19. See	Control Control Control				0.1	1,857,623	1 00
16	Net operating loss (NOL) deductions from Schedu	le CA (540), Pa	art I, line 21b, line 21d, an	d line 21e, co	lumn B. Enter as	2		
	a positive amount	.				⊚16		00
17	AMTI exclusion. See instructions	SEE ST	PATEMENT 2			(A)	(315,838	8 00)
	If your federal adjusted gross income (AGI) is less	than the amou	int for your filing status (li				THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR	
	line 19. If you itemized deductions and your federa	al AGI is more t	han the amount for your f	iling status, s	ee instructions	⊚18	(67,653	1 00)
	Single or married/RDP filing separately							
	Married/RDP filing jointly or qualifying widow							
	Head of household		\$	291,760		0	1 405 541	_
							1,497,71	00
	Alternative minimum tax NOL deduction. See instru					⊚20		00
21	Alternative Minimum Taxable Income. Subtract I			Control of the Contro		0	1 407 71	-
Da	is more than \$369,562, see instructions)					⊚21	1,497,71	00
-	rt II Alternative Minimum Tax (AMT)	to solution and our	04 itt \					
22	Exemption Amount. (If this schedule is for a certa If your filing status is:	And line 21 is		on line 22:				4
	Single or head of household	\$268,2		1,531	STMT 1	€22	(00
	Married/RDP filing jointly or qualifying widow(er)	\$357,6		5,373) D.141	022		00
	Married/RDP filing separately If Part I, line 21 is more than the amount shown ab	\$178,8		7,685)			
23	Subtract line 22 from line 21. If zero or less, enter-	A STATE OF THE STA				23	1,497,71	5 00
	Tentative Minimum Tax. Multiply line 23 by 7.0% (104,840	
	Regular tax before credits from Form 540, line 31						198,929	
	Alternative Minimum Tax. Subtract line 25 from li							30
	than zero, enter here and on Form 540, line 61. If y		•			n		
	line 26 on the 2019 Form 540-ES, Estimated Tax V		1997 AND 1997		To the court of th			
	energy or commercial solar energy, first enter the					€26		00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540. 198,929 00 1 Enter the amount from Form 540, line 35 @ 2 104,840 00 2 Enter the tentative minimum tax from Side 1, Part II, line 24 (d) (a) (b) (c) Tax balance that Credit Credit Credit used may be offset this year carryover amount Section A - Credits that reduce excess tax. by credits 3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. 94,089 A1 Credits that reduce excess tax and have no carryover provisions. 4 Code: 162 Prison inmate labor credit (FTB 3507) 5 Code: 232 Child and dependent care expenses credit (FTB 3506) A2 Credits that reduce excess tax and have carryover provisions. Code: Credit Name: 6 O Code: Credit Name: 7 7 Code:

Output

Credit Name: ledown \odot 8 Code: Credit Name: 9 lacksquareO 10 Code: 188 Credit for prior year alternative minimum tax 10 Section B - Credits that may reduce tax below tentative minimum tax. 11 If Part III, line 3 is zero, enter the amount from line 1, If line 3 is more 198,929 than zero, enter the total of line 2 and the last entry in column (c) B1 Credits that reduce net tax and have no carryover provisions. 12 Code: 170 Credit for joint custody head of household 12 13 Code: 173 Credit for dependent parent 13 lacksquare14 Code: 163 Credit for senior head of household 15 Nonrefundable renter's credit 15 B2 Credits that reduce net tax and have carryover provisions. 16 Code: ___ Credit Name: 16 lacksquareledown17 Code: Credit Name: 17 18 Code: Credit Name: 18 19 Code: Credit Name: 19 B3 Other state tax credit. 54,817 144,112 20 Code: 187 Other state tax credit 20 54,817 Section C - Credits that may reduce alternative minimum tax. 21 Enter your alternative minimum tax from Side 1, Part II, line 26 21 22 Code: 180 Solar energy credit carryover from Section B2, column (d) \odot 23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 23



24

•

24 Adjusted AMT. Enter the balance from line 23, column (c) here

and on Form 540, line 61

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return		3	SSN, ITIN	, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS	ra completing		* 1	**_**
_	Double-Taxed Income (Read specific line instructions for Part I before tem(s) description		d income taxable by California	a (c) Doub	ole-taxed income taxable by
	A PIPER LLP	•	16,860	• Other	16,860
•		•		•	
•		<u> </u>		_	
1	Total double-taxed income	•	16,860	_	16,860
Parl	Figure Your Other State Tax Credit (Read specific line instructions	for Part II befo	re completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	ine 1, column	(b)	3	16,860 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0090
6	Multiply line 2 by line 5			6	1,790 00
7	Income tax liability paid to name of other state (use state's abbreviation)	⊚ <u>AZ</u>		7	437 00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, columr	n (c)	8	16,860 00
9	Adjusted gross income taxable by other state			9	16,860 ₀₀
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	437 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187		12	437 00

839441 11-15-18
CALIFORNIA SCHEDULE
S

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return		S	SN, ITIN	I, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**
-	Double-Taxed Income (Read specific line instructions for Part I b	ALC: 400		(a) Dou	ble-taxed income taxable by
- AS 15 No. 15	ome item(s) description NABLE LLP	(D) Double-taxed inco	me taxable by California 539	othe	r state 539
The second second	A PIPER LLP	<u>_</u>	14,716	•	
•		<u> </u>		<u> </u>	,
1	Total double-taxed income	©	15,255	<u></u>	15,255
Parl	II Figure Your Other State Tax Credit (Read specific line instructi	ons for Part II before co	ompleting.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Par	rt I, line 1, column (b)		3	15,255 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0081
6	Multiply line 2 by line 5			6	1,611 00
7	Income tax liability paid to name of other state (use state's abbreviation	on)		7	1,007 00
8	Double-taxed income taxable by other state. Enter the amount from Pa	art I, line 1, column (c)		8	15,255 00
9	Adjusted gross income taxable by other state			9	15,255 00
10	Divide line 8 by line 9. Do not enter more than 1.0000		⊚1	10	1.0000
11	Multiply line 7 by line 10			1	1,007 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit	Code 187		12	1,007 00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	s(s) as shown on your California tax return		S	SN, ITIN	N, or FEIN
	GLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**
	Double-Taxed Income (Read specific line instructions for Part I be ome item(s) description		tinaama tavabla bu Oalifarnia	(c) Doi	uble-taxed income taxable by er state
- 150 100 100	A PIPER LLP	Double-taxed	45,862	oth	45,862
•		•	57550 O. C. C. C. C. C. C. C. C. C. C. C. C. C.	•	1900-94899 * (1000-000-000
•		•	250	•	
1	Fotal double-taxed income	•	45,862	<u></u>	45,862
Parl	II Figure Your Other State Tax Credit (Read specific line instruction	ns for Part II befor	re completing.)		<u>, </u>
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part	I, line 1, column (l	o) <u> </u>	3	45,862 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0245
6	Multiply line 2 by line 5			6	4,874 00
7	Income tax liability paid to name of other state (use state's abbreviation	n)		7	2,752 00
8	Double-taxed income taxable by other state. Enter the amount from Pal	rt I, line 1, column	(c)	8	45,862 00
9	Adjusted gross income taxable by other state			9	45,862 00
10	Divide line 8 by line 9. Do not enter more than 1.0000		<u></u>	10	1.0000
11	Multiply line 7 by line 10		©	11	2,752 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit C	Code 187		12	2,752 00

Attach to Form 540, Long Form 540NR, or Form 541. SSN, ITIN, or FEIN Name(s) as shown on your California tax return DOUGLAS C. EMHOFF & KAMALA D. HARRIS ***_*** Part I Double-Taxed Income (Read specific line instructions for Part I before completing.) (b) Double-taxed income taxable by California (c) Double-taxed income taxable by other state (a) Income item(s) description 131,988 ODLA PIPER LLP 0 131,988 0 0 0 0 131,988 131,988 1 Total double-taxed income Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.) 198,929 00 2 California tax liability

© 2 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) 3 131,988 00 5 Divide line 3 by line 4. Do not enter more than 1.0000 .0704 14,005 00 6 Multiply line 2 by line 5 ________ 6 ______ 7 Income tax liability paid to name of other state (use state's abbreviation)

1 IL
7 6,533 00 131,988 00 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) 8 131,988 00 Adjusted gross income taxable by other state 10 Divide line 8 by line 9. Do not enter more than 1.0000 1.0000

12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187

For Privacy Notice, get FTB 1131 ENG/SP.

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6,533 00

6,533 00

CALIFORNIA SCHEDULE

Attach to Form 540, Long Form 540NR, or Form 541.				
Name(s) as shown on your California tax return		SS	SN, ITIN,	or FEIN
DOUGLAS C. EMHOFF & KAMALA D. HAR		**	*_**	
Part I Double-Taxed Income (Read specific line instructions f	or Part I before completing.)		David	
(a) Income item(s) description	(b) Double-taxed inc	ome taxable by California	(c) other	e-taxed income taxable by state
⊚DLA PIPER LLP		1,187	<u></u>	1,187
●		50		
1 Total double-taxed income	©	1,187	<u></u>	1,187
Part II Figure Your Other State Tax Credit (Read specific line	e instructions for Part II before of	completing.)		A
2 California tax liability		⊚ 2	!	198,929 00
3 Double-taxed income taxable by California. Enter the amount	t from Part I, line 1, column (b)	⊚ 3		1,187 00
4 California adjusted gross income		• 4		1,874,534 00
5 Divide line 3 by line 4. Do not enter more than 1.0000		⊚ 5	i	.0006
6 Multiply line 2 by line 5		⊚ 6	j	119 00
7 Income tax liability paid to name of other state (use state's a	bbreviation) IA	⑥ 7		39 00
8 Double-taxed income taxable by other state. Enter the amou	nt from Part I, line 1, column (c)	⊚ 8	ı	1,187 00
Adjusted gross income taxable by other state)	1,187 00
10 Divide line 8 by line 9. Do not enter more than 1.0000		⊚ 10		1.0000
11 Multiply line 7 by line 10		⊚11	E	39 00
12 Other state tax credit. Enter the smaller of line 6 or line 11. U	se Credit Code 187	⊚ 12	2	39 00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return			SSN, ITIN	N, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**_***
Par	Double-Taxed Income (Read specific line instructions for Part I before	ore completing	1.)	-	
-10 10 10 10 10	ome item(s) description	The state of the s	xed income taxable by Californi	100	uble-taxed income taxable by er state
No. of London	NABLE LLP		47,010	<u></u>	47,010
	A PIPER LLP		83,283	<u></u>	83,283
•					
1	Total double-taxed income	•	130,293	<u></u>	130,293
Par	Figure Your Other State Tax Credit (Read specific line instructions	for Part II be	fore completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column	n (b)	3	130,293 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0695
6	Multiply line 2 by line 5			6	13,826 00
7	Income tax liability paid to name of other state (use state's abbreviation)			7	9,762 00
8	Double-taxed income taxable by other state. Enter the amount from Part	I, line 1, colun	nn (c)	8	130,293 00
9	Adjusted gross income taxable by other state			9	130,293 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10)11	9,762 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	ode 187		12	9,762 00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.						
Name(s) as shown on your California tax return DOUGLAS C. EMHOFF & KAMALA D. HARRIS					SSN, ITIN, or FEIN ***_***		
●DLA PIPER LLP		THE RESIDENCE OF THE PARTY OF T	63,837	• otner	63,837		
•		•	50	•	7-9		
•			20 20		79		
1	Total double-taxed income	📵	63,837	<u></u>	63,837		
Par	Figure Your Other State Tax Credit (Read specific line instruction	s for Part II befo	ore completing.)				
2	California tax liability	Verstrantingstranting		2	198,929 00		
3	Double-taxed income taxable by California. Enter the amount from Part I	, line 1, column	(b)	3	63,837 00		
4	California adjusted gross income	v		4	1,874,534 00		
5	Divide line 3 by line 4. Do not enter more than 1.0000	v	•	5	.0341		
6	Multiply line 2 by line 5			6	6,783 00		
7	Income tax liability paid to name of other state (use state's abbreviation) MA			7	3,256 00		
8	Double-taxed income taxable by other state. Enter the amount from Part	I, line 1, columr	n (c)	8	63,837 00		
9	Adjusted gross income taxable by other state			9	63,837 00		
10	Divide line 8 by line 9. Do not enter more than 1.0000	v	•	10	1.0000		
11	Multiply line 7 by line 10	v		11	3,256 00		
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	ode 187		12	3,256 00		

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				,
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN		
	DOUGLAS C. EMHOFF & KAMALA D. HARRIS Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)			***_**	
_	ome item(s) description	45.50	income taxable by California	(c) Dou	ble-taxed income taxable by
	●DLA PIPER LLP				6,885
O				O	
•		<u> </u>	50		
17	Total double-taxed income	•	6,885	<u></u>	6,885
Part	II Figure Your Other State Tax Credit (Read specific line instructions	for Part II before	e completing.)		- 3
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column (b)	3	6,885 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0037
6	Multiply line 2 by line 5			6	736 00
7	Income tax liability paid to name of other state (use state's abbreviation)	● MI		7	678 00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, column	(c)	8	6,885 00
9	Adjusted gross income taxable by other state			9	6,885 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	678 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co.	de 187	📵	12	678 ₀₀

CALIFORNIA SCHEDULE

Attach	to Form 540, Long Form 540NR, or Form 541.				
Name	s) as shown on your California tax return			SSN, ITIN	N, or FEIN
	GLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**
-	Double-Taxed Income (Read specific line instructions for Part I b	(44 A)		(a) Dou	uble-taxed income taxable by
15 L. T. L. T. L. C. T. C. C. C. C. C. C. C. C. C. C. C. C. C.	me item(s) description A PIPER LLP	Double-taxed i	ncome taxable by Californi 19,595	othe	19,595
O			25 / 555	<u> </u>	25,050
•		<u> </u>	26	•	
17	otal double-taxed income	<u>©</u>	19,595	<u></u>	19,595
Part	II Figure Your Other State Tax Credit (Read specific line instructi	ions for Part II before	completing.)		29
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Pal	rt I, line 1, column (b)) ©	3	19,595 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0105
6	Multiply line 2 by line 5			6	2,089 00
7	Income tax liability paid to name of other state (use state's abbreviation	on)		7	1,758 00
8	Double-taxed income taxable by other state. Enter the amount from P	art I, line 1, column (c)	8	19,595 00
9	Adjusted gross income taxable by other state			9	19,595 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	1,758 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit	Code 187		12	1,758 00

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2018	Other State Tax Credit	CALIFORNIA SCHEDULE S
Attach to Form 540	, Long Form 540NR, or Form 541.	
Name(s) as shown	on your California tax return	SSN, ITIN, or FEIN
DOUGLAS C	EMHORE & KAMALA D. HARRIS	***_**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS			*	**_**
Part I Double-Taxed Income (Read specific line instructions for Par	42.20		Davi	
(a) Income item(s) description	The state of the s	d income taxable by California		uble-taxed income taxable by er state
● VENABLE LLP	<u>_</u>	29,633		29,633
● DLA PIPER LLP	<u>_</u>	236,201	O	236,201
.	<u> </u>	56		
1 Total double-taxed income	©	265,834	<u></u>	265,834
Part II Figure Your Other State Tax Credit (Read specific line instru	uctions for Part II befo	re completing.)		
2 California tax liability		•	2	198,929 00
3 Double-taxed income taxable by California. Enter the amount from	Part I, line 1, column (b)	3	265,834 00
4 California adjusted gross income		•	4	1,874,534 00
5 Divide line 3 by line 4. Do not enter more than 1.0000		•	5	.1418
6 Multiply line 2 by line 5		•	6	28,208 00
7 Income tax liability paid to name of other state (use state's abbrev	iation) NY	•	7	24,254 00
8 Double-taxed income taxable by other state. Enter the amount from	m Part I, line 1, column	(c)	8	265,834 00
Adjusted gross income taxable by other state			9	265,834 00
10 Divide line 8 by line 9. Do not enter more than 1.0000			0	1.0000
11 Multiply line 7 by line 10		<u></u> ⊚1	1	24,254 00

12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 ______ 12

24,254 00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Name	e(s) as shown on your California tax return		8	SSN, ITIN	I, or FEIN
A	IGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I befo	ro completing \		*	**_**
-	ome item(s) description	ALCOHOLOGICA CONTRACTOR CONTRACTO	I income taxable by California	(c) Dou	ble-taxed income taxable by
	A PIPER LLP	•	7,614	Our	7,614
O		-0.00		O	
•		<u> </u>	<u> </u>	⊚	
1	Total double-taxed income	•	7,614	<u></u>	7,614
Part	II Figure Your Other State Tax Credit (Read specific line instructions	for Part II befor	re completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column (t	o) •	3	7,614 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0041
6	Multiply line 2 by line 5			6	816 00
7	Income tax liability paid to name of other state (use state's abbreviation)			7	419 00
8	Double-taxed income taxable by other state. Enter the amount from Part	, line 1, column	(c) <u> </u>	8	7,614 00
9	Adjusted gross income taxable by other state			9	7,614 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	419 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	de 187		12	419 00

CALIFORNIA SCHEDULE

Attac	h to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return		S	SN, ITIN	I, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before	ra completing \		*	**_**
-	come item(s) description	Asia San	income taxable by California	(c) Dou	ble-taxed income taxable by
	LA PIPER LLP	•	3,471	• otne	3,471
•		•	50	•	
•		_	276	⊚	
1	Total double-taxed income		3,471	©	3,471
Par	t II Figure Your Other State Tax Credit (Read specific line instructions	for Part II before	e completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	ine 1, column (b) <u>©</u>	3	3,471 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0019
6	Multiply line 2 by line 5			6	378 00
7	Income tax liability paid to name of other state (use state's abbreviation)	⊚ OH		7	173 00
8	Double-taxed income taxable by other state. Enter the amount from Part I	, line 1, column ((c)	8	3,471 00
9	Adjusted gross income taxable by other state			9	3,471 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	173 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Coo	de 187	©	12	173 ₀₀

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Attac	h to Form 540, Long Form 540NR, or Form 541.				
Nam	e(s) as shown on your California tax return		S	SSN, ITIN	, or FEIN
	JGLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I before	oro completing		* *	**_**
_	come item(s) description) ed income taxable by California	(c) Doub	ole-taxed income taxable by
	LA PIPER LLP	•	44,194	•	44,194
•		- (() ()	50	•	34
•		_ •	5.9 5.9	O	
1	Total double-taxed income	<u>©</u>	44,194	_	44,194
Par	Figure Your Other State Tax Credit (Read specific line instructions	s for Part II befo	ore completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part I,	line 1, column	(b) <u> </u>	3	44,194 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0236
6	Multiply line 2 by line 5	«		6	4,695 00
7	Income tax liability paid to name of other state (use state's abbreviation)			7	1,357 00
8	Double-taxed income taxable by other state. Enter the amount from Part	I, line 1, colum	n (c)	8	44,194 00
9	Adjusted gross income taxable by other state	«		9	44,194 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10			11	1,357 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Co	ode 187	©	12	1,357 00

2018

CALIFORNIA SCHEDULE **Other State Tax Credit** S Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN ***_***			
DOUGLAS C. EMHOFF & KAMALA D. HARRI				
Part I Double-Taxed Income (Read specific line instructions for P	art I before completing.)			
(a) Income item(s) description	(b) Double-taxed in	ncome taxable by California	(c) Double other s	e-taxed income taxable by state
	•	7,994		7,994
●	•	55 9	•	
•	•		•	
1 Total double-taxed income		7,994	<u></u>	7,994
Part II Figure Your Other State Tax Credit (Read specific line ins	structions for Part II before	completing.)		
2 California tax liability		•	2	198,929 00
3 Double-taxed income taxable by California. Enter the amount fro	m Part I, line 1, column (b)		3	7,994 00
4 California adjusted gross income		•	4	1,874,534 00
5 Divide line 3 by line 4. Do not enter more than 1.0000		•	5	.0043
6 Multiply line 2 by line 5		•	6	855 00
7 Income tax liability paid to name of other state (use state's abbre	eviation)	•	7	460 00
8 Double-taxed income taxable by other state. Enter the amount fr	rom Part I, line 1, column (d	c)	8	7,994 00
g Adjusted gross income taxable by other state		•	9	7,994 00
10 Divide line 8 by line 9. Do not enter more than 1.0000				1.0000
11 Multiply line 7 by line 10		© 1	1	460 00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use 0	Credit Code 187	© 1	12	460 00

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CALIFORNIA SCHEDULE

Attac	n to Form 540, Long Form 540NR, or Form 541.				
Name	(s) as shown on your California tax return		8	SN, ITIN	, or FEIN
	GLAS C. EMHOFF & KAMALA D. HARRIS I Double-Taxed Income (Read specific line instructions for Part I bet	fore completing)		* *	**_**
-	ome item(s) description	(b) Double-taxed in	ncome taxable by California	(c) Doub	ble-taxed income taxable by
- E. W. 7 S. 1 S. 2 S.	A PIPER LLP	•	33,619	Oule	33,619
•			5.	•	
•				_	
17	otal double-taxed income	©	33,619	_	33,619
Part	II Figure Your Other State Tax Credit (Read specific line instruction	ns for Part II before	completing.)		
2	California tax liability			2	198,929 00
3	Double-taxed income taxable by California. Enter the amount from Part	I, line 1, column (b)		3	33,619 00
4	California adjusted gross income			4	1,874,534 00
5	Divide line 3 by line 4. Do not enter more than 1.0000			5	.0179
6	Multiply line 2 by line 5			6	3,561 00
7	Income tax liability paid to name of other state (use state's abbreviation)) ⊚ <u>VI</u>		7	1,932 00
8	Double-taxed income taxable by other state. Enter the amount from Par	t I, line 1, column (d	c)	8	33,619 ₀₀
9	Adjusted gross income taxable by other state			9	33,619 00
10	Divide line 8 by line 9. Do not enter more than 1.0000			10	1.0000
11	Multiply line 7 by line 10		©	11	1,932 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit C	ode 187		12	1,932 00

TAXABLE YEAR 2018

Enterprise Zone Deduction and Credit Summary

839071 11-30-18 CALIFORNIA FORM

3805Z

Attach to your California tax return.	
Name(s) as shown on your California tax return	SSN or ITIN CA Corporation no. X FEIN
	California Secretary of State file number
DOUGLAS C. EMHOFF & KAMALA D. HARRIS	
A. Check the appropriate box for your entity type: Individual Estate Trust C corporation S corporation Exempt organization Limited liability company Limited B. Enter the name of the Enterprise Zone (EZ) business: DLA PIPER LLP	Partnership ed liability partnership
C. Enter the address (actual location) where the EZ business is conducted:	
D. Enter the name of the EZ in which the business and/or investment activity is located: LOS ANGELES-EAST	,
E. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC co	de, see instructions 541110
F. Total number of employees in the EZ	······
G. Number of employees included in the computation of the hiring credit, if claimed	·····
H. Gross annual receipts of the business	· · · · · · · · · · · · · · · · · · ·
I. Total asset value of the business	······
Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.)	***
1 Hiring and sales or use tax credits claimed on the current year return:	
a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f)	● 1 a
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b)	
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f)	
d Add line 1a and line 1c	
Part II Portion of Business Attributable to the Enterprise Zone. See instructions.	
2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, li	ne 4 © 2
	9.6
Part III Net Operating Loss (NOL) Carryover and Deduction. See instructions.	
3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 9, column (b)	3a
b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 9,	
column (c). Enter this amount on Schedule CA (540, Part I or 540NR, Part II), line 21e, column	B; Form 100, line 20;
Form 100W, line 20; Form 100S, line 18; or Form 109, line 6	3b
c Enter the EZ NOL carryover to future years from Worksheet III, line 9, column (e)	

Schedule Z Computation of Credit Limitations - Enterprise Zones

Par	t I	Con	nputation of Cred	it Limitations. Se	e inst	ructions.									
1	Trade	or b	usiness income. I	ndividuals: Enter t	he an	nount from the	Worksh	eet II, Sec	tior	B, line	4, column	n (c)	- 0		
	on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the														
	taxpay	er's	business income	apportioned to Ca	aliforni	ia. See instruct	tions for	form FTB	380	05Z, Part	II	•	1		
2										ctions	2				
3	Multip	ly lir	ne 1 by line 2										3		
4			Z NOL deduction										4		
5			income. Subtract										5		
6			te the amount of t						A:						
	See	ins	tructions		1921111.50		1921111921229	•	6a	i					
			ne amount of tax f						13	8					
	For	m 5	41, line 21; Form 1	00, line 23; Form	100W	, line 23; Form	100S, li	ne 21;							
	or F	orm	109, line 10. Con	porations and S co	orpora	itions, see insti	ructions		6b		198	,929			
7			smaller of line 6a o							100					
	Go to	Part	II, Part III, or Part	IV. See instruction	ns							•	7		
													8 1		
Par	t II	Lim	itation of Credits	for Corporations	, Indiv	iduals, Estate	es, and	Trusts. Se	e ir	struction	IS.				
	(a)		(b)	(c)		(d)		(e)		(f)	Credi	(g)		(h)
	Credit		Credit	Total		otal credit		redit sum			n based	Sch. P.			Total credit
	name		amount	prior year carryover	FTB 3544, col. (ed from form col. (b) plus col. (c) 544, col. (g) minus col. (d)		3),			be great	reater than co		carryover col. (e) minus col. (f)
		5		carryover	110	0011, 00l. (g)	10000	10 coi. (d)	_	IIIC	Jillo	(e) c	or co	ol. (T)	(c) minds coi. (i)
		100								0					
	iring	Α				X				•		•			
CI	redit	_	0	0						0					0
-		В	•	•	•		•			•					•
	ales or	Α								•		•			
	se tax edit	^				<u> </u>	e)			•	-	•			20
-	rryover	В		•	•		•			•					•
	36	_			•	34	•		NAME.	•	- 5			3	
Par	t III	Lim	itation of Credits	for S corporation	s Onl	y. See instruct	ions.								
-	(a)		(b)	(c)		(d)		i i	(e)			(f)			(g)
	Credit		Credit	S corporation	on	Total		Tota		edit		lit used			Carryover
	name		amount	credit col. (b)	prior ye	ar	cc	ol. (d	c)	this	year by		C	ol. (e) minus
				multiplied by	1/3	carryov	er	plus	col	. (d)	S cor	poration			col. (f)
10 H	iring												- 0		
	edit		•	•		•		•			•			•	
11 Sa	iles or use	tax											- 1		
cr	credit carryover					•		•			•			•	

Part IV Limitation of C	Credits for Corporations and	d S Corporations Subject to	Paying Only the Minimum Franc	chise Tax. See instructions.
(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c), minus col. (d)
12 Hiring credit	•	•	•	•
13 Sales or use tax credit carryover		•	•	•

Refer to page 4 for information on how to claim deductions and credits.

TAXABLE YEAR
2018

Enterprise Zone Deduction and Credit Summary

839071 11-30-18 CALIFORNIA FORM

3805Z

Attach to your California tax return.	
Name(s) as shown on your California tax return	SSN or ITIN CA Corporation no. X FEIN
	California Secretary of State file number
DOUGLAS C. EMHOFF & KAMALA D. HARRIS	
	Partnership ed liability partnership
B. Enter the name of the Enterprise Zone (EZ) business: DLA PIPER LLP	
C. Enter the address (actual location) where the EZ business is conducted:	
D. Enter the name of the EZ in which the business and/or investment activity is located: SAN DIEGO	
E. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC co	ode, see instructions 541110
F. Total number of employees in the EZ	
G. Number of employees included in the computation of the hiring credit, if claimed	
H. Gross annual receipts of the business	9
I. Total asset value of the business	14 ²
	·
Part I Credits and Recapture (Complete Schedule Z on Side 2 before you complete this part.)
Hiring and sales or use tax credits claimed on the current year return:	
a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f)	● 1a
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b)	
c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f)	
d Add line 1a and line 1c	
Part II Portion of Business Attributable to the Enterprise Zone. See instructions.	
2 Enter the average apportionment percentage of your EZ business from Worksheet II, Section A, I	ine 4.
	b.
Part III Net Operating Loss (NOL) Carryover and Deduction. See instructions.	
3 a Enter the EZ NOL carryover from prior years from Worksheet III, line 9, column (b)	3a
b Enter the total EZ NOL deduction used in the current year from Worksheet III, line 9,	bic .
column (c). Enter this amount on Schedule CA (540, Part I or 540NR, Part II), line 21e, column	B; Form 100, line 20;
Form 100W, line 20; Form 100S, line 18; or Form 109, line 6	
c Enter the EZ NOL carryover to future years from Worksheet III, line 9, column (e)	

Schedule Z Computation of Credit Limitations - Enterprise Zones

Par	t I	Con	nputation of Cred	it Limitations. Se	e inst	ructions.									
1	Trade	or b	usiness income. I	ndividuals: Enter t	he an	nount from the	Worksh	eet II, Sec	tior	B, line	4, column	n (c)	- 0		
	on this	line	and on line 3 (ski	p line 2). See instr	uction	ns. Corporation	ns filing a	combine	d re	eport, ent	er the				
	taxpay	er's	business income	apportioned to Ca	aliforni	ia. See instruct	tions for	form FTB	380	05Z, Part	II	•	1		
2	2 Corporations: Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions							ctions	2						
3	Multip	ly lir	ne 1 by line 2										3		
4			Z NOL deduction										4		
5			income. Subtract										5		
6			te the amount of t						A:						
	See	ins	tructions		1921111.50		1921111921229	•	6a	i					
			ne amount of tax f						13	8					
	For	m 5	41, line 21; Form 1	00, line 23; Form	100W	, line 23; Form	100S, li	ne 21;							
	or F	orm	109, line 10. Con	porations and S co	orpora	itions, see insti	ructions		6b		198	,929			
7			smaller of line 6a o							100					
	Go to	Part	II, Part III, or Part	IV. See instruction	ns							•	7		
													8 1		
Par	t II	Lim	itation of Credits	for Corporations	, Indiv	iduals, Estate	es, and	Trusts. Se	e ir	struction	IS.				
	(a)		(b)	(c)		(d)		(e)		(f)	Credi	(g)		(h)
	Credit		Credit	Total		otal credit		redit sum			n based	Sch. P.			Total credit
	name		amount	prior year carryover		ned from form 3544, col. (g)		pius coi. (d is col. (d)	3),		ousiness ome	be great	ter t	han col.	carryover col. (e) minus col. (f)
		5		carryover	110	0011, 00l. (g)	10000	10 coi. (d)	_	IIIC	Jillo	(e) c	or co	ol. (T)	(c) minds coi. (i)
		100								0					
	iring	Α				X				•		•			
CI	redit	_	0	0						0					0
-		В	•	•	•		•			•					•
	ales or	Α								•		•			
	se tax edit	^				<u> </u>	e)			•	-	•			20
-	rryover	В		•	•		•			•					•
	36	_			•	34	•		NAME.	•	- 5			3	
Par	t III	Lim	itation of Credits	for S corporation	s Onl	y. See instruct	ions.								
-	(a)		(b)	(c)		(d)		i i	(e)			(f)			(g)
	Credit		Credit	S corporation	on	Total		Tota		edit		lit used			Carryover
	name		amount	credit col. (b)	prior ye	ar	cc	ol. (d	c)	this	year by		C	ol. (e) minus
				multiplied by	1/3	carryover		plus	plus col. (d)		S cor	poration			col. (f)
10 H	iring												- 0		
	edit		•	•		•		•			•			•	
11 Sa	iles or use	tax											- 1		
credit carryover						•		•			•			•	

Part IV Limitation of C	Limitation of Credits for Corporations and S Corporations Subject to Paying Only the Minimum Franchise Tax. See instructions.									
(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c), minus col. (d)						
12 Hiring credit	•	•	•	•						
13 Sales or use tax credit carryover		•	•	•						

Refer to page 4 for information on how to claim deductions and credits.

TAXABLE YEAR 2018

Underpayment of Estimated Tax by Individuals and Fiduciaries

839561 11-27-18
CALIFORNIA FORM
5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.

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

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

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding
 credit) but not including estimated tax payments for either 2017 or 2018 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2017 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, if paid in the required installments, is at least 90% of the tax shown on your 2018 return or 100% of the tax shown on your 2017 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filling a separate return) and you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filling a separate return), must use the tax shown on their 2018 tax return if they do not meet one of the two conditions above.

Pa	Questions. All filers must complete this part. Estates and Trusts, see General information E.
1	Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123;
	or Form 541, line 44. If you need additional space, attach a statement.
	See General Information C Yes X No
2	Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540,
_	line 113; Long Form 540NR, line 123; or Form 541, line 44
3	Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period
•	and the actual dates withheld?
	□ N/A
	If "Yes," enter the actual uneven amounts withheld on the spaces provided below. The total of the four amounts must equal the total
	withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.
	4/15/18 ● \$; 6/15/18 ● \$; 9/15/18 ● \$; 1/15/19 ● \$
4	For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information F 4



Pa	art II Required Annual Payment. All filers must complete this part.		
1	Current year tax. Enter your 2018 tax after credits. See instructions	1	152,688.00
2	Multiply line 1 by 90% (.90) 2 137,419 00		
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	9,750.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	142,938 00
5	Enter the tax shown on your 2017 tax return. See instructions . (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2018, more than \$75,000)	5	83,736 00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	137,419
	ort Method ution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and If you answered "No" to Question 2 in Part I and you cannot use the short method, go to Worksheet II in the instructions (page	-	to Part III.
7	Enter the amount, if any, from Part II, line 3 above		
8	Enter the total amount, if any, of estimated tax payments you made		
9	Add line 7 and line 8	9	.00
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	
11	Multiply line 10 by .03103836	11	.00
12	If the amount on line 10 was paid on or after 4/15/19, enter -0 If the amount on line 10 was paid before 4/15/19, enter the result of the following computation: Amount on Number of days paid line 10 X before 4/15/19 X .00014	12	.00
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805."	13	136 00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2018 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: if you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/18, 4/30/18, 7/31/18, and 11/30/18. Fiscal year filers must adjust dates accordingly. 1 Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions 2 Annualization amounts. Estates or Trusts, see instructions and on line 9. Annualization amounts for the period shown in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter the amount from line 3 on line 9 5 Annualization amounts 6 Annualization amounts 5 4 2.4 1.5 1 6 Annualization amounts 6 Annualization amount from line 3 on line 9 9 Subtract line 8 from line 3 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540, Nor, Long Form 540, Long Form 540, Roy, include any tax from form FTB 3803. Estates or Trusts, see instructions 10	_
the right. Instead, use the following: 2/28/18, 4/30/18, 7/31/18, and 11/30/18. Fiscal year filers must adjust dates accordingly. 1 Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions 2 4 2.4 1.5 1 2 Annualization amounts. Estates or Trusts, see instructions 2 4 5 Annualized income. Multiply line 1 by line 2 3 4 5 Annualization amounts in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9 4 5 Annualization amounts 5 4 2.4 1.5 1 6 Annualization amounts 5 4 2.4 1.5 1 6 Annualization amounts 5 5 4 2.4 1.5 1 6 Annualized ilemized deductions Multiply line 4 by line 5. See instructions 7 5 4 2.4 1.5 1 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 7 8 Enter line 6 or line 7, whichever is larger 8 9 Subtract line 8 from line 3 9 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541, Also, include any tax from form F18 3803. Estates	_
1 Enter your California adjusted gross income (AGI) for each period. Long Form 540NR fillers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions	8
each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions 1 2 Annualization amounts. Estates or Trusts, see instructions 2 4 2.4 1.5 1 3 Annualized income. Multiply line 1 by line 2 3 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9 4 5 Annualization amounts 5 4 2.4 1.5 1 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions 5 4 2.4 1.5 1 6 Annualized itemized deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 7 8 Enter line 6 or line 7, whichever is larger 8 9 Subtract line 8 from line 3 9 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
20 attributable to each period. See instructions 2 Annualization amounts. Estates or Trusts, see instructions 3 Annualized income. Multiply line 1 by line 2 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 5 Annualization amounts 6 Annualized itemized deductions Multiply line 4 by line 5. See instructions 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 8 Enter line 6 or line 7, whichever is larger 9 Subtract line 8 from line 3 9 To Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
2 Annualization amounts. Estates or Trusts, see instructions 3 Annualized income. Multiply line 1 by line 2 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9 5 Annualization amounts 6 Annualization amounts 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 8 Enter line 6 or line 7, whichever is larger 9 Subtract line 8 from line 3 10 Figure the tax on the amount in each column of line 9 using the tax able or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
3 Annualized income. Multiply line 1 by line 2 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9 5 Annualization amounts 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 8 Enter line 6 or line 7, whichever is larger 9 Subtract line 8 from line 3 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	l
each column. If you do not itemize deductions, enter -0-here and on line 6. Estates or Trusts, enter -0-here, skip to line 9, and enter the amount from line 3 on line 9 5 Annualization amounts 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 8 Enter line 6 or line 7, whichever is larger 9 Subtract line 8 from line 3 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9	
to line 9, and enter the amount from line 3 on line 9 4 5 Annualization amounts 5 4 2.4 1.5 1 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions 5 4 2.4 1.5 1 6 Annualized itemized deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 7 8 Enter line 6 or line 7, whichever is larger 8 9 Subtract line 8 from line 3 9 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions 6 7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 7 8 Enter line 6 or line 7, whichever is larger 8 9 Subtract line 8 from line 3 9 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
7 Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions	
or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions 7 8 Enter line 6 or line 7, whichever is larger 8 9 Subtract line 8 from line 3 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
deduction amount in each column. See instructions	
9 Subtract line 8 from line 3 9 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates	
541. Also, include any tax from form FTB 3803. Estates	
or Truste see instructions	
11 Enter the total amount of exemption credits from your	
2018 Form 540, line 32 or Form 541, line 22. If you filed	
a Long Form 540NR, see instructions 11	
12 Subtract line 11 from line 10. Long Form 540NR filers,	
complete Worksheet I in the instructions 12	
13 Enter the total credit amount from your 2018 Form 540, line 47;	
or Form 541, line 23. Long Form 540NR filers, see instructions 13	
14 a Subtract line 13 from line 12. If zero or less, enter -0-	
b Enter the alternative minimum tax and mental health tax 14b 14c 14c	
c Add line 14a and line 14b 14c 14c 14c 14c 14c 14c 14c 14c 14c 14c	
\$1,000 - 61,400 (100 - 1	
Long Form 540NR, line 84 14d	
15 Applicable percentage 15 27% 63% 63% 90%	
16 Multiply line 14e by line 15 16	
Complete Line 17 through Line 23 of each column before	
you go to the next column.	
17 Enter the combined amounts shown on line 23 from all preceding columns	
18 Subtract line 17 from line 16. If zero or less, enter -0-	
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in	
columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c 19	
20 Enter the amount from line 22 from the preceding column 20	
21 Add line 19 and line 20 21	
22 Subtract line 18 from line 21. If zero or less, enter -0-	
23 Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method	
to Figure Your Underpayment and Penalty, line 1 23 🔘	

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

022 7673184 FTB 5805 2018 Side 3

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

			Payment I	Due Dates	
Part I Figure Your Underpayment.		(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19
1 Required Installments. See instructions	1	41,225	54,968		41,226
2 Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I)	2	78,524	23,900		2,925
COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.					
3 Enter amount, if any, from line 9 of previous column	3		37,299		6,231
4 Add line 2 and line 3	4		61,199	6,231	9,156
5 Add amounts on line 7 and line 8 of the previous column	5				
6 Subtract line 5 from line 4. If zero or less, enter -0 For column (a) only, enter the amount from line 2	6	78,524	61,199	6,231	9,156
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7		0	0	
8 Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next					
column. Otherwise, go to line 9	8				32,070
Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9	37,299	6,231	6,231	

Part II Figure the Penalty. Complete line 10 through line 13 of one column before going to the next column.

Rate Period 1:		4/15/18	6/15/18	9/15/18	1/15/19
April 15, 2018 - December 31, 2018 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 12/31/18, whichever is earlier	10	Days:	Days:	Days:	
11 Underpayment Number of on line 8 X days on line 10 X .04 (see instructions) 365	11	\$	\$	\$	

Rate Period 2:		1/1/19	1/1/19	1/1/19	1/15/19
January 1, 2019 - April 15, 2019 12 Number of days from the date shown above line 12 to the date the amount on line 8 was paid or		Days:	Days:	Days:	Days:
04/15/19, whichever is earlier	12	SEE ATTACHE	D WORKSHEET		
13 Underpayment Number of on line 8 X days on line 12 X .05					
(see instructions) 365	13	 \$	 \$	\$	 \$

14	PENALTY. Add amounts on line 11 and line 13 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and or		
	Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, and check the box on that line	14	\$ 136

Name(s)				Identifying N	umber
DOUGLAS C.	EMHOFF & KAI	MALA D. HARRI		***_*	*_***
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	41,225	41,225			
04/15/18	-2,925	38,300			
04/15/18	-50,000	-11,700			
04/15/18	-25,599	-37,299			
06/15/18	54,968	17,669			
06/15/18	-3,900	13,769			
06/15/18	-20,000	-6,231			
12/31/18	0	-6,231	15	.000136986	
01/15/19	41,226	34,995			
01/15/19	-2,925	32,070	31	.000136986	13
02/15/19	-50,000	-17,930			
					13
enalty Due (Sum of Col	umn F).				

^{*} Date of estimated tax payment, withholding credit date or installment due date.

(California	Exemption Credit - AGI Limitation Worksheet		2018
	e(s) as shown on UGLAS C.	return EMHOFF & KAMALA D. HARRIS		Social security number
a.	Enter the amoun	t from Form 540, line 13, or RDP recalculated AGI	a	1,889,156
b.	Single or married Married/RDP filin	t for your filing status on line b: I/RDP filing separate \$194,504 g joint or qualifying widow(er) \$389,013 Id \$291,760	b	389,013
c.	Subtract line b fr	om line a	c	1,500,143
d.		2,500 (\$1,250 if married/RDP filing separate). It is not a whole number, round it to the next higher whole number	d	601
e.	Multiply line d by	\$6	e	3,606
f.	Add the numbers	from the boxes on Form 540, line 7, line 8 and line 9	f _	2
g.	Multiply line e by	line f	g	7,212
h.	Enter the total do	llar amount from Form 540, line 7, line 8 and line 9	h	236
i.	Subtract line g fr	om line h. If zero or less, enter -0-	i _	0
j.	Enter the numbe	r from the box on Form 540, line 10	j	1
k.	Multiply line e by	line j	k	3,606
ı.	Enter the dollar a	mount from Form 540, line 10	ı	367
m.	Subtract line k fr	om line I. If zero or less, enter -0-	m	
n.	Add line i and m.	Enter the result here and on Form 540, line 32. If zero or less, enter -0-	n	

	California	Itemized Deductions Worksheet	2018
	ie(s) as shown on return	HOFF & KAMALA D. HARRIS	Social security number
1.		Schedule CA (540), line 28 or Schedule CA (540NR), line 28	84,564
2.		eral Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 n 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7)	
3.	Subtract line 2 from line	1	84,564
	Note: If -0-, stop. Enter	the amount from line 1 on Schedule CA (540), line 29 or Schedule CA (540NR), line 29	
4.	Multiply line 3 by 80% (.	80)	67,651
5.	Amount from Form 540	or Form 540NR, line 13	1,889,156
6.	Enter amount shown be	low for your filing status:	
	- Head of household, en	filing separate, enter \$194,504 ter \$291,760 t or qualifying widow(er), enter \$389,013	389,013
7.	Subtract line 6 from line	5	1,500,143
	Note: If -0- or less, stop	e. Enter the amount from line 1 above on Schedule CA (540), line 29 or Schedule CA (540NR), line 29	
8.	Multiply line 7 by 6% (.0	6)	90,009
9.	Compare line 4 and line	8. Enter the smaller amount here	67,651
10.	Total itemized deduction	s. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29 or Schedule CA (540NR), line 29	16,913

	2018 Income from Passthrough	ghs ^{CA}	
VENABLE LLP I.D. NUMBER: **-****	**		
TAXABLE INCOME (LOSS)	SUMMARY:		
NONPASSIVE GAIN			202,949
NET INCOME (LOSS) FO	R ENTITY		202,949
ACTIVITY INFORMATION	:		
VENABLE LLP			
ORDINARY INCOME (LO	SS)	202,949	
TOTAL NONPASSIVE GAI	N (LOSS)		202,949

2018 Income from Passthro	oughs CA	
DLA PIPER LLP I.D. NUMBER: **-*****		
TAXABLE INCOME (LOSS) SUMMARY:		
NONPASSIVE GAIN		1,345,366
NET INCOME (LOSS) FOR ENTITY		1,345,366
ACTIVITY INFORMATION:	-	
DLA PIPER LLP		
UNREIMBURSED EXPENSES ORDINARY INCOME (LOSS)	-36,933 1,382,299	
TOTAL NONPASSIVE GAIN (LOSS)	·····	1,345,366

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name	e of Entity: VENABLE LLP	∃IN: ** - * *	****
1.	Your adjusted basis at the end of the prior year. Do not enter less than zero.		
	Enter -0- if this is your first tax year	1.	1,186,395
	Increases:		
2.	Money and your adjusted basis in property contributed to the partnership less		
	the associated liabilities (but not less than zero)	2	34,685
3.	Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2017 Schedule K-1 from your share of liabilities shown in Item K of your 2018 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	3	0
4.	Your share of the partnership's income or gain (including tax-exempt income) reduced by		
	any amount included in interest income with respect to the credit to holders of clean renewable		
	energy bonds	4 .	202,949
_	And the second s		
5.	Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	5	0
	transfer of nabilities	3.	
6.	Your share of the excess of the deductions for depletion (other than oil and gas		
	depletion) over the basis of the property subject to depletion	6. <u> </u>	0
	Decreases:		
7.	Withdrawals and distributions of money and the adjusted basis of property distributed		
	to you from the partnership. Do not include the amount of property distributions		
	included in the partner's income (taxable income)	7 .	237,634
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		
	your partnership interest immediately before the distribution.		
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2018 Schedule K-1 from your share of liabilities shown in item K of your 2017 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	8. <u> </u>	0
_			
9.	Your share of the partnership's nondeductible expenses that are not capital expenditures	9.	0
	experialitares		
10.	Your share of the partnership's losses and deductions (including capital losses).		
	However, include your share of the partnership's section 179 expense deduction for		_
	this year even if you cannot deduct all of it because of limitations	10	0
11	The amount of your deduction for depletion of any partnership oil and gas property,		
• • •	not to exceed your allocable share of the adjusted basis of that property	11.	0
	, , , , , , , , , , , , , , , , , , , ,		
12.	Your share of the adjusted basis of charitable property contributions and foreign taxes paid or accrued	12	0
13.	Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6		
	and subtract lines 7 through 12 from the total. If zero or less, enter -0)	13	1,186,395
	Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 13 and the amount figured for line 13 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.		

SCHEDULE P LINE 22 EXEMPTION WORKSHEET		STATEMENT 1
1.	ENTER \$71,531 IF SINGLE OR HEAD OF HOUSEHOLD; \$95,373 IF	
	MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$47,685	
	IF MARRIED/RDP FILING SEPARATELY	95,373.
	ENTER YOUR AMTI FROM SCHEDULE P (540), PART I, LINE 21	1,497,715.
3.	ENTER \$268,237 IF SINGLE OR HEAD OF HOUSEHOLD; \$357,650	
	<pre>IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER);</pre>	
	\$178,822 IF MARRIED/RDP FILING SEPARATELY	357,650.
	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0-	1,140,065.
	MULTIPLY LINE 4 BY 25% (.25)	285,016.
6.	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0	
	IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 24, GO TO LINE 7.	
	OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540), PART II,	
	LINE 22 AND COMPLETE SCHEDULE P (540)	0.
	CHILD'S MINIMUM EXEMPTION AMOUNT	
8.	ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE	
	INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION	
_	ADD LINE 7 AND LINE 8	
10.	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON	
	SCHEDULE P (540), PART II, LINE 22	

CA SCHEDULE P	AMTI EXCLUSION	STATEMENT	2
DESCRIPTION		AMOUNT	
KAMALA D. HARRIS		315,83	38.
TOTAL TO SCHEDULE P, PART I, LIN	NE 17	315,83	38.

STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	PARTNERSHIP EXPENSES IPAD ** SUBTOTAL **	07011	8150DE	5.00	1,498. 1,498.	0. 0.	1,498. 1,498.	1,498. 1,498.	0.
	*** GRAND TOTAL ***	н			1,498.	0.	1,498.	1,498.	0.

828105 04-01-18

ALTERNATIVE MINIMUM TAX

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Nam	e of Entity: VENABLE LLP	EIN: **-**	***
4	Vous adjusted basis at the and of the prior year. Do not enter less than zero		
٠.	Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year	1.	899,655
	Increases:		•
_			
2.	Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2.	34,685
	the associated natifies (but not less than 2010)	<u>2.</u>	32,000
3.	Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2017 Schedule K-1 from your share of liabilities		
	shown in Item K of your 2018 Schedule K-1 and add the amount of any partnership		0
	liabilities you assumed during the tax year) (but not less than zero)	3	0
4.	Your share of the partnership's income or gain (including tax-exempt income) reduced by		
	any amount included in interest income with respect to the credit to holders of clean renewable		
	energy bonds	4 .	202,949
_			
5.	Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	5	0
	transfer of nabilities	3.	
6.	Your share of the excess of the deductions for depletion (other than oil and gas		
	depletion) over the basis of the property subject to depletion	6 .	0
	Decreases:		
7.	Withdrawals and distributions of money and the adjusted basis of property distributed		
	to you from the partnership. Do not include the amount of property distributions		
	included in the partner's income (taxable income)	7.	237,634
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		
	your partnership interest immediately before the distribution.		
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities		
	because they were assumed by the partnership. (Subtract your share of liabilities shown in		
	item K of your 2018 Schedule K-1 from your share of liabilities shown in item K of your 2017 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed		_
	during the tax year (but not less than zero))	8.	0
9.	Your share of the partnership's nondeductible expenses that are not capital		
٠.	expenditures	9.	0
10.	Your share of the partnership's losses and deductions (including capital losses).		
	However, include your share of the partnership's section 179 expense deduction for		0
	this year even if you cannot deduct all of it because of limitations	10	0
11.	. The amount of your deduction for depletion of any partnership oil and gas property,		
	not to exceed your allocable share of the adjusted basis of that property	11	0
			0
12	. Your share of the adjusted basis of charitable property contributions and foreign taxes paid or accrued	12	0
13.	Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6		
	and subtract lines 7 through 12 from the total. If zero or less, enter -0)	13	899,655
	Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 13		
	and the amount figured for line 13 was less than zero, a portion of your share of the		
	partnership losses and deductions may not be deductible.		