

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20
Your first name MI Last name
KAMALA D HARRIS
Your social security number
If a joint return, spouse's first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
City, town or post office. If you have a foreign address, see instructions. State ZIP code

Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ... You Spouse Yes No Yes No

Filing Status

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here.
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.
b [ ] Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)
d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 142,462.
8a Taxable interest. Attach Schedule B if required. 8a 82.
8b Tax-exempt interest. Do not include on line 8a. 8b
9a Ordinary dividends. Attach Schedule B if required. 9a 76.
9b Qualified dividends (see instrs). 9b 19.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 2,109.
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. [X] 13 25.
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions. 15a 15b Taxable amount (see instrs). 15b
16a Pensions and annuities. 16a 16b 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
19 Unemployment compensation. 19
20a Social security benefits. 20a 20b Taxable amount (see instrs). 20b
21 Other income. 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 144,754.

Adjusted Gross Income

23 Educator expenses (see instructions) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
25 IRA deduction (see instructions). 25
26 Student loan interest deduction (see instructions). 26
27 Tuition and fees deduction (see instructions). 27
28 Health savings account deduction. Attach Form 8889. 28
29 Moving expenses. Attach Form 3903. 29
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. 34a
35 Add lines 23 through 34a. 35 0.
36 Subtract line 35 from line 22. This is your adjusted gross income. 36 144,754.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for tax and credits.

Standard Deduction for - People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for payments.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No. Designee's name: Preparer. Phone no. Personal identification number (PIN).

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation: ATTORNEY, Daytime phone number. Spouse's signature, Date, Spouse's occupation.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.



**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2004**  
**07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
<b>1</b>	Medical and dental expenses (see instructions) .....	<b>1</b>			
<b>2</b>	Enter amount from Form 1040, line 37..... <b>2</b>				
<b>3</b>	Multiply line 2 by 7.5% (.075) .....	<b>3</b>			
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....	<b>4</b>			0.
<b>5</b> State and local (check only one box):					
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	10,962.		
<b>b</b>	<input type="checkbox"/> General sales taxes (see instructions) ]				
<b>6</b>	Real estate taxes (see instructions) .....	<b>6</b>	3,901.		
<b>7</b>	Personal property taxes .....	<b>7</b>	434.		
<b>8</b>	Other taxes. List type and amount ▶ .....	<b>8</b>			
<b>9</b>	Add lines 5 through 8 .....	<b>9</b>			15,297.
<b>Taxes You Paid</b>					
<b>10</b>	Home mtg interest and points reported to you on Form 1098.....	<b>10</b>	17,339.		
<b>11</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 number, and address ▶ .....	<b>11</b>			
<b>12</b>	Points not reported to you on Form 1098. See instrs for spl rules .....	<b>12</b>			
<b>13</b>	Investment interest. Attach Form 4952 if required. (See instrs.) .....	<b>13</b>			
<b>14</b>	Add lines 10 through 13 .....	<b>14</b>			17,339.
<b>Gifts to Charity</b>					
<b>15</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.....	<b>15</b>	2,400.		
<b>16</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	<b>16</b>	1,550.		
<b>17</b>	Carryover from prior year.....	<b>17</b>			
<b>18</b>	Add lines 15 through 17.....	<b>18</b>			3,950.
<b>Casualty and Theft Losses</b>					
<b>19</b>	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	<b>19</b>			0.
<b>Job Expenses and Most Other Miscellaneous Deductions</b>					
<b>20</b>	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ .....	<b>20</b>			
<b>21</b>	Tax preparation fees .....	<b>21</b>	420.		
<b>22</b>	Other expenses — investment, safe deposit box, etc. List type and amount ▶ .....	<b>22</b>			
<b>23</b>	Add lines 20 through 22 .....	<b>23</b>	420.		
<b>24</b>	Enter amount from Form 1040, line 37..... <b>24</b> 144,754.				
<b>25</b>	Multiply line 24 by 2% (.02) .....	<b>25</b>	2,895.		
<b>26</b>	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-.....	<b>26</b>			0.
<b>Other Miscellaneous Deductions</b>					
<b>27</b>	Other — from list in the instructions. List type and amount ▶ .....	<b>27</b>			0.
<b>Total Itemized Deductions</b>					
<b>28</b>	Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?		Reduction -62.		
<input type="checkbox"/> <b>No.</b> 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 39.					
<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.					
		<b>28</b>			36,524.

### Noncash Charitable Contributions

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

Name(s) shown on your income tax return

**KAMALA D HARRIS**

Identifying number



**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 donee organization	(b) Description of donated property
<b>1</b>		
<b>A</b>	GOODWILL INDUSTRIES 1500 MISSION STREET SAN FRANCISCO CA 94103	CLOTHING
<b>B</b>		
<b>C</b>		
<b>D</b>		
<b>E</b>		

**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	(d) Date acquired by donor (mo, yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
<b>A</b>	Various	Various	Purchase	8,000.	1,550.	Thrift Shop Value
<b>B</b>						
<b>C</b>						
<b>D</b>						
<b>E</b>						

**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.

**2** 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..... ▶ \_\_\_\_\_  
**(2)** 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 (see instructions):

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

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

	Yes	No
a		
b		
c		

California Resident Income Tax Return 2004

540 C1 Side 1

APE

FEDERAL RETURN ATTACHMENT REQUIRED:

[X] YES [ ] NO

[REDACTED] HARR 04
KAMALA D HARRIS

P
AC
A
R
RP

FOR COMPUTERIZED USE ONLY

Table with columns 01-36 and values for each line item, including 01: 1, 37, 8861, 55, 0 and 36: 0, 54, 0, 0, 0.



1

Step 2 Filing Status

1 [X] Single
2 [ ] Married filing jointly (even if only one spouse had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here.
4 [ ] Head of household (with qualifying person). STOP. See instructions. 5 [ ] Qualifying widow(er) with dependent child. Enter year spouse died

Step 3 Exemptions

6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here... 6 [ ]
7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [ 1 ] x \$85 = \$ 85.
8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2. 8 [ ] x \$85 = \$
9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2. 9 [ ] x \$85 = \$
10 Dependents: Enter name and relationship. Do not include yourself or your spouse.

Dependent Exemptions

Total dependent exemptions... 10 [ ] x \$265 = \$
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. 11 \$ 85.

Step 4 Taxable Income

12 State wages from your Form(s) W-2, box 16. 12 142,462.
13 Enter adjusted gross income from your 2004 federal return. 13 144,754.
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 36, column B. 14 2,109.
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 142,645.
16 California adjustments - additions. Enter the amount from Schedule CA (540), line 36, column C. 16
17 California adjusted gross income. Combine line 15 and line 16. 17 142,645.
18 Enter the larger of your California standard deduction OR your California itemized deductions. 18 25,334.
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. 19 117,311.

Step 5 Tax

20 Tax. Check if from: [X] Tax Table [ ] FTB 3800 or [ ] FTB 3803. 20 8,934.
21 Exemption credits. If line 13 is over \$139,921 see instructions. Otherwise, enter amount from line 11. 21 73.
22 Subtract line 21 from line 20. If less than zero, enter -0-. 22 8,861.
23 Other Taxes. Check if from: [ ] Schedule G-1 and [ ] form FTB 5870A. 23
24 Add line 22 and line 23. Continue to Side 2. 24 8,861.

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

**Step 6** 25 Amount from Side 1, line 24 ..... 25 8,861.

**Special Credits and Nonrefundable Renter's Credit**

28 Enter credit name \_\_\_\_\_ code no. \_\_\_\_\_ & amount ▶ 28 \_\_\_\_\_

29 Enter credit name \_\_\_\_\_ code no. \_\_\_\_\_ & amount ▶ 29 \_\_\_\_\_

30 To claim more than two credits, see instructions. .... ● 30 \_\_\_\_\_

31 Nonrefundable renter's credit. See instructions for 'Step 6'. .... ● 31 \_\_\_\_\_

33 Add line 28 through line 31. These are your total credits ..... 33 \_\_\_\_\_

34 Subtract line 33 from line 25.  
If less than zero, enter -0-: ..... 34 8,861.

**Step 7** 35 Alternative minimum tax. Attach Schedule P (540). .... ● 35 \_\_\_\_\_

**Other Taxes**

36 Other taxes and credit recapture.  
See instructions. .... ● 36 \_\_\_\_\_

37 Add line 34 through line 36. This is your total tax. .... ● 37 8,861.

**Step 8** 38 California income tax withheld. See instructions. .... ■ 38 10,962.

**Payments**

39 2004 California estimated tax and other payments. See instructions. .... ■ 39 \_\_\_\_\_

40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions. .... ■ 40 \_\_\_\_\_

41 Excess SDI. To see if you qualify, see instructions. .... ■ 41 0.

**Child and Dependent Care Expenses Credit.** See instructions, attach form FTB 3506.

● 42 \_\_\_\_\_ ● 43 \_\_\_\_\_

■ 44 \_\_\_\_\_ ■ 45 \_\_\_\_\_

46 Add line 38, line 39, line 40, line 41, and line 45.  
These are your total payments ..... 46 10,962.

**Step 9** 47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46. .... 47 2,101.

**Overpaid Tax/ Tax Due**

48 Amount of line 47 you want applied to your 2005 estimated tax. .... ■ 48 \_\_\_\_\_

49 Overpaid tax available this year. Subtract line 48 from line 47. .... ■ 49 2,101.

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions. .... 50 \_\_\_\_\_

**Step 9a** 51 Use Tax. **This is not a total line.** See instructions. .... ● 51 00

**Use Tax**

**Step 10** CA Seniors Special Fund. See instructions. .... ● 52 \_\_\_\_\_

**Contributions**

Alzheimer's Disease/Related Disorders Fund. .... ● 53 \_\_\_\_\_

CA Fund for Senior Citizens. .... ● 54 \_\_\_\_\_

Rare and Endangered Species Preservation Program. .... ● 55 \_\_\_\_\_

State Children's Trust Fund for the Prevention of Child Abuse. .... ● 56 \_\_\_\_\_

CA Breast Cancer Research Fund. .... ● 57 \_\_\_\_\_

CA Firefighters' Memorial Fund. .... ● 58 \_\_\_\_\_

Emergency Food Assistance Program Fund. .... ● 59 \_\_\_\_\_

CA Peace Officer Memorial Foundation Fund. .... ● 60 \_\_\_\_\_

Asthma and Lung Disease Research Fund. .... ● 61 \_\_\_\_\_

CA Missions Foundation Fund. .... ● 62 \_\_\_\_\_

CA Military Family Relief Fund. .... ● 63 \_\_\_\_\_

CA Prostate Cancer Research Fund. .... ● 64 \_\_\_\_\_

65 Add line 52 through line 64. These are your total contributions ..... ● 65 \_\_\_\_\_

**Step 11** 66 **REFUND OR NO AMOUNT DUE.** See instructions. Mail to:  
**FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009.** .... ■ 66 2,101.

**Refund or Amount You Owe**

67 **AMOUNT YOU OWE.** See instructions. Mail to:  
**FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009.** .... ■ 67 \_\_\_\_\_

**Step 12** 68 Interest, late return penalties, and late payment penalties. .... 68 \_\_\_\_\_

**Interest and Penalties**

69 Underpayment of estimated tax. Check box:  FTB 5805 attached  FTB 5805F attached. .... ■ 69 \_\_\_\_\_

70 Total amount due. See instructions. Enclose, but do not staple, any payment ..... 70 \_\_\_\_\_

● 71 4

**Step 13** Do not attach a voided check or a deposit slip. See instructions  
Complete this section to have your refund directly deposited. Routing number. .... ● [REDACTED]

**Direct Deposit (Refund Only)** Account Type:  
Checking ●  Savings ●  Account number. .... ● [REDACTED]

**Sign Here**

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. **6**

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) [REDACTED]

Date \_\_\_\_\_

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid Preparer's SSN/PTIN [REDACTED]

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ FEIN [REDACTED]

**2004 California Adjustments – Residents**

**CA (540)**

**Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

Social security number

KAMALA D HARRIS

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7	142,462.				
8 Taxable interest income.	8	82.				
9 Ordinary dividends. See instructions (b) 19.	(a)	76.				
10 Taxable refunds, credits, offsets of state and local income taxes.	10	2,109.		2,109.		
11 Alimony received.	11					
12 Business income or (loss).	12					
13 Capital gain or (loss). See instructions.	13	25.				
14 Other gains or (losses).	14					
15 Total IRA distributions. See instructions (a)	(b)					
16 Total pensions and annuities. See instructions (a)	(b)					
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.	(a)					
21 Other income.	(b)					
a California lottery winnings			a		a	
b Disaster loss carryover from FTB 3805V			b		b	
c Federal NOL (Form 1040, line 21)			c		c	
d NOL carryover from FTB 3805V			d		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809			e		e	
f Other (describe)			f		f	
22 <b>Total.</b> 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	144,754.		2,109.		

**Section B – Adjustments to Income**

23 Educator expense.	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials.	24					
25 IRA deduction.	25					
26 Student loan interest deduction.	26					
27 Tuition and fees deduction.	27					
28 Health savings account deduction.	28					
29 Moving expenses.	29					
30 One-half of self-employment tax.	30					
31 Self-employed health insurance deduction.	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						
Last name	34a					
35 Add line 23 through line 34a in columns A, B, and C.	35					
36 <b>Total.</b> Subtract line 35 from line 22 in columns A, B, and C. See instructions.	36	144,754.		2,109.		



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	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b> Reduction    -290. Single or married filing separately – \$139,921    Head of household – \$209,885    Married filing jointly or qualifying widow(er) – \$279,846 <b>No.</b> Transfer the amount on line 41 to line 42. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 42...	42	25,334.
43	<b>Enter the larger of the amount on line 42 or your standard deduction listed below</b> Single or married filing separately – \$3,165    Married filing jointly, head of household, or qualifying widow(er) – \$6,330 <b>Transfer the amount on line 43 to Form 540, line 18</b> .....	43	25,334.



Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning, 2005, ending, 20. OMB No. 1545-0074. Your first name MI Last name KAMALA D HARRIS. Your social security number. Spouse's social security number. Home address (number and street). If you have a P.O. box, see instructions. Apartment no. City, town or post office. If you have a foreign address, see instructions. State ZIP code. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Filing Status

1 [X] Single 4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above & full name here. 5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [ ] Spouse. Boxes checked on 6a and 6b. 1. No. of children on 6c who: lived with you. did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above. 1. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 145,952. 8a Taxable interest. Attach Schedule B if required. 8a 141. b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a 190. b Qualified divs (see instrs). 9b 32. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 2,101. 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. [X] 13 59. 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a 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 19 Unemployment compensation. 19 20a Social security benefits. 20a b Taxable amount (see instrs). 20b 21 Other income. 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 148,443.

Adjusted Gross Income

23 Educator expenses (see instructions). 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 One-half of self-employment tax. Attach Schedule SE. 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction (see instructions). 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction (see instructions). 32 33 Student loan interest deduction (see instructions). 33 34 Tuition and fees deduction (see instructions). 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 - 31a and 32 - 35. 36 0. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 148,443.

Tax and Credits

Standard Deduction for -

People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-76 covering income, deductions, credits, taxes, and payments.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name, EIN, Phone no.

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2005**

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 Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38. <b>2</b>			
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.
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>	5	11,255.	
	a <input checked="" type="checkbox"/> Income taxes, or			
	b <input type="checkbox"/> General sales taxes (see instructions)			
6	Real estate taxes (see instructions)	6	3,724.	
7	Personal property taxes	7	245.	
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8			9 15,224.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10	10,277.	
	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 ▶			
	12 Points not reported to you on Form 1098. See instrs for spl rules	12		
	13 Investment interest. Attach Form 4952 if required. (See instrs.)	13		
	14 Add lines 10 through 13			14 10,277.
<b>Gifts to Charity</b>	15 a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs.	15a	1,951.	
	b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions) <b>15b</b>			
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.	16	2,000.	
17	Carryover from prior year	17		
18	Add lines 15a, 16, & 17			18 3,951.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19		19 0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	20		
	21 Tax preparation fees	21	370.	
	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23	370.	
	24 Enter amount from Form 1040, line 38. <b>24</b> 148,443.			
	25 Multiply line 24 by 2% (.02)	25	2,969.	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26 0.
<b>Other Miscellaneous Deductions</b>	27 Other — from list in the instructions. List type and amount ▶	27		27 0.
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?		Reduction -75.	
	<input type="checkbox"/> No. 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.			
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			28 29,377.

### Noncash Charitable Contributions

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

Name(s) shown on your income tax return

**KAMALA D HARRIS**

Identifying number

**[REDACTED]**

**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).

**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage)
A	GOODWILL INDUSTRIES 1500 MISSION STREET SAN FRANCISCO CA 94103	CLOTHING
B		
C		
D		
E		

**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	(d) Date acquired by donor (mo, yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	Various	Various	Purchase	10,000.	2,000.	Thrift Shop Value
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest. ▶ \_\_\_\_\_  
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 ..... ▶ \_\_\_\_\_  
**(2)** 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 ▶ \_\_\_\_\_

**3a** 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 having such income, possession, or right to acquire? .....

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

	Yes	No
3a		
3b		
3c		

California Resident Income Tax Return 2005

540 C1 Side 1

APE

FEDERAL RETURN ATTACHMENT REQUIRED:

[X] YES [ ] NO

[REDACTED] HARR
KAMALA D HARRIS

05

P
AC
A
R
RP

FOR COMPUTERIZED USE ONLY

Table with 7 columns: Line number, Column 1, Column 2, Column 3, Column 4, Column 5, Column 6. Rows 01-35.



1

Filing Status section with checkboxes for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section with lines 6-9 for dependent exemptions and line 10 for total dependent exemptions.

Dependent Exemptions section with line 11 for exemption amount.

Taxable Income section with lines 12-19 for state wages, federal AGI, and California adjustments.

Tax section with lines 20-24 for tax calculation, including tax table selection and exemption credits.

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

	<b>25</b>	Amount from Side 1, line 24.....	<b>25</b>	<b>9,837.</b>
<b>Special Credits and Nonrefundable Renter's Credit</b>	<b>28</b>	Enter credit name _____ code no. _____ & amount ▶ <b>28</b>		
	<b>29</b>	Enter credit name _____ code no. _____ & amount ▶ <b>29</b>		
	<b>30</b>	To claim more than two credits, see instructions..... ● <b>30</b>		
	<b>31</b>	Nonrefundable renter's credit. See instructions..... ● <b>31</b>		
	<b>32</b>	Add line 28 through line 31. These are your total credits.....	<b>32</b>	
	<b>33</b>	Subtract line 32 from line 25. If less than zero, enter -0:.....	<b>33</b>	<b>9,837.</b>

<b>Other Taxes</b>	<b>34</b>	Alternative minimum tax. Attach Schedule P (540)..... ● <b>34</b>		
	<b>35</b>	Mental Health Services Tax. See instructions..... ● <b>35</b>		
	<b>36</b>	Other taxes and credit recapture. See instructions..... ● <b>36</b>		
	<b>37</b>	Add line 33 through line 36. This is your total tax..... ● <b>37</b>		<b>9,837.</b>

<b>Payments</b>	<b>38</b>	California income tax withheld. See instructions..... ■ <b>38</b>	<b>11,255.</b>
	<b>39</b>	2005 California estimated tax and other payments. See instructions..... ■ <b>39</b>	
	<b>40</b>	Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions..... ■ <b>40</b>	
	<b>41</b>	Excess SDI. To see if you qualify, see instructions..... ■ <b>41</b>	<b>0.</b>

To view your 2005 estimated payments, go to [www.ftb.ca.gov](http://www.ftb.ca.gov)

	<b>Child and Dependent Care Expenses Credit.</b> See instructions, attach form FTB 3506.		
● <b>42</b>	_____	● <b>43</b>	_____
■ <b>44</b>	_____	■ <b>45</b>	_____
<b>46</b>	Add line 38, line 39, line 40, line 41, and line 45. See instructions.....	<b>46</b>	<b>11,255.</b>

<b>Overpaid Tax/ Tax Due</b>	<b>47</b>	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46.....	<b>47</b>	<b>1,418.</b>
	<b>48</b>	Amount of line 47 you want applied to your 2006 estimated tax.....	■ <b>48</b>	
	<b>49</b>	Overpaid tax available this year. Subtract line 48 from line 47.....	■ <b>49</b>	<b>1,418.</b>
	<b>50</b>	Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions.....	<b>50</b>	

<b>Use Tax</b>	<b>51</b>	Use Tax. <b>This is not a total line.</b> See instructions..... ● <b>51</b>	<b>00</b>
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<b>Contributions</b>	CA Seniors Special Fund. See instructions..... ● <b>52</b>	Emergency Food Assistance Program Fund..... ● <b>59</b>
	Alzheimer's Disease/Related Disorders Fund..... ● <b>53</b>	CA Peace Officer Memorial Foundation Fund..... ● <b>60</b>
	CA Fund for Senior Citizens..... ● <b>54</b>	CA Military Family Relief Fund..... ● <b>63</b>
	Rare and Endangered Species Preservation Program..... ● <b>55</b>	CA Prostate Cancer Research Fund... ● <b>64</b>
	State Children's Trust Fund for the Prevention of Child Abuse... ● <b>56</b>	Veterans' Quality of Life Fund..... ● <b>65</b>
	CA Breast Cancer Research Fund..... ● <b>57</b>	CA Sexual Violence Victim Services Fund..... ● <b>66</b>
	CA Firefighters' Memorial Fund... ● <b>58</b>	CA Colorectal Cancer Prev Fund..... ● <b>67</b>
	<b>68</b>	Add line 52 through line 67. These are your total contributions..... ● <b>68</b>

<b>Refund or Amount You Owe</b>	<b>69</b>	<b>REFUND OR NO AMOUNT DUE.</b> See instructions. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009</b> .....	■ <b>69</b>	<b>1,418.</b>
	<b>70</b>	<b>AMOUNT YOU OWE.</b> See instructions. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> .....	■ <b>70</b>	

<b>Interest and Penalties</b>	<b>71</b>	Interest, late return penalties, and late payment penalties.....	<b>71</b>	
	<b>72</b>	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached.....	■ <b>72</b>	
	<b>73</b>	Total amount due. See instructions. Enclose, but do not staple, any payment.....	<b>73</b>	
			● <b>74</b>	<b>4</b>

**Direct Deposit (Refund Only)** Do not attach a voided check or a deposit slip. See instructions. Complete this section to have your refund directly deposited. Routing number..... ● [REDACTED]

Account Type:  
 Checking ●  Savings ●  Account number..... ● [REDACTED]

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. **6**

**Sign Here**

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) [REDACTED]

Date \_\_\_\_\_

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid Preparer's SSN/PTIN ● [REDACTED]

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ FEIN ● [REDACTED]



2005 California Adjustments – Residents

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

Social security number

KAMALA D HARRIS

Part I Income Adjustment Schedule Section A – Income

Table with 3 columns: Federal Amounts (taxable amounts from your federal return), Subtractions (See instructions), and Additions (See instructions). Rows include Wages, salaries, tips, etc. (145,952), Taxable interest income (141), Ordinary dividends (190), Taxable refunds, credits, offsets of state and local income taxes (2,101), Capital gain or (loss) (59), Total IRA distributions, Total pensions and annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc., Farm income or (loss), Unemployment compensation, Social security benefits, and Other income. Total: 148,443.

Section B – Adjustments to Income

Table with 3 columns: Federal Amounts (taxable amounts from your federal return), Subtractions (See instructions), and Additions (See instructions). Rows include Educator expenses, Certain business expenses of reservists, performing artists, and fee-basis government officials, Health savings account deduction, Moving expenses, One-half of self-employment tax, Self-employed SEP, SIMPLE, and qualified plans, Self-employed health insurance deduction, Penalty on early withdrawal of savings, Alimony paid, IRA deduction, Student loan interest deduction, Tuition and fees deduction, Domestic production activities deduction, and Total. Total: 148,443.



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	<u>29,452.</u>
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 <b>only</b> ). See instructions.	39	<u>11,255.</u>
40	Subtract line 39 from line 38.	40	<u>18,197.</u>
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	_____
42	Combine line 40 and line 41.	42	<u>18,197.</u>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?	Reduction	-276.
	Single or married filing separately. . . . . \$143,839		
	Head of household . . . . . \$215,762		
	Married filing jointly or qualifying widow(er) . . . . . \$287,682		
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	<span style="border: 1px solid black; padding: 2px;">17,921.</span>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married filing separately. . . . . \$3,254		
	Married filing jointly, head of household, or qualifying widow(er) . . . . . \$6,508		
	Transfer the amount on line 44 to Form 540, line 18.	44	<span style="border: 1px solid black; padding: 2px;">17,921.</span>

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20
Your first name MI Last name KAMALA D HARRIS
Your social security number
If a joint return, spouse's first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
City, town or post office. If you have a foreign address, see instructions. State ZIP code
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [ ] You [ ] Spouse

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
6b [ ] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)
d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 154,052.
8a Taxable interest. Attach Schedule B if required 8a 23.
8b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a 296.
9b Qualified dividends (see instrs) 9b 36.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here [X] 13 156.
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a 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
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see instrs) 20b
21 Other income CITY & COUNTY SF 21 1,000.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 155,527.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction (see instructions) 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction (see instructions) 32
33 Student loan interest deduction (see instructions) 33
34 Jury duty pay you gave to your employer 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 - 31a and 32 - 35 36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income 37 155,527.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550

Table with 3 columns: Line number, Description, Amount. Includes lines 38-57 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, Amount. Includes lines 58-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, Amount. Includes lines 64-72 for Payments.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Table with 3 columns: Line number, Description, Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name, EIN, Phone no.

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2006**

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 Form 1040

Your social security number

KAMALA D HARRIS

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.																												
	1	Medical and dental expenses (see instructions)																												
	2	Enter amount from Form 1040, line 38		2																										
	3	Multiply line 2 by 7.5% (.075)																												
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-																											0.	
<b>Taxes You Paid</b>																														
	5	State and local income taxes																											15,406.	
	6	Real estate taxes (see instructions)																											3,816.	
	7	Personal property taxes																											210.	
	8	Other taxes. List type and amount ▶																												
	9	Add lines 5 through 8																											19,432.	
<b>Interest You Paid</b>																														
	10	Home mtg interest and points reported to you on Form 1098																											8,849.	
	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 ▶																												
	12	Points not reported to you on Form 1098. See instrs for spl rules																												
	13	Investment interest. Attach Form 4952 if required. (See instrs.)																												
	14	Add lines 10 through 13																											8,849.	
<b>Gifts to Charity</b>																														
	15	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.																												830.
	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.																											500.	
	17	Carryover from prior year																												
	18	Add lines 15 through 17																											1,330.	
<b>Casualty and Theft Losses</b>																														
	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)																												0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>																														
	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶																												
	21	Tax preparation fees																											840.	
	22	Other expenses — investment, safe deposit box, etc. List type and amount ▶																												
	23	Add lines 20 through 22																											840.	
	24	Enter amount from Form 1040, line 38		24																									155,527.	
	25	Multiply line 24 by 2% (.02)																											3,111.	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-																											0.	
<b>Other Miscellaneous Deductions</b>																														
	27	Other — from list in the instructions. List type and amount ▶																											0.	
<b>Total Itemized Deductions</b>																														
	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input type="checkbox"/> No. 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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.																												
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶																												

**Alternative Minimum Tax – Individuals**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Your social security number

KAMALA D HARRIS

**Part I 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.)	1	126,017.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	19,432.
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 26.	5	
6	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040).	6	-101.
7	Tax refund from Form 1040, line 10 or line 21.	7	
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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see instructions.)	28	145,348.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$42,500</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>62,550</td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>31,275</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$42,500	}	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	62,550	Married filing separately . . . . .	75,000 . . . . .	31,275	29	34,288.
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>															
Single or head of household . . . . .	\$112,500 . . . . .	\$42,500	}														
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	62,550															
Married filing separately . . . . .	75,000 . . . . .	31,275															
30	If line 28 is <b>over</b> 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.														
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> 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.</li> </ul>	31	28,855.														
32	Alternative minimum tax foreign tax credit (see instructions).	32															
33	Tentative minimum tax. Subtract line 32 from line 31.	33	28,855.														
34	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).	34	28,704.														
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	151.														



**Part III Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30.....			36	111,060.
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 figured for the AMT, if necessary) (see instructions).....	37	192.		
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions).....	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 <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary).....	39	192.		
40	Enter the <b>smaller</b> 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: <ul style="list-style-type: none"> <li>• \$61,300 if married filing jointly or qualifying widow(er),</li> <li>• \$30,650 if single or married filing separately, or</li> <li>• \$41,050 if head of household.</li> </ul>	43	30,650.		
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	122,657.		
45	Subtract line 44 from line 43. If zero or less, enter -0.....	45	0.		
46	Enter the <b>smaller</b> of line 36 or line 37.....	46	192.		
47	Enter the <b>smaller</b> of line 45 or line 46.....	47			
48	Multiply line 47 by 5% (.05).....	48			
49	Subtract line 47 from line 46.....	49	192.		
50	Multiply line 49 by 15% (.15)..... <b>If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.</b>	50			29.
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			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 <b>smaller</b> of line 53 or line 54 here and on line 31.....	55			28,855.

# California Resident Income Tax Return 2006

540 C1 Side 1

APE

Yes - ATTACH FEDERAL RETURN

P  
AC  
A  
R  
RP

**[REDACTED]** HARR 06  
KAMALA D HARRIS

01	1	37	0	58	0
06	0	38	0	59	0
09	0	39	0	60	0
10	0	40	0	61	0
12	154052	41	0	62	0
14	0	42	0	63	0
16	0	43	0	64	0
17	155527	45	984	65	0
18	13918	46	0	67	0
20	11041	47	984	69	984
23	0	48	0	70	984
25	0	49	0	71	0
26	0	50	0		
27	0	51	0		
28	0	52	0		
31	0	53	0		
32	0	54	0		
33	0	55	0		
34	10962	56	0		
36	11946	57	0		



**Filing Status**

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

2  Married filing jointly (see instructions). 5  Qualifying widow(er) with dependent child. Enter year spouse died. \_\_\_\_\_

3  Married filing separately. Enter spouse's SSN or ITIN above and full name here. \_\_\_\_\_

---

**Exemptions**

6 If someone can claim you (or your spouse) as a dependent, check the box here (see instructions). ● 6

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. If you checked the box on line 6, do not enter amount on line 7. 7  1 x \$91 = \$ 91.

8 **Blind:** If you (or your spouse) are visually impaired, enter 1; if both, enter 2. 8  x \$91 = \$ \_\_\_\_\_

9 **Senior:** If you (or your spouse) are 65 or older, enter 1; if both, enter 2. ● 9  x \$91 = \$ \_\_\_\_\_

10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

Total dependent exemptions ● 10  x \$285 = \$ \_\_\_\_\_

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21. 11 \$ 91.

---

**Taxable Income**

12 State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line C. ● 12 154,052.

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. 13 155,527.

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). 15 155,527.

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. ● 17 155,527.

18 Enter the larger of your CA standard deduction OR your CA itemized deductions. ● 18 13,918.

19 Subtract line 18 from line 17. This is your taxable income. 19 141,609.

---

**Tax**

20 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800 or  FTB 3803. ● 20 11,041.

21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$150,743 (see instrs). 21 79.

22 Subtract line 21 from line 20. If less than zero, enter -0-. 22 10,962.

23 Tax. (See instructions) Check box if from:  Schedule G-1  Form FTB 5870A. ● 23

24 Add line 22 and line 23. Continue to Side 2. 24 10,962.

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

10,962.

Amount from Side 1, line 24: \_\_\_\_\_ 10,962.

**Special Credits**

25 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount \_\_\_\_\_ ▶ 25 \_\_\_\_\_

26 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount \_\_\_\_\_ ▶ 26 \_\_\_\_\_

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- ..... 30 10,962.

**Other Taxes**

31 Alternative minimum tax. Attach Schedule P (540): ..... ● 31 \_\_\_\_\_

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): ..... ■ 36 11,946.

37 2006 CA estimated tax and other payments (see instructions): ..... ■ 37 \_\_\_\_\_

38 Real estate withholding. (Form(s) 592-B, 593-B, and 594) (See instructions): ..... ■ 38 \_\_\_\_\_

39 Excess SDI (see instructions): ..... ■ 39 0.

**Child and Dependent Care Expenses Credit** (see instructions). Attach form FTB 3506.

● 40 \_\_\_\_\_ ● 41 \_\_\_\_\_ ■ 42 \_\_\_\_\_ ■ 43 \_\_\_\_\_

44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see instructions): ..... 44 11,946.

**Overpaid Tax/ Tax Due**

45 Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44 ..... 45 984.

46 Amount of line 45 applied to 2007 estimated tax: ..... ■ 46 \_\_\_\_\_

47 Overpaid. Subtract line 46 from line 45: ..... ■ 47 984.

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 00

**Contributions**

CA Seniors Special Fund (see instructions): ..... ● 50 _____	Emergency Food Assistance Program Fund ..... ● 57 _____
Alzheimer's Disease/Related Disorders Fund ..... ● 51 _____	CA Peace Officer Memorial Foundation Fund ..... ● 58 _____
CA Fund for Senior Citizens ..... ● 52 _____	CA Military Family Relief Fund ..... ● 59 _____
Rare and Endangered Species Preservation Program ..... ● 53 _____	Veterans' Quality of Life Fund ..... ● 60 _____
State Children's Trust Fund for the Prevention of Child Abuse ..... ● 54 _____	CA Sexual Violence Victim Services Fund ..... ● 61 _____
CA Breast Cancer Research Fund ..... ● 55 _____	CA Colorectal Cancer Prevention Fund ..... ● 62 _____
CA Firefighters' Memorial Fund ..... ● 56 _____	CA Sea Otter Fund ..... ● 63 _____

64 Add line 50 through line 63. These are your total contributions: ..... ● 64 \_\_\_\_\_

**Amount You Owe**

65 **AMOUNT YOU OWE.** Add line 48, line 49, and line 64 (see instructions). Mail to: **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 Direct Deposit** 69 **REFUND OR NO AMOUNT DUE.** Subtract line 48, and line 64 from line 47 (see instructions). Mail to: **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 instructions).

All or portion of total refund (line 69) you want to direct deposit:

Checking  Savings \_\_\_\_\_ 984.

● Routing number ● Type ● Account number ■ 70 Amount you want to direct deposit

Remaining portion of total refund (line 69) you want to direct deposit:

Checking  Savings \_\_\_\_\_

● Routing number ● Type ● Account number ■ 71 Amount you want to direct deposit

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid Preparer's SSN/PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ FEIN \_\_\_\_\_

2006 California Adjustments – Residents

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

SSN or ITIN

KAMALA D HARRIS

Part I Income Adjustment Schedule Section A – Income

Table with 3 columns: A Federal Amounts (taxable amounts from your federal return), B Subtractions See instructions, C Additions See instructions. Rows include Wages, salaries, tips, etc. (154,052), Taxable interest income (23), Ordinary dividends (296), Capital gain or (loss) (156), and Total (155,527).

Section B – Adjustments to Income

Table with 3 columns: A Federal Amounts, B Subtractions, C Additions. Rows include Archer MSA deduction, Health savings account deduction, IRA deduction, and Total (155,527).



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. Specify	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?	Reduction	-287.
	Single or married filing separately	\$150,743	
	Head of household	\$226,119	
	Married filing jointly or qualifying widow(er)	\$301,491	
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	44	13,918.

Label (See instruct ons.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20
Your first name MI Last name KAMALA D HARRIS
Your social security number
If a joint return, spouse s first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see nstructions. Apartment no.
You must enter your social security number(s) above.
City, town or post off ce. If you have a foreign address, see instructions. State Z P code
Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) You Spouse

Filing Status

Check only one box.

1 X Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

6a X Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see nstrs)
Boxes checked on 6a and 6b 1
No. of children on 6c who:
lived with you
did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above 1
d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 182,297.
8a Taxable interest. Attach Schedule B if required. 8a 62.
b Tax-exempt interest. Do not include on line 8a. 8b
9a Ordinary dividends. Attach Schedule B if required. 9a 312.
b Qualified dividends (see instrs). 9b 29.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 984.
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. X 13 152.
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions. 15a 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
19 Unemployment compensation. 19
20a Social security benefits. 20a b Taxable amount (see instrs). 20b
21 Other income. 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 183,807.

Adjusted Gross Income

23 Educator expenses (see instructions). 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
25 Health savings account deduction. Attach Form 8889. 25
26 Moving expenses. Attach Form 3903. 26
27 One-half of self-employment tax. Attach Schedule SE. 27
28 Self-employed SEP, SIMPLE, and qualified plans. 28
29 Self-employed health insurance deduction (see instructions). 29
30 Penalty on early withdrawal of savings. 30
31a Alimony paid b Recipient's SSN. 31a
32 IRA deduction (see instructions). 32
33 Student loan interest deduction (see instructions). 33
34 Tuition and fees deduction. Attach Form 8917. 34
35 Domestic production activities deduction. Attach Form 8903. 35
36 Add lines 23 - 31a and 32 - 35. 36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income 37 183,807.



Tax and Credits

Standard Deduction for -

People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

Table with columns for line number, description, and amount. Includes lines 38-57 covering tax and credits.

Other Taxes

Table with columns for line number, description, and amount. Includes lines 58-63 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with columns for line number, description, and amount. Includes lines 64-72 covering payments.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Table with columns for line number, description, and amount. Includes lines 73-75 covering refund.

Amount You Owe

Table with columns for line number, description, and amount. Includes lines 76-77 covering amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

**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  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1			
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.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	14,508.		
b	<input type="checkbox"/> General sales taxes.				
6	Real estate taxes (see instructions) . . . . .	6	3,944.		
7	Personal property taxes . . . . .	7	206.		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8 . . . . .	9			18,658.
<b>Interest You Paid</b>		10	8,753.		
10	Home mtg interest and points reported to you on Form 1098 . . . . .	10			
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			
12	Points not reported to you on Form 1098. See instrs for spll rules . . . . .	12			
13	Qualified mortgage insurance premiums (see instructions) . . . . .	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.) . . . . .	14			
15	Add lines 10 through 14 . . . . .	15			8,753.
<b>Gifts to Charity</b>		16	1,750.		
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. . . . .	16			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17			
18	Carryover from prior year . . . . .	18			
19	Add lines 16 through 18 . . . . .	19			1,750.
<b>Casualty and Theft Losses</b>		20			0.
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20			
21	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	65.	65.	
22	Tax preparation fees . . . . .	22		460.	
23	Other expenses – investment, safe deposit box, etc. List type and amount ▶	23			
24	Add lines 21 through 23 . . . . .	24		525.	
25	Enter amount from Form 1040, line 38 . . . . .	25	183,807.		
26	Multiply line 25 by 2% (.02) . . . . .	26		3,676.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27			0.
28	Other – from list in the instructions. List type and amount ▶	28			0.
<b>Total Itemized Deductions</b>		Reduction -548.			
29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?				
	<input type="checkbox"/> <b>No.</b> 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.				
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.				
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶				28,613.

**Alternative Minimum Tax – Individuals**

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

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

Your social security number

KAMALA D HARRIS

**Part I 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, 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 <b>smaller</b> of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
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 <b>Itemized Deductions Worksheet</b> 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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions.)	28	172,320.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$44,350</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>66,250</td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>33,125</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$44,350	}	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	66,250	Married filing separately . . . . .	75,000 . . . . .	33,125	29	29,395.
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>															
Single or head of household . . . . .	\$112,500 . . . . .	\$44,350	}														
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	66,250															
Married filing separately . . . . .	75,000 . . . . .	33,125															
30	If line 28 is <b>over</b> 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 33 and 35 and skip the rest of Part II		142,925.														
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> 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.</li> </ul>		37,140.														
32	Alternative minimum tax foreign tax credit (see instructions)																
33	Tentative minimum tax. Subtract line 32 from line 31		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 without using Schedule J (see instructions)		36,729.														
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45		411.														

**Part III 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, enter the amount from line 3 of the worksheet in the instructions.			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 <b>smaller</b> 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 <b>smaller</b> 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 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	37,113.
43	Enter: <ul style="list-style-type: none"> <li>• \$63,700 if married filing jointly or qualifying widow(er),</li> <li>• \$31,850 if single or married filing separately, or</li> <li>• \$42,650 if head of household.</li> </ul>	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 <b>smaller</b> of line 36 or line 37.	46	181.		
47	Enter the <b>smaller</b> 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). <b>If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.</b>			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 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	37,161.
55	Enter the <b>smaller</b> of line 53 or line 54 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.			55	37,140.



# California Resident Income Tax Return 2007

540 C1 Side 1

APE

ATTACH FEDERAL RETURN

P  
AC  
A  
R  
RP

[REDACTED] HARR 07  
KAMALA D HARRIS

01	1	37	0	58	0
06	0	38	0	59	0
09	0	39	0	60	0
10	0	40	0	61	0
12	182297	41	0	62	0
14	984	42	0	63	0
16	0	43	0	64	0
17	182823	45	926	66	926
18	12950	46	0	67	926
20	13604	47	926	68	0
23	0	48	0		
25	0	49	0		
26	0	50	0		
27	0	51	0		
28	0	52	0		
31	0	53	0		
32	0	54	0		
33	0	55	0		
34	13582	56	0		
36	14508	57	0		



1

**Filing Status**

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

2  Married/RDP filing jointly (see instructions). 5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died . \_\_\_\_\_

3  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 . . . . .

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. If you checked the box on line 6, do not enter amount on line 7. . . . . 7  1 x \$94 = \$ 94 .

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both, enter 2 . . . . . 8  x \$94 = \$ \_\_\_\_\_

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. . . . . 9  x \$94 = \$ \_\_\_\_\_

10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP.

Total dependent exemptions . . . . . 10  x \$294 = \$ \_\_\_\_\_

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. . . . . 11 \$ 94 .

**Taxable Income**

12 State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line 3. . . . . 12 182,297 .

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. . . . . 13 183,807 .

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. . . . . 14 984 .

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions). . . . . 15 182,823 .

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. . . . . 17 182,823 .

18 Enter the larger of your CA standard deduction OR your CA itemized deductions . . . . . 18 12,950 .

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. . . . . 19 169,873 .

**Tax**

20 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800 or  FTB 3803. . . . . 20 13,604 .

21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$155,416 (see instrs) . . . . . 21 22 .

22 Subtract line 21 from line 20. If less than zero, enter -0-. . . . . 22 13,582 .

23 Tax. (see instructions) Check box if from:  Schedule G-1  Form FTB 5870A . . . . . 23 \_\_\_\_\_

24 Add line 22 and line 23. Continue to Side 2. . . . . 24 13,582 .

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

Amount from Side 1, line 24. 13,582.

<b>Special Credits</b>	25	Credit	Code	amount	▶	25		
	26	Credit	Code	amount	▶	26		
	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-					30	13,582.

<b>Other Taxes</b>	31	Alternative minimum tax. Attach Schedule P (540)				●	31	
	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	13,582.

<b>Payments</b>	36	California income tax withheld (see instructions)				●	36	14,508.
	37	2007 CA estimated tax and other payments (see instructions)				●	37	
	38	Real estate withholding. (Form(s) 592-B, 593-B, and 594) (see instructions)				●	38	
	39	Excess SDI (see instructions)				●	39	0.

**Child and Dependent Care Expenses Credit** (see instructions). Attach form FTB 3506.

●	40	●	41	●	42	●	43	
	44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see instructions)					44	14,508.

<b>Overpaid Tax/ Tax Due</b>	45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44					45	926.
	46	Amount of line 45 applied to 2008 estimated tax				●	46	
	47	Overpaid tax available this year. Subtract line 46 from line 45				●	47	926.
	48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34					48	

<b>Use Tax</b>	49	Use Tax. This is not a total line (see instructions)				●	49	00
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<b>Contributions</b>	CA Seniors Special Fund (see instructions)	●	50		CA Firefighters Memorial Fund	●	56	
	Alzheimer's Disease/Related Disorders Fund	●	51		Emergency Food Assistance Program Fund	●	57	
	CA Fund for Seniors or Citizens	●	52		CA Peace Officer Memorial Foundation Fund	●	58	
	Rare and Endangered Species Preservation Program	●	53		CA Military Family Relief Fund	●	59	
	State Children's Trust Fund for the Prevention of Child Abuse	●	54		CA Sea Otter Fund	●	60	
	CA Breast Cancer Research Fund	●	55					

61 Add line 50 through line 60. These are your total contributions. ● 61

<b>Amount You Owe</b>	62	<b>AMOUNT YOU OWE.</b> Add line 48, line 49, and line 61 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b>				●	62	
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<b>Interest and Penalties</b>	63	Interest, late return penalties, and late payment penalties					63	
	64	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached				●	64	
	65	Total amount due (see instructions). Enclose, but do not staple, any payment					65	

<b>Refund and Direct Deposit</b>	66	<b>REFUND OR NO AMOUNT DUE.</b> Subtract line 49 and line 61 from line 47 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009</b>				●	66	926.
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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 66) is authorized for direct deposit into the account shown below:

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

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

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

**Sign Here**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if a joint return, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_  
Date \_\_\_\_\_

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

X \_\_\_\_\_ X \_\_\_\_\_  
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Paid Preparer's SSN/PTIN

Joint return? (See instructions.)

\_\_\_\_\_  
Firm's name (or yours if self-employed) Firm's address FEIN \_\_\_\_\_



**2007 California Adjustments – Residents**

**CA (540)**

**Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	182,297.				
8 Taxable interest income	8	62.				
9 Ordinary dividends. See instructions (b) 29.	9a	312.				
10 Taxable refunds, credits, offsets of state and local income taxes	10	984.		984.		
11 Alimony received	11					
12 Business income or (loss)	12					
13 Capital gain or (loss). See instructions	13	152.				
14 Other gains or (losses)	14					
15 Total IRA distributions. See instructions (a)	15b					
16 Total pensions and annuities. See instructions (a)	16b					
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 (a)	20b					
21 Other income.			a		a	
a California lottery winnings			b		b	
b Disaster loss carryover from FTB 3805V			c		c	
c Federal NOL (Form 1040, line 21)			d		d	
d NOL carryover from FTB 3805V			e		e	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21		f		f	
f Other (describe)						
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	183,807.		984.		

**Section B – Adjustments to Income**

23 Educator Expense	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24					
25 Health savings account deduction	25					
26 Moving expenses	26					
27 One-half of self-employment tax	27					
28 Self-employed SEP, SIMPLE, and qualified plans	28					
29 Self-employed health insurance deduction	29					
30 Penalty on early withdrawal of savings	30					
31 a Alimony paid.						
b Recipient's: SSN						
Last name	31 a					
32 IRA deduction	32					
33 Student loan interest deduction	33					
34 Tuition and fees deduction	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. See instrs	36					
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	183,807.		984.		



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	<u>29,161.</u>
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 <b>only</b> ). See instructions.....	39	<u>14,508.</u>
40	Subtract line 39 from line 38.....	40	<u>14,653.</u>
41	Other adjustments including California lottery losses. See instructions. Specify... _____	41	_____
42	Combine line 40 and line 41.....	42	<u>14,653.</u>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?      Reduction      -1,703.		
	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.		
Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.....	43	<span style="border: 1px solid black; padding: 2px;">12,950.</span>
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	<span style="border: 1px solid black; padding: 2px;">12,950.</span>



Label (See instruct ons.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20
Your first name MI Last name KAMALA D HARRIS
OMB No. 1545-0074
Your social security number
If a joint return, spouse s first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see nstructions. Apartment no.
You must enter your social security number(s) above.
City, town or post off ce. If you have a foreign address, see instructions. State Z P code
Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) You Spouse

Filing Status

Check only one box.

1 X Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

6a X Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see nstrs)
Boxes checked on 6a and 6b 1
No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above 1
d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 204,864.
8a Taxable interest. Attach Schedule B if required. 8a 38.
b Tax-exempt interest. Do not include on line 8a. 8b
9a Ordinary dividends. Attach Schedule B if required. 9a
b Qualified dividends (see instrs). 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 13
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions. 15a 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
19 Unemployment compensation. 19
20a Social security benefits. 20a b Taxable amount (see instrs). 20b
21 Other income. 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 204,902.

Adjusted Gross Income

23 Educator expenses (see instructions). 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
25 Health savings account deduction. Attach Form 8889. 25
26 Moving expenses. Attach Form 3903. 26
27 One-half of self-employment tax. Attach Schedule SE. 27
28 Self-employed SEP, SIMPLE, and qualified plans. 28
29 Self-employed health insurance deduction (see instructions). 29
30 Penalty on early withdrawal of savings. 30
31a Alimony paid b Recipient's SSN. 31a
32 IRA deduction (see instructions). 32
33 Student loan interest deduction (see instructions). 33
34 Tuition and fees deduction. Attach Form 8917. 34
35 Domestic production activities deduction. Attach Form 8903. 35
36 Add lines 23 - 31a and 32 - 35. 36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income 37 204,902.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Standard Deduction for - People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

**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 Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1			
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.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or				
b	<input type="checkbox"/> General sales taxes . . . . .	5	16,467.		
6	Real estate taxes (see instructions) . . . . .	6	4,122.		
7	Personal property taxes . . . . .	7	28.		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8 . . . . .	9			20,617.
<b>Interest You Paid</b>		10	8,572.		
10	Home mtg interest and points reported to you on Form 1098 . . . . .	10			
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			
12	Points not reported to you on Form 1098. See instrs for spl rules . . . . .	12			
13	Qualified mortgage insurance premiums (see instructions) . . . . .	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.) . . . . .	14			
15	Add lines 10 through 14 . . . . .	15			8,572.
<b>Gifts to Charity</b>		16	1,600.		
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. . . . .	16			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	100.		
18	Carryover from prior year . . . . .	18			
19	Add lines 16 through 18 . . . . .	19			1,700.
<b>Casualty and Theft Losses</b>		20			0.
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20			
<b>Job Expenses and Certain Miscellaneous Deductions</b>		21			
21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
22	Tax preparation fees . . . . .	22			
23	Other expenses — investment, safe deposit box, etc. List 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 -0- . . . . .	27			0.
<b>Other Miscellaneous Deductions</b>		28			0.
28	Other — from list in the instructions. List type and amount ▶	28			
<b>Total Itemized Deductions</b>		29			
29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?	29			
	<input type="checkbox"/> <b>No.</b> 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.				
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.				
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶	30			
					30,439.

**Alternative Minimum Tax – Individuals**

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

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

Your social security number

**KAMALA D HARRIS**

**Part I 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 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.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4 <b>or</b> 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	20,617.
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 \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040).	6	-450.
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount.	7	
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.	11	
12	Interest from specified private activity bonds exempt from the regular tax.	12	
13	Qualified small business stock (7% of gain excluded under section 1202).	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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
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	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	
27	Other adjustments, including income-based related adjustments.	27	
28	Alternative tax net operating loss deduction.	28	
29	<b>Alternative minimum taxable income.</b> 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.)		
	<b>IF your filing status is . . .</b>	<b>AND line 29 is not over . . .</b>	<b>THEN enter on line 30 . . .</b>
	Single or head of household . . . . .	\$112,500 . . . . .	\$46,200
	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	69,950
	Married filing separately . . . . .	75,000 . . . . .	34,975
	If line 29 is <b>over</b> the amount shown above for your filing status, see instructions.		
31	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.
32	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> 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.</li> </ul>		32 43,930.
33	Alternative minimum tax foreign tax credit (see instructions).		33
34	Tentative minimum tax. Subtract line 33 from line 32.		34 43,930.
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 42,307.
36	<b>AMT.</b> Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45.		36 1,623.



California Resident Income Tax Return 2008

FORM

540 C1 Side 1

APE

ATTACH FEDERAL RETURN

P
AC
A
R
RP

KAMALA HARRIS
D HARRIS

08

Table with columns for line numbers (01-36) and corresponding values (e.g., 37, 408, 0, 409, 0, 410, 0, 411, 0, 412, 0, 413, 0, 414, 0, 61, 0, 62, 0, 63, 0, 64, 0, 66, 824, 67, 824, 68, 0, 403, 0, 404, 0, 405, 0, 406, 0, 407, 0).



PREPARER

PH

Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemptions section with checkboxes for Personal, Blind, Senior, and Dependents, including calculations for exemption amounts.

Taxable Income and Tax sections, including calculations for state wages, federal adjusted gross income, California adjustments, and final tax amounts.

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

**Special Credits**

25 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount **▶ 25** \_\_\_\_\_

26 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount **▶ 26** \_\_\_\_\_

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- **30** 15,643.

**Other Taxes**

31 Alternative minimum tax. Attach Schedule P (540) **● 31** \_\_\_\_\_

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** 15,643.

**Payments**

36 California income tax withheld (see instructions) **● 36** 16,467.

37 2008 CA estimated tax and other payments (see instructions) **● 37** \_\_\_\_\_

38 Real estate withholding. (Form(s) 592-B, 593, and 594) (see instructions) **● 38** \_\_\_\_\_

39 Excess SDI (see instructions) **● 39** 0.

**Child and Dependent Care Expenses Credit** (see instructions). Attach form FTB 3506.

**● 40** \_\_\_\_\_ **● 41** \_\_\_\_\_ **● 42** \_\_\_\_\_ **● 43** \_\_\_\_\_

44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see instructions) **44** 16,467.

**Overpaid Tax/ Tax Due**

45 Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44 **45** 824.

46 Amount of line 45 applied to 2009 estimated tax **● 46** \_\_\_\_\_

47 Overpaid tax available this year. Subtract line 46 from line 45 **● 47** 824.

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** 00

**Contributions**

Code	Amount	Code	Amount
400	CA Seniors Special Fund (see instructions)	408	CA Peace Officer Memorial Foundation Fund
401	Alzheimer's Disease/Related Disorders Fund	409	CA Military Family Relief Fund
402	CA Fund for Seniors and Citizens	410	CA Sea Otter Fund
403	Rare and Endangered Species Preservation Program	411	CA Ovarian Cancer Research Fund
404	State Children's Trust Fund for the Prevention of Child Abuse	412	Municipal Shelter Spay-Neuter Fund
405	CA Breast Cancer Research Fund	413	CA Cancer Research Fund
406	CA Firefighters Memorial Fund	414	ALS/Lou Gehrig's Disease Research Fund
407	Emergency Food For Families Fund		

61 Add code 400 through code 414. These are your total contributions **● 61** \_\_\_\_\_

**Amount You Owe** 62 **AMOUNT YOU OWE.** Add line 48, line 49, and line 61 (see instructions). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009** **● 62** \_\_\_\_\_

**Interest and Penalties**

63 Interest, late return penalties, and late payment penalties **63** \_\_\_\_\_

64 Underpayment of estimated tax. Check box:  FTB 5805 attached  FTB 5805F attached **● 64** \_\_\_\_\_

65 Total amount due (see instructions). Enclose, but do not staple, any payment **65** \_\_\_\_\_

**Refund and Direct Deposit** 66 **REFUND OR NO AMOUNT DUE.** Subtract line 49 and line 61 from line 47 (see instructions). Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009** **● 66** 824.

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 66) is authorized for direct deposit into the account shown below:

[REDACTED]  Checking  Savings [REDACTED] 824.

**● Routing number** **● Type** **● Account number** **● 67** Direct deposit amount

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

[REDACTED]  Checking  Savings [REDACTED] \_\_\_\_\_

**● Routing number** **● Type** **● Account number** **● 68** Direct deposit amount

**Sign Here**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Daytime phone number (optional) [REDACTED] Date \_\_\_\_\_

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

Joint return? (See instructions.)  Yes  No

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

Do you want to allow another person to discuss this return with us (see instructions)?  Yes  No

**PREPARER** \_\_\_\_\_ **●** \_\_\_\_\_

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_



**2008 California Adjustments – Residents**

**CA (540)**

**Important:** Attach this schedule behind Form 540, Side 2 as a supporting California schedule.

Name(s) as shown on return

SSN or ITIN

**KAMALA D HARRIS**

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	204,864.				
8 Taxable interest income	8	38.				
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 Total IRA distributions. See instructions (a)	15b					
16 Total pensions and annuities. See instructions (a)	16b					
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 (a)	20b					
21 Other income.			a	a		
a California lottery winnings			b	b		
b Disaster loss carryover from FTB 3805V			c	c		
c Federal NOL (Form 1040, line 21)			d	d		
d NOL carryover from FTB 3805V			e	e		
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21		f	f		
f Other (describe)						
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	204,902.				

**Section 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	26					
27 One-half of self-employment tax	27					
28 Self-employed SEP, SIMPLE, and qualified plans	28					
29 Self-employed health insurance deduction	29					
30 Penalty on early withdrawal of savings	30					
31 a Alimony paid.						
b Recipient's: SSN						
Last name	31 a					
32 IRA deduction	32					
33 Student loan interest deduction	33					
34 Tuition and fees deduction	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. See instrs	36					
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	204,902.				





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	<u>30,889.</u>
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 <b>only</b> ). See instructions.....	39	<u>16,467.</u>
40	Subtract line 39 from line 38.....	40	<u>14,422.</u>
41	Other adjustments including California lottery losses. See instructions. Specify... _____	41	_____
42	Combine line 40 and line 41.....	42	<u>14,422.</u>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?      REDUCTION		-2,503.
	Single or married/RDP filing separately.....		\$163,187
	Head of household.....		\$244,785
	Married/RDP filing jointly or qualifying widow(er).....		\$326,379
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	<span style="border: 1px solid black; padding: 2px;">11,919.</span>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately.....		\$3,692
	Married/RDP filing jointly, head of household, or qualifying widow(er).      \$7,384		
	Transfer the amount on line 44 to Form 540, line 18.....	44	<span style="border: 1px solid black; padding: 2px;">11,919.</span>

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning, 2009, ending, 20. OMB No. 1545-0074. Your first name MI Last name KAMALA D HARRIS. Your social security number. Spouse's social security number. Home address (number and street). If you have a P.O. box, see instructions. Apartment no. You must enter your social security 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 change your tax or refund. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [ ] You [ ] Spouse

Filing Status

Check only one box.

1 [X] Single 4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above & full name here. 5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions and check here [ ]

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [ ] Spouse. Boxes checked on 6a and 6b 1. No. of children on 6c who: lived with you. did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above 1. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs). d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 206,439. 8a Taxable interest. Attach Schedule B if required. 8a 41. 8b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a 45. 9b Qualified dividends (see instrs). 9b 44. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. [ ] 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a 15b Taxable amount (see instrs). 15b 16a Pensions and annuities. 16a 16b Taxable amount (see instrs). 16b 3,750. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation in excess of \$2,400 per recipient (see instructions). 19 20a Social security benefits. 20a 20b Taxable amount (see instrs). 20b 21 Other income MANUS ASSOCIATES 21 12,750. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 223,025.

Adjusted Gross Income

23 Educator expenses (see instructions). 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 One-half of self-employment tax. Attach Schedule SE. 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction (see instructions). 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction (see instructions). 32 33 Student loan interest deduction (see instructions). 33 34 Tuition and fees deduction. Attach Form 8917. 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 - 31a and 32 - 35. 36 0. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 223,025.

Tax and Credits

Standard Deduction for - People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38 (223,025), 39a (Total boxes checked), 40a (31,001), 41 (192,024), 42 (3,090), 43 (188,934), 44 (47,483), 45 (2,616), 46 (50,099), 47-53 (Credits), 54 (Total credits), 55 (50,099).

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-60, with total tax of 50,099 on line 60.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71, with total payments of 52,665 on line 71.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72 (2,566), 73a (2,566), 74.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75, 76.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed [X], Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2009**

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 Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1		
2	Enter amount from Form 1040, line 38. .... <b>2</b>			
3	Multiply line 2 by 7.5% (.075) .....	3		
4	Subtract line 3 from line 2. If line 3 is more than line 2, enter -0- .....	4		0.
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or			
b	<input type="checkbox"/> General sales taxes .....	5	17,079.	
6	Real estate taxes (see instructions) .....	6	4,337.	
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b. ....	7		
8	Other taxes. List type and amount ▶ <u>Personal Property Taxes</u> 138.	8	138.	
9	Add lines 5 through 8 .....	9		21,554.
<b>Interest You Paid</b>	<b>10</b> Home mtg interest and points reported to you on Form 1098. ....	10	8,409.	
	<b>11</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 number, and address ▶	11		
	-----			
	-----	12		
<b>Note.</b> Personal interest is not deductible.	<b>13</b> Qualified mortgage insurance premiums (see instructions) .....	13		
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instrs.) .....	14		
	<b>15</b> Add lines 10 through 14 .....	15		8,409.
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instrs. ....	16	1,600.	
If you made a gift and got a benefit for it, see instructions.	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17		
	<b>18</b> Carryover from prior year. ....	18		
	<b>19</b> Add lines 16 through 18 .....	19		1,600.
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20		0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
	<u>Union &amp; Professional Dues</u> 470.	21	470.	
	<b>22</b> Tax preparation fees .....	22	460.	
(See instructions.)	<b>23</b> Other expenses — investment, safe deposit box, etc. List type and amount ▶	23		
	-----			
	<b>24</b> Add lines 21 through 23 .....	24	930.	
	<b>25</b> Enter amount from Form 1040, line 38. .... <b>25</b> 223,025.	25	223,025.	
	<b>26</b> Multiply line 25 by 2% (.02) .....	26	4,461.	
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27		0.
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other — from list in the instructions. List type and amount ▶	28		0.
	-----			
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?		Reduction -562.	
	<input type="checkbox"/> <b>No.</b> 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 40a.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.			
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			
				31,001.



**Alternative Minimum Tax – Individuals**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **32**

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

Your social security number

KAMALA D HARRIS

<b>Part I</b>		<b>Alternative Minimum Taxable Income</b> (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.)	1	192,024.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	21,554.
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 \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040)	6	-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	7	
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	11	
12	Alternative tax net operating loss deduction	12	
13	Interest from specified private activity bonds exempt from the regular tax	13	
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	19	
20	Passive activities (difference between AMT and regular tax income or loss)	20	
21	Loss limitations (difference between AMT and regular tax income or loss)	21	
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	<b>Alternative minimum taxable income.</b> Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.)	29	213,016.

<b>Part II</b>		<b>Alternative Minimum Tax</b>															
30	Exemption. (If you were under age 24 at the end of 2009, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 29 is not over . . .</b></td> <td><b>THEN enter on line 30 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$46,700</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>70,950</td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>35,475</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 29 is not over . . .</b>	<b>THEN enter on line 30 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$46,700	}	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	70,950	Married filing separately . . . . .	75,000 . . . . .	35,475	30	21,571.
<b>IF your filing status is . . .</b>	<b>AND line 29 is not over . . .</b>	<b>THEN enter on line 30 . . .</b>															
Single or head of household . . . . .	\$112,500 . . . . .	\$46,700	}														
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	70,950															
Married filing separately . . . . .	75,000 . . . . .	35,475															
31	If line 29 is <b>over</b> 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	191,445.														
32	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> 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.</li> </ul>	32	50,099.														
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	<b>AMT.</b> Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	2,616.														

**Part III Tax Computation Using Maximum Capital Gains Rates**

<b>37</b>	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions .....	<b>37</b>	191,445.
<b>38</b>	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 figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter. ....	<b>38</b>	44.
<b>39</b>	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter. ....	<b>39</b>	0.
<b>40</b>	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 <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter. ....	<b>40</b>	44.
<b>41</b>	Enter the <b>smaller</b> of line 37 or line 40. ....	<b>41</b>	44.
<b>42</b>	Subtract line 41 from line 37. ....	<b>42</b>	191,401.
<b>43</b>	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	<b>43</b>	50,092.
<b>44</b>	Enter: <ul style="list-style-type: none"> <li>• \$67,900 if married filing jointly or qualifying widow(er),</li> <li>• \$33,950 if single or married filing separately, or</li> <li>• \$45,500 if head of household.</li> </ul>	<b>44</b>	33,950.
<b>45</b>	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-. ....	<b>45</b>	188,890.
<b>46</b>	Subtract line 45 from line 44. If zero or less, enter -0-. ....	<b>46</b>	0.
<b>47</b>	Enter the <b>smaller</b> of line 37 or line 38. ....	<b>47</b>	44.
<b>48</b>	Enter the <b>smaller</b> of line 46 or line 47. ....	<b>48</b>	
<b>49</b>	Subtract line 48 from line 47. ....	<b>49</b>	44.
<b>50</b>	Multiply line 49 by 15% (.15) .....	<b>50</b>	7.
<b>If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.</b>			
<b>51</b>	Subtract line 47 from line 41. ....	<b>51</b>	
<b>52</b>	Multiply line 51 by 25% (.25) .....	<b>52</b>	
<b>53</b>	Add lines 43, 50, and 52. ....	<b>53</b>	50,099.
<b>54</b>	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	<b>54</b>	50,105.
<b>55</b>	Enter the <b>smaller</b> of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions. ....	<b>55</b>	50,099.

# California Resident Income Tax Return 2009

FORM

**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

P  
AC  
A  
R  
RP

[REDACTED] HARR  
KAMALA D HARRIS

09

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

01	1	72	0	408	0	APE	0
06	0	73	0	409	0	FS	0
09	0	74	0	410	0	3800	0
10	0	75	0	411	0	3803	0
12	206439	76	0	412	0	SCHG1	0
14	0	77	0	413	0	5870A	0
16	0	78	0	414	0	5805 5805F	0
17	223025	91	0	110	0	DESIGNEE	1
18	10747	92	0	111	924	TPID	[REDACTED]
31	18003	93	0	112	0	[REDACTED]	[REDACTED]
34	0	94	924	113	0		
41	0	95	0	115	0		
42	0	400	0	116	0		
43	0	401	0	117	0		
44	0	402	0				
45	0	403	0				
46	0	404	0				
61	0	405	0				
62	0	406	0				
63	0	407	0				
64	18003						
71	17079						

## Sign Here

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

Joint return? (See instructions.)

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if a joint return, both must sign) \_\_\_\_\_  
 Daytime phone number (optional) [REDACTED] Date \_\_\_\_\_  
 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 return with us (see instructions)?  Yes  No  
 PREPARER \_\_\_\_\_  
 Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_



**Filing Status**

1  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. If you checked the box on line 6, see the instructions. **7**  x \$98 = \$ 98.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. **8**  x \$98 = \$ \_\_\_\_\_

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 exemptions **10**  x \$98 = \$ \_\_\_\_\_

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. **11** \$ 98.

**Taxable Income**

12 State wages from your Form(s) W-2, box 16. **12** 206,439.

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. **13** 223,025.

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). **15** 223,025.

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. **17** 223,025.

18 Enter the larger of your CA standard deduction OR your CA itemized deductions. **18** 10,747.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. **19** 212,278.

**Tax**

31 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800  FTB 3803. **31** 18,003.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739 (see instrs) **32** 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. **33** 18,003.

34 Tax. (see instructions) Check box if from:  Schedule G-1  Form FTB 5870A. **34** \_\_\_\_\_

35 Add line 33 and line 34. **35** 18,003.

**Special Credits**

41 New jobs credit, amount generated (see instructions) **41** \_\_\_\_\_

42 New jobs credit, amount claimed (see instructions) **42** \_\_\_\_\_

43 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount **43** \_\_\_\_\_

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 42 through line 46. These are your total credits **47** \_\_\_\_\_

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) **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** 18,003.

**Payments**

71 California income tax withheld (see instructions) **71** 17,079.

72 2009 CA estimated tax and other payments (see instructions) **72** \_\_\_\_\_

73 Real estate and other withholding (see instructions) **73** \_\_\_\_\_

74 Excess SDI (or VPD) withheld (see instructions) **74** 0.

**Child and Dependent Care Expenses Credit** (see instructions). Attach form FTB 3506.

75 Qualifying person's social security number **75** \_\_\_\_\_

76 Qualifying person's social security number **76** \_\_\_\_\_

77 Enter the amount from form FTB 3506, Part III, line 8. **77** \_\_\_\_\_

78 Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12. **78** \_\_\_\_\_

79 Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see instructions) **79** 17,079.

**Overpaid Tax/ Tax Due**

91 Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79. **91** \_\_\_\_\_

92 Amount of line 91 you want applied to your 2010 estimated tax. **92** \_\_\_\_\_

93 Overpaid tax available this year. Subtract line 92 from line 91. **93** \_\_\_\_\_

94 Tax due. If line 79 is less than line 64, subtract line 79 from line 64. **94** 924.

**Use Tax** 95 Use Tax. This is not a total line (see instructions) **95** 00

		Code	Amount
<b>Contributions</b>	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.....	● 410	_____
	California Ovarian Cancer Research Fund.....	● 411	_____
	Municipal Shelter Spay-Neuter Fund.....	● 412	_____
	California Cancer Research Fund.....	● 413	_____
	ALS/Lou Gehrig's Disease Research Fund.....	● 414	_____
	110 Add code 400 through code 414. This is your total contribution.....	● 110	_____

<b>Amount You Owe</b>	111 <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> .....	● 111	924.
	<b>Interest and Penalties</b>		
	112 Interest, late return penalties, and late payment penalties.....	112	_____
	113 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached.....	● 113	_____
	114 Total amount due (see instructions). Enclose, but <b>do not</b> 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 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:

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

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

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



**2009 California Adjustments – Residents**

**CA (540)**

**Important:** Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on return

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	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.....	8	41.				
9 Ordinary dividends. See instructions (b).....	9a	44.				
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	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.....	19					
20 Social security benefits..... (a)	20b					
21 Other income.			a		a	
a California lottery winnings			b		b	
b Disaster loss carryover from FTB 3805V			c		c	
c Federal NOL (Form 1040, line 21)			d		d	
d NOL carryover from FTB 3805V			e		e	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21	12,750.	f		f	
f Other (describe):						
22 <b>Total.</b> 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.				

**Section 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.....	26					
27 One-half of self-employment tax.....	27					
28 Self-employed SEP, SIMPLE, and qualified plans.....	28					
29 Self-employed health insurance deduction.....	29					
30 Penalty on early withdrawal of savings.....	30					
31 a Alimony paid.						
b Recipient's:						
SSN.....						
Last name.....	31 a					
32 IRA deduction.....	32					
33 Student loan interest deduction.....	33					
34 Tuition and fees deduction.....	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. See instrs.....	36					
37 <b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions.....	37	223,025.				



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	<u>31,563.</u>
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 <b>only</b> ). See instructions .....	39	<u>17,079.</u>
40	Subtract line 39 from line 38 .....	40	<u>14,484.</u>
41	Other adjustments including California lottery losses. See instructions. Specify ... _____	41	_____
42	Combine line 40 and line 41 .....	42	<u>14,484.</u>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? REDUCTION		-3,737.
	Single or married/RDP filing separately.....		\$160,739
	Head of household.....		\$241,113
	Married/RDP filing jointly or qualifying widow(er).....		\$321,483
	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	<span style="border: 1px solid black; padding: 2px;">10,747.</span>
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
	Transfer the amount on line 44 to Form 540, line 18 .....	44	<span style="border: 1px solid black; padding: 2px;">10,747.</span>

Name, Address, and SSN

For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20
OMB No. 1545-0074
Your first name MI Last name
KAMALA D HARRIS
Your social security number
If a joint return, spouse's first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.
Apartment no.
Make sure the SSN(s) above and on line 6c are correct.
City, town or post office. If you have a foreign address, see instructions.
State ZIP code
Checking a box below will not change your tax or refund.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? You Spouse

Filing Status

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here.
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's 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.
6b [ ] Spouse.
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax cr (see instrs)
d Total number of exemptions claimed. 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 202,233.
8a Taxable interest. Attach Schedule B if required. 8a 123.
8b Tax-exempt interest. Do not include on line 8a. 8b
9a Ordinary dividends. Attach Schedule B if required. 9a
9b Qualified dividends. 9b
10 Taxable refunds, credits, or offsets of state and local income taxes. 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 13
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions. 15a b Taxable amount. 15b
16a Pensions and annuities. 16a b Taxable amount. 16b 60,521.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17
18 Farm income or (loss). Attach Schedule F. 18
19 Unemployment compensation. 19
20a Social security benefits. 20a b Taxable amount. 20b
21 Other income. 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 262,877.

Adjusted Gross Income

23 Educator expenses. 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
25 Health savings account deduction. Attach Form 8889. 25
26 Moving expenses. Attach Form 3903. 26
27 One-half of self-employment tax. Attach Schedule SE. 27
28 Self-employed SEP, SIMPLE, and qualified plans. 28
29 Self-employed health insurance deduction. 29
30 Penalty on early withdrawal of savings. 30
31a Alimony paid b Recipient's SSN. 31a
32 IRA deduction. 32
33 Student loan interest deduction. 33
34 Tuition and fees. Attach Form 8917. 34
35 Domestic production activities deduction. Attach Form 8903. 35
36 Add lines 23 - 31a and 32 - 35. 36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 262,877.



Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	262,877.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	<input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/>		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, check here.		
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	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	224,407.
44	<b>Tax</b> (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.	44	59,171.
45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251.	45	4,677.
46	Add lines 44 and 45	46	63,848.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your <b>total credits</b>	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	63,848.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	<input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55-59. This is your <b>total tax</b>	60	63,848.

Payments

If you have a qualifying child, attach Schedule EIC.

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	
63	Making work pay credit. Attach Schedule M	63	
64a	<b>Earned income credit (EIC)</b>	64a	
	b Nontaxable combat pay election <input type="checkbox"/> <b>64b</b>		
65	Additional child tax credit. Attach Form 8812	65	
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	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lns 61-63, 64a, & 65-71. These are your <b>total pmts</b>	72	62,664.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	1,184.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name  Phone no.  Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	DISTRICT ATTORNEY	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTN <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Firm's name	Firm's address	Firm's EIN	Phone no.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2010**

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 Form 1040

Your social security number

**KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
2	Enter amount from Form 1040, line 38. .... <b>2</b>	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.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	20,358.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) .....	6	4,379.		
7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b. ....	7			
8	Other taxes. List type and amount ▶ <u>Personal Property Taxes</u> 89.	8	89.		
9	Add lines 5 through 8 .....	9			24,826.
<b>Interest You Paid</b>		<b>10 Home mtg interest and points reported to you on Form 1098.</b>		10	8,344.
<b>Note.</b> Your mortgage interest deduction may be limited (see instrs).		<b>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 ▶</b>		11	
		<b>12 Points not reported to you on Form 1098. See instrs for spcl rules</b> .....		12	
		<b>13 Mortgage insurance premiums (see instructions)</b> .....		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instrs.)</b> .....		14	
		<b>15 Add lines 10 through 14</b> .....		15	8,344.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs</b> .....		16	1,650.
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b> .....		17	
		<b>18 Carryover from prior year</b> .....		18	
		<b>19 Add lines 16 through 18</b> .....		19	1,650.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b> .....		20	0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶</b> .....		21	
		<b>22 Tax preparation fees</b> .....		22	495.
		<b>23 Other expenses — investment, safe deposit box, etc. List type and amount ▶</b> .....		23	
		<b>24 Add lines 21 through 23</b> .....		24	495.
		<b>25 Enter amount from Form 1040, line 38. .... <b>25</b> 262,877.</b>		25	
		<b>26 Multiply line 25 by 2% (.02)</b> .....		26	5,258.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b> .....		27	0.
<b>Other Miscellaneous Deductions</b>		<b>28 Other — from list in instructions. List type and amount ▶</b> .....		28	0.
<b>Total Itemized Deductions</b>		<b>29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40</b> .....		29	34,820.
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b> .....			<input type="checkbox"/>



**Alternative Minimum Tax – Individuals**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **32**

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

Your social security number

**KAMALA D HARRIS**

**Part I 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 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 <b>smaller</b> of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
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.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule.	6	
7	Tax refund from Form 1040, line 10 or line 21.	7	
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	Alternative tax net operating loss deduction.	11	
12	Interest from specified private activity bonds exempt from the regular tax.	12	
13	Qualified small business stock (7% of gain excluded under section 1202).	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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
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	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	
27	Other adjustments, including income-based related adjustments.	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	252,883.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2010, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$47,450</td> <td rowspan="3">} 29</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>72,450</td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>36,225</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$47,450	} 29	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	72,450	Married filing separately . . . . .	75,000 . . . . .	36,225		12,354.
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>															
Single or head of household . . . . .	\$112,500 . . . . .	\$47,450	} 29														
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	72,450															
Married filing separately . . . . .	75,000 . . . . .	36,225															
30	If line 28 is <b>over</b> 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 33 and 35 and skip the rest of Part II.	30	240,529.														
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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 54 here.</li> <li>• <b>All others:</b> 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.</li> </ul>	31	63,848.														
32	Alternative minimum tax foreign tax credit (see instructions).	32															
33	Tentative minimum tax. Subtract line 32 from line 31.	33	63,848.														
34	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).	34	59,171.														
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	4,677.														

# California Resident Income Tax Return 2010

FORM

**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

P  
AC  
A  
R  
RP

[REDACTED] HARR 10  
KAMALA D HARRIS

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
10-26-1964

01	1	72	0	408	0
06	0	73	0	410	0
09	0	74	0	413	0
10	0	75	0	415	0
12	202233	76	0	416	0
14	0	77	0	417	0
16	0	78	0	418	0
17	262877	91	0	110	0
18	8421	92	0	111	2576
31	22010	93	0	112	0
34	0	94	2576	113	10
41	0	95	0	115	0
42	0	400	0	116	0
43	0	401	0	117	0
44	0	402	0		
45	0	403	0		
46	0	404	0		
61	0	405	0		
62	0	406	0		
63	0	407	0		
64	22010				
71	19434				



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

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if a joint return, both must sign) \_\_\_\_\_  
 Daytime phone number (optional) [REDACTED] Date \_\_\_\_\_  
 Your email address (optional). Enter only one. \_\_\_\_\_  
 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 \_\_\_\_\_  
 Joint return? (See instructions.)  Yes  No  
 Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Sign Here**

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

Paid Preparer's PTIN/SSN  
 FEIN  
 Yes  No  
 Telephone Number

**Filing Status**

1  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. If you checked the box on line 6, see the instructions. . . . . **7**  1 x \$99 = \$ 99.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . . **8**  x \$99 = \$ \_\_\_\_\_

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 exemptions . . . . . **10**  x \$99 = \$ \_\_\_\_\_

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. . . . . **11** \$ 99.

**Taxable Income**

12 State wages from your Form(s) W-2, box 16. . . . . **12** 202,233.

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. . . . . **13** 262,877.

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). . . . . **15** 262,877.

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. . . . . **17** 262,877.

18 Enter the larger of your CA standard deduction OR your CA itemized deductions. . . . . **18** 8,421.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. . . . . **19** 254,456.

**Tax**

31 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800  FTB 3803. . . . . **31** 22,010.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$162,186 (see instrs) . . . . . **32** 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. . . . . **33** 22,010.

34 Tax. (see instructions) Check box if from:  Schedule G-1  Form FTB 5870A. . . . . **34** \_\_\_\_\_

35 Add line 33 and line 34. . . . . **35** 22,010.

**Special Credits**

41 New jobs credit, amount generated (see instructions). . . . . **41** \_\_\_\_\_

42 New jobs credit, amount claimed (see instructions). . . . . **42** \_\_\_\_\_

43 Credit \_\_\_\_\_ Code \_\_\_\_\_ amount. . . . . **43** \_\_\_\_\_

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 42 through line 46. These are your total credits. . . . . **47** \_\_\_\_\_

48 Subtract line 47 from line 35. If less than zero, enter -0-. . . . . **48** 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). . . . . **63** \_\_\_\_\_

64 Add line 48, line 61, line 62, and line 63. This is your total tax. . . . . **64** 22,010.

**Payments**

71 California income tax withheld (see instructions). . . . . **71** 19,434.

72 2010 CA estimated tax and other payments (see instructions). . . . . **72** \_\_\_\_\_

73 Real estate and other withholding (see instructions). . . . . **73** \_\_\_\_\_

74 Excess SDI (or VPD) withheld (see instructions). . . . . **74** 0.

**Child and Dependent Care Expenses Credit** (see instructions). Attach form FTB 3506.

75 Qualifying person's social security number. . . . . **75** \_\_\_\_\_

76 Qualifying person's social security number. . . . . **76** \_\_\_\_\_

77 Enter the amount from form FTB 3506, Part III, line 8. . . . . **77** \_\_\_\_\_

78 Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12. . . . . **78** \_\_\_\_\_

79 Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see instructions). . . . . **79** 19,434.

**Overpaid Tax/ Tax Due**

91 Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79. . . . . **91** \_\_\_\_\_

92 Amount of line 91 you want applied to your 2011 estimated tax. . . . . **92** \_\_\_\_\_

93 Overpaid tax available this year. Subtract line 92 from line 91. . . . . **93** \_\_\_\_\_

94 Tax due. If line 79 is less than line 64, subtract line 79 from line 64. . . . . **94** 2,576.

**Use Tax** 95 Use Tax. This is not a total line (see instructions). . . . . **95** \_\_\_\_\_



		Code	Amount
<b>Contributions</b>	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	_____
	California Cancer Research Fund.....	● 413	_____
	Arts Council Fund.....	● 415	_____
	California Police Activities League (CALPAL) Fund.....	● 416	_____
	California Veterans Homes Fund.....	● 417	_____
	Safely Surrendered Baby Fund.....	● 418	_____
	<b>110</b> Add code 400 through code 418. This is your total contribution.....	● 110	_____

<b>Amount You Owe</b>	<b>111</b> <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> Pay online – Go to <a href="http://ftb.ca.gov">ftb.ca.gov</a> and search for <b>web pay</b> .....	● 111	2,576.
	<b>112</b> Interest, late return penalties, and late payment penalties.....	112	_____
<b>Interest and Penalties</b>	<b>113</b> Underpayment of estimated tax. Check box: <input checked="" type="checkbox"/> <b>FTB 5805 attached</b> <input type="checkbox"/> <b>FTB 5805F attached</b> .....	● 113	10.
	<b>114</b> Total amount due (see instructions). Enclose, but <b>do not</b> staple, any payment.....	114	2,586.

**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:

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

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

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

**2010 California Adjustments – Residents**

**CA (540)**

**Important:** Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on return

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.....	7	202,233.				
8 Taxable interest (b).....	8a	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.....	19					
20 Social security benefits (a).....	20b					
21 Other income.			a		a	
a California lottery winnings			b		b	
b Disaster loss carryover from FTB 3805V			c		c	
c Federal NOL (Form 1040, line 21)			d		d	
d NOL carryover from FTB 3805V			e		e	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21		f		f	
f Other (describe):						
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	262,877.				

**Section B – Adjustments to Income**

23 Educator expenses. CAUTION: See instructions.....	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials.....	24					
25 Health savings account deduction.....	25					
26 Moving expenses.....	26					
27 One-half of self-employment tax.....	27					
28 Self-employed SEP, SIMPLE, and qualified plans.....	28					
29 Self-employed health insurance deduction.....	29					
30 Penalty on early withdrawal of savings.....	30					
31 a Alimony paid.						
b Recipient's: SSN.....						
Last name.....	31 a					
32 IRA deduction.....	32					
33 Student loan interest deduction.....	33					
34 Tuition and fees. CAUTION: See instructions.....	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. See instrs.....	36					
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.....	37	262,877.				



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	<u>34,820.</u>
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 <b>only</b> ). See instructions.....	39	<u>20,358.</u>
40	Subtract line 39 from line 38.....	40	<u>14,462.</u>
41	Other adjustments including California lottery losses. See instructions. Specify... _____	41	_____
42	Combine line 40 and line 41.....	42	<u>14,462.</u>
43	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b> REDUCTION		-6,041.
	Single or married/RDP filing separately.....		\$162,186
	Head of household.....		\$243,283
	Married/RDP filing jointly or qualifying widow(er).....		\$324,376
	<b>No.</b> Transfer the amount on line 42 to line 43.		
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.....	43	<input type="text" value="8,421."/>
44	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately.....		\$3,670
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,340
	<b>Transfer the amount on line 44 to Form 540, line 18</b> .....	44	<input type="text" value="8,421."/>



# Underpayment of Estimated Tax by Individuals and Fiduciaries

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.

Name(s) as shown on return

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.

- 1 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. 1  Yes  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 Forms 540/540A, line 113; Long Form 540NR, line 123; or Form 541, line 42. 2  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? 3  Yes  No  
 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.  N/A
- 4/15/10 \$ \_\_\_\_\_; 6/15/10 \$ \_\_\_\_\_; 9/15/10 \$ \_\_\_\_\_; 1/18/11 \$ \_\_\_\_\_
- 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

**Part II Required Annual Payment.** All filers must complete this part.

1 Current year tax. Enter your 2010 tax after credits. See instructions.	1	22,010.
2 Multiply line 1 by 90% (.90).	2	19,809.
3 Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions.	3	19,434.
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. <b>Do not</b> file form FTB 5805.	4	2,576.
5 Enter the tax shown on your 2009 tax return. <b>See instructions</b> (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.
6 Required annual payment. Enter the <b>smaller</b> 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	19,803.

**Short Method**

**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.

7 Enter the amount, if any, from Part II, line 3 above.	7	19,434.
8 Enter the total amount, if any, of estimated tax payments you made.	8	
9 Add line 7 and line 8.	9	19,434.
10 <b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805.	10	369.
11 Multiply line 10 by .0282849.	11	10.
12 • If the amount on line 10 was paid <b>on or after</b> 4/15/11, enter -0-. • If the amount on line 10 was paid <b>before</b> 4/15/11, enter the result of the following computation: Amount on line 10      x      Number of days paid before 4/15/11      x      .00011	12	0.
13 <b>PENALTY.</b> 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.



For the year Jan 1 - Dec 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name **KAMALA D HARRIS** MI Last name **HARRIS** Your social security number [REDACTED]

If a joint return, spouse's first name MI Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). State ZIP code **Presidential Election Campaign**

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here.   
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.   
 5  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse.  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax or (see instrs)  
 • lived with you.  
 • did not live with you due to divorce or separation (see instrs).  
 Dependents on 6c not entered above.  
 Add numbers on lines above. **1**  
 d Total number of exemptions claimed. **1**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7** 159,294.  
 8a Taxable interest. Attach Schedule B if required. **8a** 180.  
 b Tax-exempt interest. Do not include on line 8a. **8b**  
 9a Ordinary dividends. Attach Schedule B if required. **9a** 36.  
 b Qualified dividends **9b** 36.  
 10 Taxable refunds, credits, or offsets of state and local income taxes. **10**  
 11 Alimony received. **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ. **12**  
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.  **13** -1,420.  
 14 Other gains or (losses). Attach Form 4797. **14**  
 15a IRA distributions. **15a** **15b** Taxable amount.  
 16a Pensions and annuities. **16a** **16b** Taxable amount.  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. **17**  
 18 Farm income or (loss). Attach Schedule F. **18**  
 19 Unemployment compensation. **19**  
 20a Social security benefits. **20a** **20b** Taxable amount.  
 21 Other income. **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. **22** 158,090.

**Adjusted Gross Income**  
 23 Educator expenses. **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. **24**  
 25 Health savings account deduction. Attach Form 8889. **25**  
 26 Moving expenses. Attach Form 3903. **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE. **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans. **28**  
 29 Self-employed health insurance deduction. **29**  
 30 Penalty on early withdrawal of savings. **30**  
 31a Alimony paid b Recipient's SSN. **31a**  
 32 IRA deduction. **32**  
 33 Student loan interest deduction. **33**  
 34 Tuition and fees. Attach Form 8917. **34**  
 35 Domestic production activities deduction. Attach Form 8903. **35**  
 36 Add lines 23 through 35. **36** 0.  
 37 Subtract line 36 from line 22. This is your adjusted gross income. **37** 158,090.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 158,090.

39a Check if: [ ] You were born before January 2, 1947, [ ] Blind. Total boxes checked 39a [ ] Spouse was born before January 2, 1947, [ ] Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 28,377.

41 Subtract line 40 from line 38 41 129,713.

42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 126,013.

44 Tax (see instrs). Check if any from: a [ ] Form(s) 8814 c [ ] 962 election b [ ] Form 4972 44 28,896.

45 Alternative minimum tax (see instructions). Attach Form 6251. 45 0.

46 Add lines 44 and 45 46 28,896.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] 53

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 28,896.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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 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 28,896.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 37,147.

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

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 68

69 Excess social security and tier 1 RRTA tax withheld 69 562.

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885 71

72 Add lns 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.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 8,813.

b Routing number [ ] c Type: [X] Checking [ ] Savings

d Account number [ ]

Direct deposit? See instructions.

75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ]

Sign Here

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

Joint return? See instructions. Your signature [ ] Date [ ] Your occupation DISTRICT ATTORNEY Daytime phone number [ ]

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 Identity Protection PIN, enter it here (see inst) [ ]

Paid Preparer's Use Only

Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [X] if self-employed PTN [ ]

Firm's name [ ] Firm's address [ ] Firm's EIN [ ]

Phone no. [ ]

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2011**

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 Form 1040

Your social security number

KAMALA D HARRIS

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) .....	1		
	2	Enter amount from Form 1040, line 38. .... <b>2</b>			
	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.	
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	15,754.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) .....	6	4,415.	
	7	Personal property tax .....	7	84.	
	8	Other taxes. List type and amount ▶ .....	8		
	9	Add lines 5 through 8 .....	9	20,253.	
	<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098 .....	10	8,124.
		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	
<b>Note.</b> Your mortgage interest deduction may be limited (see instrs).					
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. (See instrs.) .....	14		
	15	Add lines 10 through 14 .....	15	8,124.	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs .....	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17		
	18	Carryover from prior year .....	18		
	19	Add lines 16 through 18 .....	19	0.	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	0.	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ .....	21		
	22	Tax preparation fees .....	22	525.	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶ .....	23		
	24	Add lines 21 through 23 .....	24	525.	
	25	Enter amount from Form 1040, line 38. .... <b>25</b> 158,090.			
	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, enter -0- .....	27	0.	
<b>Other Miscellaneous Deductions</b>	28	Other — from list in instructions. List type and amount ▶ .....	28	0.	
<b>Total Itemized Deductions</b>	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 .....	29	28,377.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... ▶ <input type="checkbox"/>			

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

KAMALA D HARRIS

**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

**2011**

Attachment  
Sequence No. **12**

Your social security number

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round 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 to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part I</b> .....				
2 Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> .....				
3 Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> .....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>4</b>
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>5</b>
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>6</b>
7 <b>Net short-term capital gain or (loss)</b> . Combine lines 1 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.....				<b>7</b>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round 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 to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part II</b> .....	2,619.	4,039.		-1,420.
9 Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> .....				
10 Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> .....				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>11</b>
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>12</b>
13 Capital gain distributions. See instrs.....				<b>13</b>
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>14</b>
15 <b>Net long-term capital gain or (loss)</b> . Combine lines 8 through 14 in column (h). Then go to Part III on page 2.....				<b>15</b> -1,420.

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

Schedule D (Form 1040) 2011



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. . . . .</p>	<p><b>16</b></p>	<p>-1,420.</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions. . . . .</p>	<p><b>18</b></p>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions. . . . .</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] . . . . .</li> </ul>	<p><b>21</b></p>	<p>-1,420.</p>
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		



# California Resident Income Tax Return 2011

FORM

**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

P  
AC  
A  
R  
RP

[REDACTED] HARR 11  
KAMALA D HARRIS

[REDACTED] 10-26-1964

01	1	72	0	408	0
06	0	73	0	410	0
09	0	74	0	412	0
10	0	91	2104	413	0
12	159294	92	0	414	0
14	0	93	2104	415	0
16	0	94	0	416	0
17	158090	95	0	417	0
18	12623	400	0	418	0
31	11176	401	0	419	0
34	0	402	0	110	0
40	0	403	0	111	0
41	0	404	0	112	0
42	0	405	0	113	0
43	0	406	0	115	2104
44	0	407	0	116	2104
45	0			117	0
46	0				
61	0				
62	0				
63	0				
64	11074				
71	13178				



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

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

## Sign Here

Daytime phone number (optional) [REDACTED] Date \_\_\_\_\_

Your email address (optional). Enter only one. \_\_\_\_\_

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

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

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

Paid Preparer's PTIN

FEIN

Joint tax return? (See instructions.)

Do you want to allow another person to discuss this tax return with us (see instructions)?  Yes  No

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_





Your Name: KAMALA D HARRIS

Your SSN or ITIN: [REDACTED]

		Code	Amount
<b>Contributions</b>	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	_____
	ALS/Lou Gehrig's Disease Research Fund.....	● 414	_____
	Arts Council Fund.....	● 415	_____
	California Police Activities League (CALPAL) Fund.....	● 416	_____
	California Veterans Homes Fund.....	● 417	_____
	Safely Surrendered Baby Fund.....	● 418	_____
	Child Victims of Human Trafficking Fund.....	● 419	_____
	110 Add code 400 through code 419. This is your total contribution.....	● 110	_____

<b>Amount You Owe</b>	111 <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> Pay online – Go to <a href="http://ftb.ca.gov">ftb.ca.gov</a> and search for <b>web pay</b> .....	● 111	_____
	112 Interest, late return penalties, and late payment penalties.....	112	_____
<b>Interest and Penalties</b>	113 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached.....	● 113	_____
	114 Total amount due (see instructions). Enclose, but <b>do not</b> staple, any payment.....	114	_____

**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 account shown below:

[REDACTED]  Checking  Savings [REDACTED] 2,104.  
● Routing number ● Type ● Account number ● 116 Direct deposit amount

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

                      Checking  Savings                       
● Routing number ● Type ● Account number ● 117 Direct deposit amount

**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

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**  
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C	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.....	11					
12 Business income or (loss).....	12					
13 Capital gain or (loss). See instructions.....	13	-1,420.				
14 Other gains or (losses).....	14					
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).....	18					
19 Unemployment compensation.....	19					
20 Social security benefits..... (a).....	20b					
21 Other income.			a		a	
a California lottery winnings			b		b	
b Disaster loss carryover from FTB 3805V			c		c	
c Federal NOL (Form 1040, line 21)			d		d	
d NOL carryover from FTB 3805V			e		e	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	21		f		f	
f Other (describe):						
22 <b>Total.</b> 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.				

**Section 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.....	26					
27 Deductible part 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.						
b Recipient's: SSN.....						
Last name.....	31 a					
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 columns A, B, and C. See instrs.....	36					
37 <b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions.....	37	158,090.				

CAIA4012L 02/16/12



Part II Adjustments to Federal Itemized Deductions

<b>38</b>	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 29 .....	<b>38</b>	<u>28,377.</u>
<b>39</b>	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 <b>only</b> ). See instructions.....	<b>39</b>	<u>15,754.</u>
<b>40</b>	Subtract line 39 from line 38.....	<b>40</b>	<u>12,623.</u>
<b>41</b>	Other adjustments including California lottery losses. See instructions. Specify ... _____	<b>41</b>	_____
<b>42</b>	Combine line 40 and line 41.....	<b>42</b>	<u>12,623.</u>
<b>43</b>	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
	Single or married/RDP filing separately.....		\$166,565
	Head of household.....		\$249,852
	Married/RDP filing jointly or qualifying widow(er).....		\$333,134
<b>No.</b>	Transfer the amount on line 42 to line 43.		
<b>Yes.</b>	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.....	<b>43</b>	<input type="text" value="12,623."/>
<b>44</b>	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately.....		\$3,769
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,538
	<b>Transfer the amount on line 44 to Form 540, line 18</b> .....	<b>44</b>	<input type="text" value="12,623."/>

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20

See separate instructions.

Your first name and initial Last name

Your social security number

KAMALA D HARRIS

[Redacted]

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment 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

Foreign country name Foreign province/state/county Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

Filing Status

- 1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here.
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's 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.
6b [ ] Spouse.
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax or (see instrs)
d Total number of exemptions claimed. 1

Income

Table with 2 columns: Description and Amount. Rows include Wages (130,568), Taxable interest (747), Dividends, Refunds (2,104), Capital gain (-3,000), IRA distributions, Pensions, Rental real estate, Farm income, Unemployment compensation, Social security benefits, and Total income (130,419).

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses, Business expenses, Health savings account deduction, Moving expenses, Self-employment tax, SEP/IRA deductions, and Adjusted gross income (130,419).



Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 130,419.

39a Check [ ] You were born before January 2, 1948, [ ] Blind. Total boxes checked. [ ] Spouse was born before January 2, 1948, [ ] Blind. checked. 39a [ ]

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 23,047.

41 Subtract line 40 from line 38 41 107,372.

42 Exemptions. Multiply \$3,800 by the number on line 6d. 42 3,800.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 103,572.

44 Tax (see instrs). Check if any from: a [ ] Form(s) 8814 c [ ] 962 election b [ ] Form 4972 44 22,461.

45 Alternative minimum tax (see instructions). Attach Form 6251. 45 0.

46 Add lines 44 and 45 46 22,461.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] 53

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.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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 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

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 30,013.

63 2012 estimated tax payments and amount applied from 2011 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8801 d [ ] 8885 71

72 Add lns 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 73 7,552.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here [ ] 74a 7,552.

b Routing number [ ] c Type: [X] Checking [ ] Savings

d Account number [ ]

Direct deposit? See instructions.

75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ]

Sign Here

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

Joint return? See instructions. Your signature [ ] Date [ ] Your occupation DISTRICT ATTORNEY Daytime phone number [ ]

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 Identity Protection PIN, enter it here (see instrs) [ ]

Paid Preparer Use Only

Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [X] if self-employed PTIN [ ]

Firm's name [ ] Firm's EIN [ ]

Firm's address [ ] Phone no. [ ]

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
► **Attach to Form 1040.**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

KAMALA D HARRIS

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
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.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5		10,632.	
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) .....	6		4,487.	
7	Personal property taxes .....	7			
8	Other taxes. List type and amount ► .....	8			
9	Add lines 5 through 8 .....	9			15,119.
<b>Interest You Paid</b>		<b>10 Home mtg interest and points reported to you on Form 1098 .....</b>		10	7,928.
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>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 ► .....</b>		11	
		<b>12 Points not reported to you on Form 1098. See instrs for spcl rules .....</b>		12	
		<b>13 Mortgage insurance premiums (see instructions) .....</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instrs.) .....</b>		14	
		<b>15 Add lines 10 through 14 .....</b>		15	7,928.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs .....</b>		16	
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....</b>		17	
		<b>18 Carryover from prior year .....</b>		18	
		<b>19 Add lines 16 through 18 .....</b>		19	0.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....</b>		20	0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► .....</b>		21	
		<b>22 Tax preparation fees .....</b>		22	
		<b>23 Other expenses — investment, safe deposit box, etc. List type and amount ► .....</b>		23	
		<b>24 Add lines 21 through 23 .....</b>		24	
		<b>25 Enter amount from Form 1040, line 38. ....</b>		25	
		<b>26 Multiply line 25 by 2% (.02) .....</b>		26	
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....</b>		27	0.
<b>Other Miscellaneous Deductions</b>		<b>28 Other — from list in instructions. List type and amount ► .....</b>		28	0.
<b>Total Itemized Deductions</b>		<b>29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 .....</b>		29	23,047.
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here. ....</b>			<input type="checkbox"/>

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

KAMALA D HARRIS

**Capital Gains and Losses**

▶ **Attach to Form 1040 or Form 1040NR.**

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

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

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **12**

Your social security number

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round 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) 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)
<b>1</b> Short-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part I</b> .....				
<b>2</b> Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> .....				
<b>3</b> Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b>
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1 through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2 .....				<b>7</b>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round 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) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8</b> Long-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part II</b> .....	355,000.	375,000.		-20,000.
<b>9</b> Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> .....				
<b>10</b> Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> .....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b>
<b>13</b> Capital gain distributions. See instrs. ....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b>
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8 through 14 in column (h). Then go to Part III on page 2 .....				<b>15</b> -20,000.

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

Schedule D (Form 1040) 2012

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>	<b>16</b>	-20,000.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions. . . . .</p>	<b>18</b>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions. . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ]</li> </ul>	<b>21</b>	-3,000.
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p>		
<p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

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.

- (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

3	(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	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	492 STATEN	2/02/09	2/29/12	355,000.	375,000.			-20,000.
<b>4 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8 (if Box A above is checked), line 9 (if Box B above is checked), or line 10 (if Box C above is checked).				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.



# California Resident Income Tax Return 2012

FORM

**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

[REDACTED] HARR  
KAMALA D HARRIS

12

P  
AC  
A  
R  
RP

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
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		104	61	0	408	0	SCHG1	0
12		130568	62	0	410	0	5870A	0
13		130419	63	0	412	0	5805 5805F	0
14		2104	64	8278	413	0	DESIGNEE	1
16		0	71	10632	414	0	TPIDP [REDACTED]	
17		128315	72	0	419	0	FN [REDACTED]	
18		12415	73	0	420	0	CCF	0
19		115900	74	0	421	0	3805P	0
31		8382	75	10632	422	0	NQDC	0
32		104	91	2354	423	0	3540	0
33		8278	92	0	110	0	3805Z	0
34		0	93	2354	111	0	3807	0
35		8278	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 [REDACTED]

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

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

## Sign Here

Daytime phone number (optional) [REDACTED] Date \_\_\_\_\_

Your email address (optional). Enter only one. \_\_\_\_\_

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

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

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

PTIN [REDACTED]

FEIN [REDACTED]

Joint tax return? (See instructions.)

Do you want to allow another person to discuss this tax return with us (see instructions)?  Yes  No

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number [REDACTED]

Your Name: KAMALA D HARRIS

Your SSN or ITIN: [REDACTED]

**Filing Status**

1  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 the 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 the instructions . . . . . 7  1 x \$104 = \$ 104. Whole dollars only

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8  x \$104 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9  x \$104 = \$

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

First name	Last name	Dependent's relationship to you

Total dependent exemptions . . . . . 10  x \$321 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. . . . . 11 \$ 104.

**Taxable Income**

12 State wages from your Form(s) W-2, box 16. . . . . 12 130,568.

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. . . . . 13 130,419.

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. . . . . 14 2,104.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions). . . . . 15 128,315.

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 . . . . . 17 128,315.

18 Enter the larger of your CA standard deduction OR your CA itemized deductions . . . . . 18 12,415.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. . . . . 19 115,900.

**Tax**

31 Tax. Check box if from:  Tax Table  Tax Rate Schedule  FTB 3800  FTB 3803. . . . . 31 8,382.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see instrs) . . . . . 32 104.

33 Subtract line 32 from line 31. If less than zero, enter -0-. . . . . 33 8,278.

34 Tax (see instructions). Check box if from:  Schedule G-1  Form FTB 5870A. . . . . 34

35 Add line 33 and line 34. . . . . 35 8,278.

**Special Credits**

40 Nonrefundable Child and Dependent Care Expenses Credit, (see instructions). Attach form FTB 3506 . . . . . 40

41 New jobs credit, amount generated (see instructions). . . . . 41

42 New jobs credit, amount claimed (see instructions). . . . . 42

43 Credit  Code  amount . . . . . 43

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

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

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). . . . . 71 10,632.

72 2012 CA estimated tax and other payments (see instructions). . . . . 72

73 Real estate and other withholding (see instructions). . . . . 73

74 Excess SDI (or VPD) 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: KAMALA D HARRIS

Your SSN or ITIN: [REDACTED]

<b>Overpaid Tax/ Tax Due</b>	<b>91</b> Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.....	<b>91</b>	<u>2,354.</u>
	<b>92</b> Amount of line 91 you want applied to your <b>2013</b> estimated tax .....	<b>92</b>	
	<b>93</b> Overpaid tax available this year. Subtract line 92 from line 91.....	<b>93</b>	<u>2,354.</u>
	<b>94</b> Tax due. If line 75 is less than line 64, subtract line 75 from line 64.....	<b>94</b>	

<b>Use Tax</b>	<b>95</b> Use Tax. <b>This is not a total line</b> (see instructions).....	<b>95</b>	
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		Code	Amount
<b>Contributions</b>	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	
	ALS/Lou Gehrig's Disease Research Fund.....	● 414	
	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	
	<b>110</b> Add code 400 through code 423. This is your total contribution.....	● 110	

<b>Amount You Owe</b>	<b>111</b> <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> ..... Pay online – Go to <a href="http://ftb.ca.gov">ftb.ca.gov</a> for more information.	● 111	
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<b>Interest and Penalties</b>	<b>112</b> Interest, late return penalties, and late payment penalties.....	112	
	<b>113</b> Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached.....	● 113	
	<b>114</b> Total amount due (see instructions). Enclose, but <b>do not</b> staple, any payment.....	114	

<b>Refund and Direct Deposit</b>	<b>115</b> <b>REFUND OR NO AMOUNT DUE.</b> Subtract line 95 and line 110 from line 93 (see instructions). Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009</b> .....	● 115	<u>2,354.</u>
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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 [REDACTED] [REDACTED] 2,354.  
 ● Routing number ● Type ● Account number ● 116 Direct deposit amount

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

Checking  Savings \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 ● Routing number ● Type ● Account number ● 117 Direct deposit amount

**2012 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

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**

**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.....	7	130,568.				
8 Taxable interest (b).....	8 a	747.				
9 Ordinary dividends. See instructions (b).....	9 a					
10 Taxable refunds, credits, offsets of state and local income taxes.....	10	2,104.		2,104.		
11 Alimony received.....	11					
12 Business income or (loss).....	12					
13 Capital gain or (loss). See instructions.....	13	-3,000.				
14 Other gains or (losses).....	14					
15 IRA distributions. See instructions (a).....	15 b					
16 Pensions and annuities. See instructions (a).....	16 b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	17					
18 Farm income or (loss).....	18					
19 Unemployment compensation.....	19					
20 Social security benefits (a).....	20 b					
21 Other income.						
a California lottery winnings				a		a
b Disaster loss carryover from FTB 3805V				b		b
c Federal NOL (Form 1040, line 21)				c		c
d NOL carryover from FTB 3805V				d		d
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809				e		e
f Other (describe):				f		f
22 <b>Total.</b> 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.		

**Section 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.....	26					
27 Deductible part 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.						
b Recipient's: SSN						
Last name	31 a					
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 columns A, B, and C. See instrs.....	36					
37 <b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions.....	37	130,419.		2,104.		

CAIA4012L 02/04/13

**Part II Adjustments to Federal Itemized Deductions**

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



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).

Name(s) as shown on return

SSN or ITIN

KAMALA D HARRIS

Table with 5 columns: (a) Description of property, (b) Sales price, (c) Cost or other basis, (d) Loss, (e) Gain. Row 1: 492 STATEN, 355,000, 375,000, 20,000.

Summary table with rows 2-12b. Row 2: Net gain or (loss) shown on California Schedule(s) K-1... 2. Row 3: Capital gain distributions... 3. Row 4: Total 2012 gains from all sources... 4. Row 5: 2012 loss... 5. Row 6: California capital loss carryover... 6. Row 7: Total 2012 loss... 7. Row 8: Combine line 4 and line 7... 8. Row 9: If line 8 is a loss, enter the smaller of... 9. Row 10: Enter the gain or (loss) from federal Form 1040, line 13... 10. Row 11: Enter the California gain from line 8 or (loss) from line 9... 11. Row 12a: If line 10 is more than line 11... 12a. Row 12b: If line 10 is less than line 11... 12b.

For the year Jan 1 - Dec 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial Last name

Your social security number

KAMALA D HARRIS

[Redacted]

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment 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

Foreign country name Foreign province/state/county Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

Filing Status

- 1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here.
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's 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.
6b [ ] Spouse.
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax or (see instrs)
d Total number of exemptions claimed. 1

Income

Table with 2 columns: Description and Amount. Rows include Wages (128,943), Taxable interest (371), Dividends, Refunds (2,354), Capital gain (-3,000), IRA distributions, Pensions, Rental real estate, Farm income, Unemployment compensation, Social security benefits, and Total income (128,668).

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses, Business expenses, Health savings account deduction, Moving expenses, Self-employment tax, SEP/SIMPLE plans, Health insurance deduction, Alimony, IRA deduction, Student loan interest, Tuition, Domestic production activities, and Adjusted gross income (128,668).

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 128,668.

39a Check [ ] You were born before January 2, 1949, [ ] Blind. Total boxes checked. [ ] Spouse was born before January 2, 1949, [ ] Blind. checked. 39a [ ]

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 20,964.

41 Subtract line 40 from line 38 41 107,704.

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.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 103,804.

44 Tax (see instrs). Check if any from: a [ ] Form(s) 8814 c [ ] b [ ] Form 4972 44 22,358.

45 Alternative minimum tax (see instructions). Attach Form 6251. 45 0.

46 Add lines 44 and 45 46 22,358.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] 53

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 22,358.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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 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.

63 2013 estimated tax payments and amount applied from 2012 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ] 71

72 Add lns 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.

b Routing number [ ] c Type: [X] Checking [ ] Savings

d Account number [ ]

Direct deposit? See instructions.

75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ]

Sign Here

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

Your signature [ ] Date [ ] Your occupation DISTRICT ATTORNEY Daytime phone number [ ]

Spouse's signature. If a joint return, both must sign. [ ] Date [ ] Spouse's occupation [ ] If the IRS sent you an Identity Protection PIN, enter it here (see instrs) [ ]

Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [X] if self-employed PTIN [ ]

Firm's name [ ] Firm's EIN [ ]

Firm's address [ ] Phone no. [ ]

Paid Preparer Use Only



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

KAMALA D HARRIS

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
2	Enter amount from Form 1040, line 38. .... <b>2</b>				
3	Multiply line 2 by 10% (.10). But if either of you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	10,161.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) .....	6	4,772.		
7	Personal property taxes .....	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8 .....			9	14,933.
<b>Interest You Paid</b>		<b>10 Home mtg interest and points reported to you on Form 1098.</b>			
10	Home mtg interest and points reported to you on Form 1098. ....	10	6,031.		
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			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).					
12	Points not reported to you on Form 1098. See instrs for spl rules .....	12			
13	Mortgage insurance premiums (see instructions) .....	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.) .....	14			
15	Add lines 10 through 14 .....			15	6,031.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs .....</b>			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs .....	16			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17			
18	Carryover from prior year .....	18			
19	Add lines 16 through 18 .....			19	0.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....</b>			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20			0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►</b>			
21	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21			
22	Tax preparation fees .....	22	580.		
23	Other expenses – investment, safe deposit box, etc. List type and amount ►	23			
24	Add lines 21 through 23 .....	24	580.		
25	Enter amount from Form 1040, line 38. .... <b>25</b> 128,668.	25			
26	Multiply line 25 by 2% (.02) .....	26	2,573.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0.
<b>Other Miscellaneous Deductions</b>		<b>28 Other – from list in instructions. List type and amount ►</b>			
28	Other – from list in instructions. List type and amount ►	28			0.
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$150,000?</b>			
29	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29			20,964.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... ► <input type="checkbox"/>				

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

KAMALA D HARRIS

**Capital Gains and Losses**

▶ **Attach to Form 1040 or Form 1040NR.**

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).

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

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **12**

Your social security number

**Part I 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. 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) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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. ....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked. ....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked. ....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked. ....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. ....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. ....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions. ....				<b>6</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2. ....				<b>7</b>

**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 lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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. ....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked. ....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked. ....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. ....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824. ....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. ....				<b>12</b>
<b>13</b> Capital gain distributions. See instrs. ....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions. ....				<b>14</b> -17,000.
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2. ....				<b>15</b> -17,000.

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

Schedule D (Form 1040) 2013



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>	<b>16</b>	-17,000.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions. . . . .</p>	<b>18</b>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions. . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ]</li> </ul>	<b>21</b>	-3,000.
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p>		
<p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

TAXABLE YEAR

FORM

2013

California e-file Signature Authorization for Individuals

8879

Your name

KAMALA D HARRIS

Spouse s/RDP s name

Your SSN or ITIN

Spouse s/RDP s SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: California Adjusted Gross Income (126,314), Amount You Owe, Refund or No Amount Due (1,962).

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize [redacted] ERO firm name to enter my PIN [redacted] 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 box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

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

[ ] I authorize [redacted] ERO firm name to enter my PIN [redacted] 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 box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2013 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date

# California Resident Income Tax Return 2013

APE

ATTACH FEDERAL RETURN

[REDACTED] HARR  
KAMALA D HARRIS

13

A  
R  
RP

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
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	8199	407	0	3803	0
11		106	61	0	408	0	SCHG1	0
12		128943	62	0	410	0	5870A	0
13		128668	63	0	412	0	5805 5805F	0
14		2354	64	8199	413	0	DESIGNEE	1
16		0	71	10161	419	0	TPIDP [REDACTED]	
17		126314	72	0	420	0	FN [REDACTED]	
18		10803	73	0	421	0	CCF	0
19		115511	74	0	422	0	3805P	0
31		8305	75	10161	423	0	NQDC	0
32		106	91	1962	424	0	3540	0
33		8199	92	0	425	0	3805Z	0
34		0	93	1962	426	0	3807	0
35		8199	94	0	110	0	3808	0
40		0	95	0	111	0	3809	0
41		0	400	0	112	0	3549A	0
42		0	401	0	113	0	IRC197	0
43		0	402	0	115	1962	IRC1341	0
44		0	403	0	116	1962		
					117	0		

DDR1 [REDACTED]

**Filing Status**

1  Single

2  Married/RDP filing jointly. See inst.

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

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

5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died ..... [REDACTED]

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

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: XXXXXXXXXX

**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 ..... **7**  x \$106 = \$  Whole dollars only

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. **8**  x \$106 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ..... **9**  x \$106 =  \$

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

First name	Last name	Dependent's relationship to you
<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>

Total dependent exemptions ..... **10**  x \$326 =  \$

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

**Taxable Income** 12 State wages from your Form(s) W-2, box 16. ....  **12**

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. ....  **13**

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. .... **15**

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. ....  **17**

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	\$3,906
• Married/RDP filing jointly, Head of household, or Qualifying widow(er)	\$7,812

If the box on line 6 is checked, STOP. See instructions .....  **18**

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

**Tax**

31 Tax. Check the box if from:  Tax Table  Tax Rate Schedule  
•  FTB 3800 •  FTB 3803 .....  **31**

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615, see instructions .....  **32**

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

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

35 Add line 33 and line 34. ....  **35**



Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: XXXXXXXXXX

- Special Credits**
- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ..... ● 40
  - 41 New jobs credit, amount generated. See instructions ..... ● 41
  - 42 New jobs credit, amount claimed. See instructions ..... ● 42
  - 43 Enter credit name  code ●  and amount ..... ● 43
  - 44 Enter credit name  code ●  and amount ..... ● 44
  - 45 To claim more than two credits, see instructions. Attach Schedule P (540) ..... ● 45
  - 46 Nonrefundable renter's credit. See instructions ..... ● 46
  - 47 Add line 40 and line 42 through line 46. These are your total credits ..... ● 47
  - 48 Subtract line 47 from line 35. If less than zero, enter -0: ..... ● 48

- 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

- Payments**
- 71 California income tax withheld. See instructions ..... ● 71
  - 72 2013 CA estimated tax and other payments. See instructions ..... ● 72
  - 73 Real estate and other withholding. See instructions ..... ● 73
  - 74 Excess SDI (or VPD) withheld. See instructions ..... ● 74
  - 75 Add line 71, line 72, line 73, and line 74. These are your total payments.  
See instructions ..... ● 75

- Overpaid Tax/  
Tax Due**
- 91 Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75 ..... ● 91
  - 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
  - 94 Tax due. If line 75 is less than line 64, subtract line 75 from line 64 ..... ● 94

Your Name: KAMALA D HARRIS

Your SSN or ITIN: [REDACTED]

Use Tax 95 Use Tax. This is not a total line. See instructions. ● 95 [REDACTED]

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

Your Name: **KAMALA D HARRIS**

Your SSN or ITIN: [REDACTED]

**Amount You Owe**

**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110. See instructions. Do not send cash.

Mail to: **FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0009**

● **111** [REDACTED]

Pay online — Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties..... **112** [REDACTED]

**113** Underpayment of estimated tax. Check the box: ●  **FTB 5805** attached ●  **FTB 5805F** attached..... ● **113** [REDACTED]

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

**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** [REDACTED] **1,962.**

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

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

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

● Routing number	● Type	● Account number	● <b>116</b> Direct deposit amount
[REDACTED]	<input checked="" type="checkbox"/> Checking	[REDACTED]	[REDACTED] <b>1,962.</b>
	<input type="checkbox"/> Savings		

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

● Routing number	● Type	● Account number	● <b>117</b> Direct deposit amount
[REDACTED]	<input type="checkbox"/> Checking	[REDACTED]	[REDACTED]
	<input type="checkbox"/> Savings		

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

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

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

**Sign Here**

Your email address (optional). Enter only one email address. [REDACTED] Daytime phone number (optional) [REDACTED]

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

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

Joint tax return? (See instructions)

Firm's name (or yours, if self-employed) [REDACTED] ● PTIN [REDACTED]  
 Firm's address [REDACTED] ● FEIN [REDACTED]

Do you want to allow another person to discuss this tax return with us? See instructions..... ●  Yes  No

Print Third Party Designee's Name [REDACTED] Telephone Number [REDACTED]



**2013 California Adjustments – Residents**

**CA (540)**

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

Name(s) as shown on tax return

SSN or ITIN

KAMALA D HARRIS

**Part I Income Adjustment Schedule**

**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7	<input type="radio"/> 128,943.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 Taxable interest (b)	8 a	<input type="radio"/> 371.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9 Ordinary dividends. See instructions (b)	9 a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10 Taxable refunds, credits, offsets of state and local income taxes	10	<input type="radio"/> 2,354.	<input type="radio"/>	<input type="radio"/> 2,354.	<input type="radio"/>	
11 Alimony received	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12 Business income or (loss)	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13 Capital gain or (loss). See instructions	13	<input type="radio"/> -3,000.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14 Other gains or (losses)	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15 IRA distributions. See instructions (a)	15 b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16 Pensions and annuities. See instructions (a)	16 b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18 Farm income or (loss)	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19 Unemployment compensation	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20 Social security benefits (a) <input checked="" type="radio"/>	20 b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21 Other income.			a <input type="radio"/>	a	<input type="radio"/>	
a California lottery winnings			b <input type="radio"/>	b	<input type="radio"/>	
b Disaster loss carryover from FTB 3805V	21	<input type="radio"/>	c <input type="radio"/>	c	<input type="radio"/>	
c Federal NOL (Form 1040, line 21)			d <input type="radio"/>	d	<input type="radio"/>	
d NOL carryover from FTB 3805V			e <input type="radio"/>	e	<input type="radio"/>	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809			f <input type="radio"/>	f	<input type="radio"/>	
f Other (describe):						
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	<input type="radio"/> 128,668.	<input type="radio"/>	<input type="radio"/> 2,354.	<input type="radio"/>	

**Section B – Adjustments to Income**

23 Educator expenses	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials.	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25 Health savings account deduction.	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26 Moving expenses.	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27 Deductible part of self-employment tax.	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28 Self-employed SEP, SIMPLE, and qualified plans.	28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29 Self-employed health insurance deduction.	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30 Penalty on early withdrawal of savings.	30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31 a Alimony paid.						
b Recipient's: SSN <input checked="" type="radio"/>						
Last name <input checked="" type="radio"/>	31 a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32 IRA deduction.	32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33 Student loan interest deduction.	33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34 Tuition and fees.	34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35 Domestic production activities deduction.	35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instrs.	36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.	37	<input type="radio"/> 128,668.	<input type="radio"/>	<input type="radio"/> 2,354.	<input type="radio"/>	

CAIA4012L 12/04/13



**Part II Adjustments to Federal Itemized Deductions**

<b>38</b> Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 4, 9, 15, 19, 20, 27, and 28. ....	<input checked="" type="radio"/> <b>38</b>	<u>20,964.</u>
<b>39</b> 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 <b>only</b> ). See instructions .....	<input checked="" type="radio"/> <b>39</b>	<u>10,161.</u>
<b>40</b> Subtract line 39 from line 38. ....	<input checked="" type="radio"/> <b>40</b>	<u>10,803.</u>
<b>41</b> Other adjustments including California lottery losses. See instructions. Specify .....	<input checked="" type="radio"/> <b>41</b>	
<b>42</b> Combine line 40 and line 41. ....	<input checked="" type="radio"/> <b>42</b>	<u>10,803.</u>
<b>43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
Single or married/RDP filing separately .....		<b>\$172,615</b>
Head of household .....		<b>\$258,927</b>
Married/RDP filing jointly or qualifying widow(er) .....		<b>\$345,235</b>
<b>No.</b> Transfer the amount on line 42 to line 43.		
<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43. ....	<input checked="" type="radio"/> <b>43</b>	<input type="text" value="10,803."/>
<b>44 Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
Single or married/RDP filing separately .....		<b>\$3,906</b>
Married/RDP filing jointly, head of household, or qualifying widow(er). <b>\$7,812</b>		
<b>Transfer the amount on line 44 to Form 540, line 18.</b> .....	<input checked="" type="radio"/> <b>44</b>	<input type="text" value="10,803."/>

**2013**

**California Capital Gain or Loss Adjustment**

**D (540)**

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

Name(s) as shown on return

SSN or ITIN

KAMALA 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)
1					
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568) . . . . .	2		
3	Capital gain distributions (federal Form 1099-DIV, box 2a) . . . . .	3		
4	Total 2013 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 . . . . .	4		
5	2013 loss. Add column (d) amounts of line 1 and line 2 . . . . .	5		
6	California capital loss carryover from 2012, if any. See instructions . . . . .	6		-17,000.
7	Total 2013 loss. Add line 5 and line 6 . . . . .	7		-17,000.



For the year Jan 1 - Dec 31, 2014, or other tax year beginning , 2014, ending , 20

Your first name and initial **DOUGLAS C EMHOFF** Last name **EMHOFF** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **KAMALA D HARRIS** Last name **HARRIS** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apartment no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]

Foreign country name [REDACTED] Foreign province/state/county [REDACTED] Foreign postal code [REDACTED]

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here. ▶  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a. ....  
 b  Spouse .....

**Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)
ELLA ROSE	EMHOFF	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here . . .

**Boxes checked on 6a and 6b . . . 2**  
**No. of children on 6c who:**  
 • lived with you . . . . . **1**  
 • did not live with you due to divorce or separation (see instrs) . . . . .  
**Dependents on 6c not entered above . . . . .**  
**Add numbers on lines above . . . . . 3**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2. ....	7	136,848.
8a	Taxable interest. Attach Schedule B if required. ....	8a	268.
b	Tax-exempt interest. Do not include on line 8a. ....	8b	2,342.
9a	Ordinary dividends. Attach Schedule B if required. ....	9a	6,731.
b	Qualified dividends. ST. 2. ....	9b	4,994.
10	Taxable refunds, credits, or offsets of state and local income taxes. STATEMENT 3	10	18,497.
11	Alimony received. ....	11	
12	Business income or (loss). Attach Schedule C or C-EZ. ....	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ....	13	7,448.
14	Other gains or (losses). Attach Form 4797. ....	14	
15a	IRA distributions. ....	15a	
b	Taxable amount. ....	15b	
16a	Pensions and annuities. ....	16a	
b	Taxable amount. ....	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. ....	17	1,136,823.
18	Farm income or (loss). Attach Schedule F. ....	18	
19	Unemployment compensation. ....	19	
20a	Social security benefits. ....	20a	
b	Taxable amount. ....	20b	
21	Other income TAYLOR & RING LLP	21	10,000.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income. ....	22	1,316,615.

**Adjusted Gross Income**

23	Educator expenses. ....	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. ....	24	
25	Health savings account deduction. Attach Form 8889. ....	25	3,300.
26	Moving expenses. Attach Form 3903. ....	26	
27	Deductible part of self-employment tax. Attach Schedule SE. ....	27	22,611.
28	Self-employed SEP, SIMPLE, and qualified plans. ....	28	50,000.
29	Self-employed health insurance deduction. ....	29	8,091.
30	Penalty on early withdrawal of savings. ....	30	
31a	Alimony paid b Recipient's SSN. ....	31a	
32	IRA deduction. ....	32	
33	Student loan interest deduction. ....	33	
34	Tuition and fees. Attach Form 8917. ....	34	
35	Domestic production activities deduction. Attach Form 8903. ....	35	
36	Add lines 23 through 35. ....	36	84,002.
37	Subtract line 36 from line 22. This is your adjusted gross income. ....	37	1,232,613.



Table with 3 columns: Line number, Description, and Amount. Includes sections for Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), and Refund (lines 75-77). Total amount owed is \$1,808.

Third Party Designee: Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

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

Paid Preparer Use Only: Firm's name, address, EIN, and phone number. Preparer's signature and date (10/7/15).

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions) .....	1			
	2 Enter amount from Form 1040, line 38. .... <b>2</b>				
	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	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):				
	a <input checked="" type="checkbox"/> Income taxes, or	5	92,195.		
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions) .....	6	38,851.		
	7 Personal property taxes .....	7	184.		
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8. ....			9	131,230.
	<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098. . . . <b>SEE ST. 4</b>	10	26,743.	
		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 ▶			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		11			
12 Points not reported to you on Form 1098. See instrs for spl rules .....		12			
13 Mortgage insurance premiums (see instructions) .....		13			
14 Investment interest. Attach Form 4952 if required. (See instrs.) .....		14			
15 Add lines 10 through 14. ....				15	26,743.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs. . . . <b>SEE STATEMENT 5</b>	16	62,300.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. . . . <b>SEE STATEMENT 6</b>	17	240.		
	18 Carryover from prior year .....	18			
	19 Add lines 16 through 18. ....			19	62,540.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....			20	0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22 Tax preparation fees .....	22	951.		
	23 Other expenses — investment, safe deposit box, etc. List type and amount ▶				
	<u>MERRIL LYNCH</u> .....	23	4,785.		
	24 Add lines 21 through 23. ....	24	5,736.		
	25 Enter amount from Form 1040, line 38. .... <b>25</b> 1,232,613.				
	26 Multiply line 25 by 2% (.02). ....	26	24,652.		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....			27	0.	
<b>Other Miscellaneous Deductions</b>	28 Other — from list in instructions. List type and amount ▶			28	0.
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		REDUCTION -27,827.	29	192,686.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here. .... <input type="checkbox"/>				

**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **08**

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](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**Part I**  
**Interest**

(See instructions for Form 1040A, or Form 1040, line 8a.)

**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.

		Amount
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 ▶	
	<u>VENABLE LLP</u>	9.
	<u>WELLS FARGO 0764</u>	54.
	<u>WELLS FARGO 7248</u>	205.
2 Add the amounts on line 1		268.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815		3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. ▶		268.

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

**Part II**  
**Ordinary Dividends**

(See 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 name as the payer and enter the ordinary dividends shown on that form.

		Amount	
5	List name of payer ▶		
	<u>MERRILL LYNCH 15265</u>	6,731.	
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. ▶		6,731.

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

**Part III**  
**Foreign Accounts and Trusts**

(See instructions.)

		Yes	No
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.			
7a	At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2014, 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.		X

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

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)
<b>1a</b> 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.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.	3,694.	3,598.		96.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.				6
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2.				7 96.

**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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.	15,418.	13,069.		2,349.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
<b>13</b> Capital gain distributions. See instr. <b>SEE STM 7</b> .				13 19,003.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.				14 -14,000.
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2.				15 7,352.

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

Schedule D (Form 1040) 2014



**Part III Summary**

16 Combine lines 7 and 15 and enter the result. ....	16	7,448.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>		
17 Are lines 15 and 16 <b>both</b> gains?		
<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.		
<input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions. ....	18	0.
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions. ....	19	
20 Are lines 18 and 19 <b>both</b> zero or blank?		
<input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.		
<input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> 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 <b>smaller</b> of:		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] .....</li> </ul>	21	
<b>Note.</b> 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?		
<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
<input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		





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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	VENABLE LLP	P			
B	UPE	P			
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			1,200.	1,179,214.
B		41,191.		
C				
D				
29 a Totals				1,179,214.
b Totals		41,191.	1,200.	
30 Add columns (g) and (j) of line 29a				30 1,179,214.
31 Add columns (f), (h), and (i) of line 29b				31 -42,391.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 1,136,823.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34 a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	1,136,823.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).  
► Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **17**

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

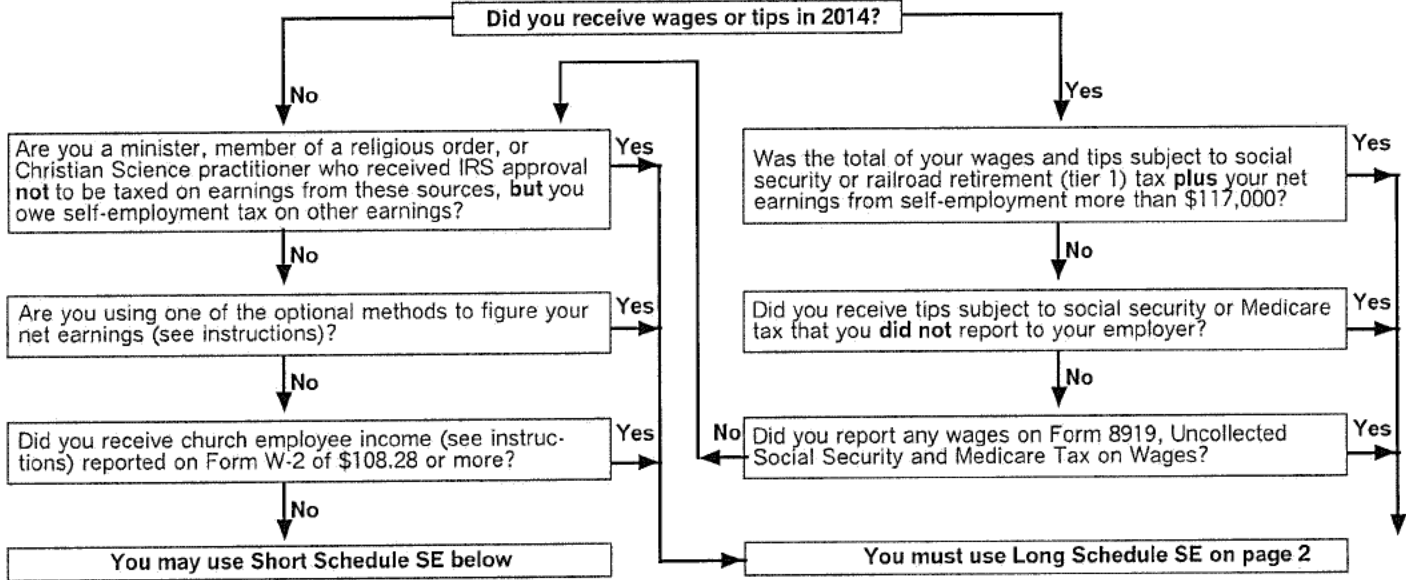
DOUGLAS C EMHOFF

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 . . . . .	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 . . . . .	2	1,146,823.
3 Combine lines 1a, 1b, and 2 . . . . .	3	1,146,823.
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	1,059,091.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 <b>Self-employment tax.</b> If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	5	45,222.
6 <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	6	22,611.

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

Schedule SE (Form 1040) 2014

**Foreign Tax Credit**

**2014**

Department of the Treasury  
Internal Revenue Service (99)

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

► Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Attachment  
Sequence No. **19**

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession. . . . .	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 9</u>	13,857.			1a 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). . . . .				<input type="checkbox"/>
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses definitely related to the income on line 1a (attach statement) . . . . .				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	33,948.			
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	33,948.			
d Gross foreign source income (see instructions) . . . . .	25,734.			
e Gross income from all sources (see instructions) . . . . .	1,373,006.			
f Divide line 3d by line 3e (see instructions) . . . . .	0.018743			
g Multiply line 3c by line 3f . . . . .	636.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .	438.			
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	1,074.			6 1,074.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . .				7 12,783.

**Part II Foreign Taxes Paid or Accrued (see instructions)**

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))	
		In foreign currency				In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties		(q) Interest
A	12/31/2014					152.				152.
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 . . . . .										8 152.

**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	152.	
10	Carryback or carryover (attach detailed computation). SEE STMT. 10	10	102.	
11	Add lines 9 and 10.	11	254.	
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 credit.	14		254.
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	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	<b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	1,033,817.	
<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19		0.0124
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.	20		356,144.
<i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>				
21	Multiply line 20 by line 19 (maximum amount of credit).	21		4,416.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		254.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	30		254.

ALTERNATIVE MINIMUM TAX  
**Foreign Tax Credit**

**2014**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **19**

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	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): <u>SEE STATEMENT 11</u>	18,878.			1 a 18,878.
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). . . . .				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses definitely related to the income on line 1a (attach statement) . . . . .				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions) . . . . .				
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .				
d Gross foreign source income (see instructions) . . . . .	25,734.			
e Gross income from all sources (see instructions) . . . . .	1,373,006.			
f Divide line 3d by line 3e (see instructions) . . . . .	0.018743			
g Multiply line 3c by line 3f . . . . .				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .	368.			
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	368.			6 368.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . .				7 18,510.

**Part II Foreign Taxes Paid or Accrued (see instructions)**

COUNTRY	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(s) Total foreign taxes paid or accrued (add columns (o) through (r))		
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		(p) Rents & royalties	(q) Interest
A	12/31/2014					152.				152.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 . . . . . **8 152.**



**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	152.	
10	Carryback or carryover (attach detailed computation).	10		
11	Add lines 9 and 10.	11	152.	
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 credit.	14		152.
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	18,510.	
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	18,510.	
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	1,121,499.	
19	<b>Caution:</b> 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
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.	20		310,369.
21	<b>Caution:</b> 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.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		152.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> of line 20 or line 27.	28		152.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29		
30	Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	30		152.

Department of the Treasury  
Internal Revenue Service (99)

► Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://www.irs.gov/form3800).  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

Identifying number

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. ....	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 II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>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. ....</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return. ....</li> <li>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. ....</li> </ul>	7	356,144.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35. ....</li> <li>Corporations. Enter the amount from Form 4626, line 14. ....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56. ....</li> </ul>	8	
9	Add lines 7 and 8. ....	9	356,144.
10a	Foreign tax credit. ....	10a	254.
b	Certain allowable credits (see instructions). ....	10b	
c	Add lines 10a and 10b. ....	10c	254.
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16. ....	11	355,890.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-. ....	12	355,890.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions). ....	13	82,723.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33. ....</li> <li>Corporations. Enter the amount from Form 4626, line 12. ....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54. ....</li> </ul>	14	310,217.
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 <b>smaller</b> of line 6 or line 16. .... <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. ....	17	

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2014)

**Part II Allowable Credit (Continued)**

Note. 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 26.

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	<b>Credit allowed for the current year.</b> 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.

Name(s) shown on return

Identifying number

DOUGLAS C EMHOFF AND 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)

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I 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.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1 a 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	
e 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).....	1 i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation).....	1 j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation).....	1 k	
l Biodiesel and renewable diesel fuels (attach Form 8864).....	1 l	
m Low sulfur diesel fuel production (Form 8896).....	1 m	
n Distilled spirits (Form 8906).....	1 n	
o Nonconventional source fuel (Form 8907).....	1 o	
p Energy efficient home (Form 8908).....	1 p	
q Energy efficient appliance (Form 8909).....	1 q	
r Alternative motor vehicle (Form 8910).....	1 r	
s Alternative fuel vehicle refueling property (Form 8911).....	1 s	
t Reserved.....	1 t	
u Mine rescue team training (Form 8923).....	1 u	
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).....	1 x	
y Qualified plug-in electric drive motor vehicle (Form 8936).....	1 y	
z Qualified plug-in electric vehicle (carryforward only).....	1 z	
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).....	4a	
b Work opportunity (Form 5884).....	4b	
c Biofuel producer (Form 6478).....	4c	
d Low-income housing (Form 8586, Part II).....	4d	
e 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 Reserved.....	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	156.



## Alternative Minimum Tax – Individuals

▶ Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://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**

[REDACTED]

**Part I 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, 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.
2 Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
3 Taxes from Schedule A (Form 1040), line 9.	3	131,230.
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 \$152,525 or less, enter -0-. Otherwise, see instructions.	6	-27,827.
7 Tax refund from Form 1040, line 10 or line 21.	7	-18,497.
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 Alternative tax net operating loss deduction.	11	
12 Interest from specified private activity bonds exempt from the regular tax.	12	149.
13 Qualified small business stock (7% of gain excluded under section 1202).	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	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
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	44.
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	
27 Other adjustments, including income-based related adjustments.	27	
28 <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.)	28	1,125,026.

**Part II Alternative Minimum Tax (AMT)**

29 Exemption. (If you were under age 24 at the end of 2014, see instructions.) <b>IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ...</b> Single or head of household. \$117,300 \$52,800 Married filing jointly or qualifying widow(er) 156,500 82,100 Married filing separately. 78,250 41,050 If line 28 is <b>over</b> 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 31, 33, and 35, and go to line 34.	30	1,125,026.
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. • <b>All others:</b> 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.	31	310,369.
32 Alternative minimum tax foreign tax credit (see instructions).	32	152.
33 Tentative minimum tax. Subtract line 32 from line 31.	33	310,217.
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 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 <b>AMT.</b> 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 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	
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 <b>smaller</b> 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 <b>smaller</b> 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: <ul style="list-style-type: none"> <li>• \$73,800 if married filing jointly or qualifying widow(er),</li> <li>• \$36,900 if single or married filing separately, or</li> <li>• \$49,400 if head of household.</li> </ul>	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-.	45	0.
46	Enter the <b>smaller</b> of line 36 or line 37.	46	12,346.
47	Enter the <b>smaller</b> 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: <ul style="list-style-type: none"> <li>• \$406,750 if single</li> <li>• \$228,800 if married filing separately</li> <li>• \$457,600 if married filing jointly or qualifying widow(er)</li> <li>• \$432,200 if head of household</li> </ul>	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, see instructions for the amount to enter.	51	1,027,581.
52	Add line 50 and line 51.	52	1,027,581.
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% (.15).	55	
56	Add lines 47 and 54. <b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>	56	
57	Subtract line 56 from line 46.	57	12,346.
58	Multiply line 57 by 20% (.20). <b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>	58	2,469.
59	Add lines 41, 56, and 57.	59	
60	Subtract line 59 from line 36.	60	
61	Multiply line 60 by 25% (.25).	61	
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	Enter the <b>smaller</b> 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	310,369.

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).....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> 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	
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.....	9	
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	6,550.
13	<b>HSA deduction.</b> 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).

**Part II 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.

14 a	Total distributions you received in 2014 from all HSAs (see instructions).....	14 a	257.
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).....	14 b	
c	Subtract line 14b from line 14a.....	14 c	257.
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	257.
16	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here.....		<input type="checkbox"/>
b	<b>Additional 20% tax</b> (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	

**Part III** **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 <b>Total income.</b> 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 <b>Additional tax.</b> Multiply line 20 by 10% (.10). 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 'HDHP' and the amount.....	21	

Form 8889 (2014)



### 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](http://www.irs.gov/form8959).

Name(s) shown on return

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	148,939.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	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			
5		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% (.009). Enter here and go to Part II . . . . .	7		

**Part 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 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) . . . . .	8	1,059,091.	
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			
9		9	250,000.	
10	Enter the amount from line 4 . . . . .	10	148,939.	
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	101,061.	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		958,030.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III . . . . .	13		8,622.

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

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status:			
	Married filing jointly . . . . . \$250,000			
	Married filing separately . . . . . \$125,000			
	Single, Head of household, or Qualifying widow(er) . . . \$200,000			
15		15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		8,622.
----	--	----	--	--------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	2,160.	
20	Enter the amount from line 1 . . . . .	20	148,939.	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	2,160.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> 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, see instructions) . . . . .	24		

**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](http://www.irs.gov/form8960).

Name(s) shown on your tax return  
**DOUGLAS C EMHOFF AND KAMALA D HARRIS** or EIN

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

1	Taxable interest (see instructions).....	1	268.
2	Ordinary dividends (see instructions).....	2	6,731.
3	Annuities (see instructions).....	3	
4 a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions).....	4 a	1,136,823.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....	4 b	-1,136,823.
c	Combine lines 4a and 4b.....	4 c	
5 a	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 net investment income tax (see instructions).....	5 b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions).....	5 c	
d	Combine lines 5a through 5c.....	5 d	7,448.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions).....	6	
7	Other modifications to investment income (see instructions).....	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....	8	14,447.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9 a	Investment interest expenses (see instructions).....	9 a	
b	State, local, and foreign income tax (see instructions).....	9 b	1,081.
c	Miscellaneous investment expenses (see instructions).....	9 c	
d	Add lines 9a, 9b, and 9c.....	9 d	1,081.
10	Additional modifications (see instructions).....	10	
11	Total deductions and modifications. Add lines 9d and 10.....	11	1,081.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-.....	12	13,366.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions).....	13	1,232,613.
14	Threshold based on filing status (see instructions).....	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	982,613.
16	Enter the smaller of line 12 or line 15.....	16	13,366.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions).....	17	508.
<b>Estates and Trusts:</b>			
18 a	Net investment income (line 12 above).....	18 a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions).....	18 b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-.....	18 c	
19 a	Adjusted gross income (see instructions).....	19 a	
b	Highest tax bracket for estates and trusts for the year (see instructions).....	19 b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19 c	
20	Enter the smaller of line 18c or line 19c.....	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions).....	21	

**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

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**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,200.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	5-YEAR LAPTOP COMPUTER	1,200.	1,200.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,200.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,200.
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	500,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,200.
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	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.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,200.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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 support the business/investment use claimed?  Yes  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 percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....							25	
26 Property used more than 50% in a qualified business use:								
2014 BMW	2/01/14	83.34						
2011 BMW	8/18/11	83.30						
27 Property used 50% or less in a qualified business use:								
							28	0.
							29	0.

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles).....	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year.....												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32.....												
34 Was the vehicle available for personal use during off-duty hours?.....	X		X									
35 Was the vehicle used primarily by a more than 5% owner or related person?.....		X		X								
36 Is another vehicle available for personal use?.....		X		X								

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?.....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year.....					43
44 Total. Add amounts in column (f). See the instructions for where to report.....					44

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

**STATEMENT 1  
FORM 1040  
WAGE SCHEDULE**

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	SDI
STATE OF CALIFORNIA	136,848.	30,863.	7,254.	2,160.	10,919.	
<b>GRAND TOTAL</b>	<u>136,848.</u>	<u>30,863.</u>	<u>7,254.</u>	<u>2,160.</u>	<u>10,919.</u>	<u>0.</u>

**STATEMENT 2  
FORM 1040, LINE 9B  
QUALIFIED DIVIDENDS**

MERRILL LYNCH 15265.....	\$	4,994.
<b>TOTAL</b>	<u>\$</u>	<u>4,994.</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)	\$	27,959.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2013 PAYMENTS PER IRS PUB. 525		0.
3. NET STATE AND LOCAL TAX REFUNDS		27,959.
4. STATE AND LOCAL TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5		77,265.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION		1,422.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES DEDUCTED		75,843.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6		27,959.
8. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE		-9,462.
9. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR	<u>\$</u>	<u>18,497.</u>

**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)		0.
2. ACTUAL REGULAR TAX (1040, LINE 44)		0.
3. ACTUAL AMT (1040, LINE 45)	13,688.	
4. ACTUAL TOTAL TAX BEFORE CREDITS (1040, LINE 46)	13,688.	
5. LESS: ACTUAL CREDITS (1040, LINE 54)	168.	
6. ACTUAL TAX AFTER CREDITS (1040, LINE 55)		13,520.
7. TAXABLE INCOME RECOMPUTED WITH SCH. A TAXES REDUCED BY STATE TAX REFUNDS		0.
8. RECOMPUTED REGULAR TAX		0.
9. RECOMPUTED AMT	13,688.	
10. RECOMPUTED TOTAL TAX BEFORE CREDITS	13,688.	
11. LESS: RECOMPUTED CREDITS	168.	
12. RECOMPUTED TAX AFTER CREDITS		13,520.
13. DIFFERENCE BETWEEN ACTUAL AND RECOMPUTED TAX (SUBTRACT LINE 12 FROM LINE 6)		0.



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.
15. RECOMPUTED CREDIT CARRYOVERS	102.
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.....	\$ -30,948.
WELLS FARGO - 0764.....	5,178.
WELLS FARGO - 1998.....	2,513.
WELLS FARGO - 9287.....	50,000.
TOTAL	<u>\$ 26,743.</u>

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

ALZHEIMER'S ASSOCIATION.....	\$ 120.
AMERICAN CANCER SOCIETY.....	15,000.
CHARITABLE CONTRIBUTIONS FROM K-1.....	29,480.
HAROLD ROBINSON FOUNDATION.....	250.
KIDS FOR LAOS ORPHANS.....	500.
THE MAPLE COUNSELING CENTER.....	2,600.
UNICEF.....	10,000.
UNIVERSITY OF SOUTHERN CALIFORNIA.....	1,650.
WILDWOOD SCHOOL.....	2,700.
TOTAL	<u>\$ 62,300.</u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

STATEMENT 6  
SCHEDULE A, LINE 17  
CONTRIBUTIONS OTHER THAN CASH

GOODWILL.....	\$	240.
TOTAL	\$	<u>240.</u>

STATEMENT 7  
SCHEDULE D, LINE 13  
CAPITAL GAIN DISTRIBUTIONS

MERRILL LYNCH 15265.....	\$	19,003.
TOTAL	\$	<u>19,003.</u>

STATEMENT 8  
SCHEDULE SE, PAGE 1  
TAXPAYER'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES

VENABLE LLP

SELF-EMPLOYMENT INCOME FROM ENTITY.....	\$	1,179,214.
SECTION 179 EXPENSE.....		-1,200.
UNREIMBURSED EXPENSES.....		-41,191.
TOTAL	\$	<u>1,136,823.</u>

TOTAL SE INCOME - NONFARM \$ 1,136,823.

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

DIVIDENDS.....		1,737.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....	4,994.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....	<u>-2,472.</u>	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		2,522.
CAPITAL GAIN DISTRIBUTIONS.....	19,003.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-9,405.</u>	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		9,598.
TOTAL	\$	<u>13,857.</u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

STATEMENT 10  
FORM 1116, LINE 10  
FOREIGN TAX CREDIT CARRYOVERS

## PASSIVE INCOME

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
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.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0.	0.
TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				\$ <u>102.</u>

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.....	<u>-1,427.</u>	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		3,567.
CAPITAL GAIN DISTRIBUTIONS.....	19,003.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-5,429.</u>	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		13,574.
	TOTAL \$	<u>18,878.</u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:54PM

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

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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:54PM

Unreimbursed Expenses - Schedule E Pg. 2 (K-1)  
VENABLE LLP

Vehicle Expenses.....	\$	20,259.
Meal and Entertainment Expenses.....		3,194.
INTEREST - VENABLE K-1.....		7,971.
OFFICE SUPPLIES.....		240.
PROFESSIONAL FEES.....		2,853.
TRAVEL.....		3,620.
MCTMT.....		150.
CELL PHONE/INTERNET.....		2,904.
Total	\$	<u>41,191.</u>



DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15

01:14PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
SCH K-1 (PARTNERSHIPS) - VENABLE LLP																	
MACHINERY AND EQUIPMENT																	
1	1 PHONE	7/01/11		790				790	0		0	0	200DB HY	5		0	
2	1 PAD	7/01/11		990				990	0		0	0	200DB HY	5		0	
3	LAPTOP COMPUTER	7/01/14		1,200		1,200			0		0	0	200DB HY	5		0	
TOTAL MACHINERY AND EQUIPME				2,980		1,200	0	1,780	0	0	0	0				0	
TOTAL DEPRECIATION				2,980		1,200	0	1,780	0	0	0	0				0	
GRAND TOTAL DEPRECIATION				2,980		1,200	0	1,780	0	0	0	0				0	



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 ▼

Form **4868**

Department of the Treasury  
 Internal Revenue Service (99)

**Application for Automatic Extension of Time  
 To File U.S. Individual Income Tax Return**

For calendar year 2014, or other tax year beginning , 2014, ending ,

FDIA4601L 06/06/14

1030

**2014**

Part I Identification		Part II Individual Income Tax	
1 DOUGLAS C EMHOFF KAMALA D HARRIS [REDACTED]		4	Estimate of total tax liability for 2014... \$ <u>411,894.</u>
2		5	Total 2014 payments... <u>71,894.</u>
3		6	<b>Balance due.</b> Subtract line 5 from line 4 (see instructions)... <u>340,000.</u>
[REDACTED]		7	Amount you are paying (see instructions) ▶ <u>340,000.</u>
[REDACTED]		8	Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) ▶ <input type="checkbox"/>
[REDACTED]		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding... ▶ <input type="checkbox"/>

[REDACTED] HY EMHO [REDACTED]

2014

California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

14

DOUGLAS C EMHOFF
KAMALA D HARRIS

A
R
RP

10-13-1964 10-20-1964

Table with columns for line numbers (01-44), amounts, and descriptions (APE, FS, 3800, etc.).

ELLA ROSE EMHOFF DAUGHTER

Filing Status section with checkboxes for Single, Married/RDP filing jointly, etc.

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

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.

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 2 x \$108 = \$ 216.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 x \$108 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 x \$108 = \$

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

Table with 3 columns: First name, Last name, and Dependent's relationship to you. Row 1: ELLA ROSE, EMHOFF, DAUGHTER.

Total dependent exemptions. 10 1 x \$333 = \$ 333.

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 \$ 549.

Taxable Income

12 State wages from your Form(s) W-2, box 16. 12 136,848.

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 1,232,613.

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. 14 15,197.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 1,217,416.

16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. 16 5,591.

17 California adjusted gross income. Combine line 15 and line 16. 17 1,223,007.

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 \$3,992; Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,984. If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. 18 75,531.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. 19 1,147,476.

Tax

31 Tax. Check the box if from: Tax Table; [X] Tax Rate Schedule; FTB 3800; FTB 3803. 31 114,330.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$176,413, see instructions. 32 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. 33 114,330.

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

35 Add line 33 and line 34. 35 114,330.



Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

- 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 [ ] code ● [ ] and amount. ● 44 [ ]
  - 45 To claim more than two credits, see instructions. Attach Schedule P (540) . . . . . ● 45 [ ]
  - 46 Nonrefundable renter's credit. See instructions. . . . . ● 46 [ ]
  - 47 Add line 40 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. ]

- 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 VPD) 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. . . . . ● 94 [ ]

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

Use Tax 95 Use Tax. This is not a total line. See instructions. ● 95 [REDACTED]

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

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

Amount You Owe

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD

PO BOX 942867

SACRAMENTO CA 94267-0009

111 [ ]

Pay online — Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties

112 [ ]

113 Underpayment of estimated tax. Check the box:  FTB 5805 attached

FTB 5805F attached

113 [ ] 116.

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

114 [ ]

Refund and Direct Deposit

115 REFUND OR NO AMOUNT DUE. Subtract 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:

Routing number [ ] Type  Checking  Savings  Account number [ ]  116 Direct deposit amount [ ]

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

Routing number [ ] Type  Checking  Savings  Account number [ ]  117 Direct deposit amount [ ]

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

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

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

Sign Here

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

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

Paid preparer's signature (do not sign if you are not a preparer with all information of which preparer has any knowledge)

Date

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

PTIN

Firm's address

FEIN

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

Yes  No

Print Third Party Designee's Name

Telephone Number

2014 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Part I Income Adjustment Schedule

Section A – Income

Table with 4 columns: Line number, Description, Federal Amounts (A), Subtractions (B), and Additions (C). Includes lines 7 through 22.

Section B – Adjustments to Income

Table with 4 columns: Line number, Description, Federal Amounts (A), Subtractions (B), and Additions (C). Includes lines 23 through 37.

CAIA4012L 12/31/14



**Part II Adjustments to Federal Itemized Deductions**

<b>38</b>	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 4, 9, 15, 19, 20, 27, and 28.....	<input checked="" type="radio"/>	<b>38</b>	<u>220,513.</u>
<b>39</b>	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 <b>only</b> ). See instructions.....	<input checked="" type="radio"/>	<b>39</b>	<u>92,195.</u>
<b>40</b>	Subtract line 39 from line 38.....	<input checked="" type="radio"/>	<b>40</b>	<u>128,318.</u>
<b>41</b>	Other adjustments including California lottery losses. See instructions. Specify.....	<input checked="" type="radio"/>	<b>41</b>	
<b>42</b>	Combine line 40 and line 41.....	<input checked="" type="radio"/>	<b>42</b>	<u>128,318.</u>
<b>43</b>	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>			
	Single or married/RDP filing separately.....			\$176,413
	Head of household.....			\$264,623
	Married/RDP filing jointly or qualifying widow(er).....			\$352,830
<b>No.</b>	Transfer the amount on line 42 to line 43.			
<b>Yes.</b>	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.....	<input checked="" type="radio"/>	<b>43</b>	<span style="border: 1px solid black; padding: 2px;">75,531.</span>
<b>44</b>	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>			
	Single or married/RDP filing separately. See instructions.....			\$3,992
	Married/RDP filing jointly, head of household, or qualifying widow(er). .....			\$7,984
	Transfer the amount on line 44 to Form 540, line 18.....	<input checked="" type="radio"/>	<b>44</b>	<span style="border: 1px solid black; padding: 2px;">75,531.</span>



2014 Other State Tax Credit

S

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

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes line 1 for Total double-taxed income.

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

- 2 California tax liability. See instructions.
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b).
4 California adjusted gross income. See instructions.
5 Divide line 3 by line 4. Do not enter more than 1.0000.
6 Multiply line 2 by line 5.
7 Income tax liability paid to name of other state (use state's abbreviation) See instructions.
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c).
9 Adjusted gross income taxable by other state. See instructions.
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 instructions. 39,423.

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 DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 340,110.

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

Table with 12 numbered rows for calculating the credit. Includes entries for California tax liability (114,330), double-taxed income (340,110), and final credit amount (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 DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 52,058.

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

Table with 12 numbered lines for calculating the credit. Includes entries for California tax liability (114,330), double-taxed income (52,058), adjusted gross income (1,223,007), and final credit amount (2,990).

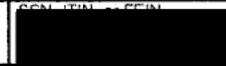
**2014 Other State Tax Credit**

**S**

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

Name(s) as shown on your California tax return

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
<input checked="" type="radio"/> VENABLE LLP	<input checked="" type="radio"/> 130,063.	<input checked="" type="radio"/> 130,063.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 130,063.	<input checked="" type="radio"/> 130,063.

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

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	114,330.
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b).	<input checked="" type="radio"/> 3	130,063.
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	1,223,007.
5 Divide line 3 by line 4. Do not enter more than 1.0000.	<input checked="" type="radio"/> 5	0.1063
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	12,153.
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> NY See instructions	<input checked="" type="radio"/> 7	11,472.
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c).	<input checked="" type="radio"/> 8	130,063.
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	130,063.
10 Divide line 8 by line 9. Do not enter more than 1.0000.	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	11,472.
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions.	<input checked="" type="radio"/> 12	11,472.

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 DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLC with amounts 2,946.

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

Table with 12 numbered lines for calculating the credit. Includes entries for California tax liability (114,330), double-taxed income (2,946), and final credit amount (194).



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 DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 10,200.

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

Table with 12 numbered rows for calculating the credit. Includes entries for California tax liability (114,330), double-taxed income (10,200), adjusted gross income (1,223,007), and final credit amount (949).

**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 DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN XXXXXXXXXX

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	<input checked="" type="radio"/> 332.	<input checked="" type="radio"/> 332.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b> .....	<input checked="" type="radio"/> 332.	<input checked="" type="radio"/> 332.

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

<b>2</b> California tax liability. See instructions .....	<input checked="" type="radio"/> <b>2</b>	<u>114,330.</u>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b).....	<input checked="" type="radio"/> <b>3</b>	<u>332.</u>
<b>4</b> California adjusted gross income. See instructions .....	<input checked="" type="radio"/> <b>4</b>	<u>1,223,007.</u>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000 .....	<input checked="" type="radio"/> <b>5</b>	<u>0.0003</u>
<b>6</b> Multiply line 2 by line 5.....	<input checked="" type="radio"/> <b>6</b>	<u>34.</u>
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> PA See instructions.....	<input checked="" type="radio"/> <b>7</b>	<u>10.</u>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c).....	<input checked="" type="radio"/> <b>8</b>	<u>332.</u>
<b>9</b> Adjusted gross income taxable by other state. See instructions .....	<input checked="" type="radio"/> <b>9</b>	<u>332.</u>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000.....	<input checked="" type="radio"/> <b>10</b>	<u>1.0000</u>
<b>11</b> Multiply line 7 by line 10.....	<input checked="" type="radio"/> <b>11</b>	<u>10.</u>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions .....	<input checked="" type="radio"/> <b>12</b>	<u>10.</u>

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	\$	<u>3,249.</u>

Underpayment of Estimated Tax by Individuals and Fiduciaries

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 42, 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) less credits (including the withholding credit) but not including estimated tax payments for either 2013 or 2014 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
Your 2013 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 2014 return or 100% of the tax shown on your 2013 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.

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 42. If you need additional space, attach a statement. See General Information C.
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 42.
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.
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.

CA126112L 12/10/14

**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2014 tax after credits. See instructions.	1	76,382.
2	Multiply line 1 by 90% (.90).	2	68,744.
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions.	3	10,919.
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. <b>Do not</b> file form FTB 5805.	4	65,463.
5	Enter the tax shown on your 2013 tax return. <b>See instructions.</b> (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 2014, more than \$75,000).	5	68,744.
6	Required annual payment. Enter the <b>smaller</b> 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.

**Short Method**

**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.

7	Enter the amount, if any, from Part II, line 3 above.	7	
8	Enter the total amount, if any, of estimated tax payments you made.	8	
9	Add line 7 and line 8.	9	
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805.	10	
11	Multiply line 10 by .02121370.	11	
12	<ul style="list-style-type: none"> <li>• If the amount on line 10 was paid <b>on or after</b> 4/15/15, enter -0-.</li> <li>• If the amount on line 10 was paid <b>before</b> 4/15/15, enter the result of the following computation:</li> </ul>		
	Amount on line 10 X Number of days paid before 4/15/15 X .00008	12	
13	<b>PENALTY.</b> 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.'	13	116.



**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.		Payment Due Dates				
		(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 I)...	2	12,738.	42,368.		3,275.
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>						
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.
5	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		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	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.	6,985.	
<b>Part II Figure the Penalty.</b> Complete line 10 and line 11 of one column before going to the next column.						
Rate Period:			4/15/14	6/15/14	9/15/14	1/15/15
April 15, 2014 – April 15, 2015						
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: 61	Days:	Days:	Days: 90
11	Underpayment on line 8 (see instructions) × $\frac{\text{Number of days on line 10}}{365} \times .03$	11	\$ 39.53	\$	\$	\$ 76.66
12	<b>PENALTY.</b> 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	\$			116.

2014

**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 20,623.	4/15/14	1	9,462.	11,161.				
	4/15/14	2	3,276.	7,885.	61	0.030	39.53	
	6/15/14	2	4,368.	3,517.				
	6/15/14	3	3,517.					
TOTAL								39.53
SECOND QTR 27,498.	6/15/14			27,498.				
	6/15/14	3	27,498.					
THIRD QTR								
FOURTH QTR 20,623.	9/15/14	3	6,985.	13,638.				
	1/15/15	2	3,275.	10,363.	90	0.030	76.66	
	4/15/15	4	10,363.					
TOTAL								76.66

**TOTAL UNDERPAYMENT PENALTY..... 116.**

- \* 1 = Overpayment
- 2 = Withholding
- 3 = Estimate
- 4 = Extension
- 5 = Paid with return

\*\* Underpayment  $\times \frac{\text{Days Late}}{365} \times \text{Rate}$

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/07/15 01:14PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCH K-1 (PARTNERSHIPS) - VENABLE LLP																
MACHINERY AND EQUIPMENT																
1	PHONE	7/01/11		790				790			0	0	200DB HY	5		0
2	PAD	7/01/11		990				990			0	0	200DB HY	5		0
3	LAPTOP COMPUTER	7/01/14		1,200		1,200					0	0	200DB HY	5		0
TOTAL MACHINERY AND EQUIPME																
2,980 0 1,780 0 0 0 0																
TOTAL DEPRECIATION																
2,980 0 1,780 0 0 0 0																
GRAND TOTAL DEPRECIATION																
2,980 0 1,780 0 0 0 0																



For the year Jan. 1 - Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

Your first name and initial: **DOUGLAS C EMHOFF** Last name: \_\_\_\_\_

Your social security number: \_\_\_\_\_

If a joint return, spouse's first name and initial: **KAMALA D HARRIS** Last name: \_\_\_\_\_

Spouse's social security number: \_\_\_\_\_

City, town or post office, state, and ZIP code: \_\_\_\_\_

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

Presidential Election Campaign:  You  Spouse

**Filing Status**

1  Single

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

3  Married filing separately. Enter spouse's SSN above & full name here. ▶ \_\_\_\_\_

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a. . . . .

b  Spouse. . . . .

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
ELLA ROSE	EMHOFF	_____	DAUGHTER	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here. . . . .

d Total number of exemptions claimed. . . . . **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2. . . . .	7	139,402.
8a Taxable interest. Attach Schedule B if required. . . . .	8a	134.
b Tax-exempt interest. Do not include on line 8a. . . . .	8b	2,646.
9a Ordinary dividends. Attach Schedule B if required. . . . .	9a	5,710.
b Qualified dividends. . . . .	9b	5,009.
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . .	10	21.
11 Alimony received. . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ. . . . .	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . .	13	18,294.
14 Other gains or (losses). Attach Form 4797. . . . .	14	
15a IRA distributions. . . . .	15a	
b Taxable amount. . . . .	15b	
16a Pensions and annuities. . . . .	16a	
b Taxable amount. . . . .	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. . . . .	17	1,082,152.
18 Farm income or (loss). Attach Schedule F. . . . .	18	
19 Unemployment compensation. . . . .	19	
20a Social security benefits. . . . .	20a	
b Taxable amount. . . . .	20b	
21 Other income. List type and amount: <b>TAYLOR &amp; RING LLP</b> . . . . .	21	10,000.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. . . . .	22	1,255,713.

**Adjusted Gross Income**

23 Educator expenses. . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. . . . .	24	
25 Health savings account deduction. Attach Form 8889. . . . .	25	3,575.
26 Moving expenses. Attach Form 3903. . . . .	26	
27 Deductible part of self-employment tax. Attach Schedule SE. . . . .	27	21,922.
28 Self-employed SEP, SIMPLE, and qualified plans. . . . .	28	57,125.
29 Self-employed health insurance deduction. . . . .	29	7,331.
30 Penalty on early withdrawal of savings. . . . .	30	
31 a Alimony paid b Recipient's SSN. . . . .	31 a	
32 IRA deduction. . . . .	32	
33 Student loan interest deduction. . . . .	33	
34 Tuition and fees. Attach Form 8917. . . . .	34	
35 Domestic production activities deduction. Attach Form 8903. . . . .	35	
36 Add lines 23 through 35. . . . .	36	89,953.
37 Subtract line 36 from line 22. This is your adjusted gross income. . . . .	37	1,165,760.



Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Deductions, Exemptions, Tax, and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security and Medicare tax, and Household employment taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Earned income credit, and Total payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering Refund and Amount applied to 2016 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering Amount you owe and Estimated tax penalty.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and personal identification number.

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Signature section with fields for taxpayer and spouse signatures, dates, occupations, and phone numbers.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for firm name, address, EIN, and phone number.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2015**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) .....	1		
	2	Enter amount from Form 1040, line 38. .... <b>2</b>			
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	137,832.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) .....	6	38,892.	
	7	Personal property taxes .....	7	431.	
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8. ....	9	177,155.	
	<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098. . . . <b>SEE ST. 4</b>	10	30,702.
		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 no., and address ▶	11	
Note. Your mortgage interest deduction may be limited (see instructions).					
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. (See instrs.) .....	14		
15		Add lines 10 through 14. ....	15	30,702.	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs. . . . . <b>SEE STATEMENT 5</b>	16	32,947.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. ....	17		
	18	Carryover from prior year. ....	18		
	19	Add lines 16 through 18. ....	19	32,947.	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	0.	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees .....	22	832.	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶ <b>MERRIL LYNCH</b> . . . . . <b>3,791.</b>	23	3,791.	
	24	Add lines 21 through 23. ....	24	4,623.	
	25	Enter amount from Form 1040, line 38. .... <b>25</b> <b>1,165,760.</b>	25		
	26	Multiply line 25 by 2% (.02) .....	26	23,315.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0.	
<b>Other Miscellaneous Deductions</b>	28	Other — from list in instructions. List type and amount ▶	28	0.	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$154,950? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	REDUCTION -25,676.	29	215,128.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... <input type="checkbox"/>			

**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **08**

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](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**Part I**

**Interest**

(See instructions for Form 1040A, or Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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

VENABLE LLP  
WELLS FARGO 7248

**Amount**

9.  
125.

2 Add the amounts on line 1..... 2 134.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815..... 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a..... ▶ 4 134.

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

**Amount**

**Part II**

**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 from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ▶  
MERRILL LYNCH 15265

5,710.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a..... ▶ 6 5,710.

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

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

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? See instructions..... X

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

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

8 During 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..... X

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **12**

Name(s) shown on return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Your social security number

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

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)
<b>1a</b> 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.....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>6</b>
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....				<b>7</b>

**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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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.....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.....	12,825.	11,370.		1,455.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>12</b>
<b>13</b> Capital gain distributions. See the instrs. . . <b>SEE ST. 6</b> .....				<b>13</b> 16,839.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>14</b>
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on the back.....				<b>15</b> 18,294.

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

Schedule D (Form 1040) 2015

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result.....</p>	<p><b>16</b></p>	<p>18,294.</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions.....</p>	<p><b>18</b></p>	<p>0.</p>
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions.....</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ].....</li> </ul>	<p><b>21</b></p>	
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		





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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include VENABLE LLP, UPE, CITIZENS LANIER INVESTORS LLC, and OTHER INCOME.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes sub-totals and totals for passive and nonpassive income.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-totals and totals for passive and nonpassive income.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes line 39 for totals.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40 (Net farm rental income), 41 (Total income or loss), 42 (Reconciliation of farming and fishing income), and 43 (Reconciliation for real estate professionals).

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **17**

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

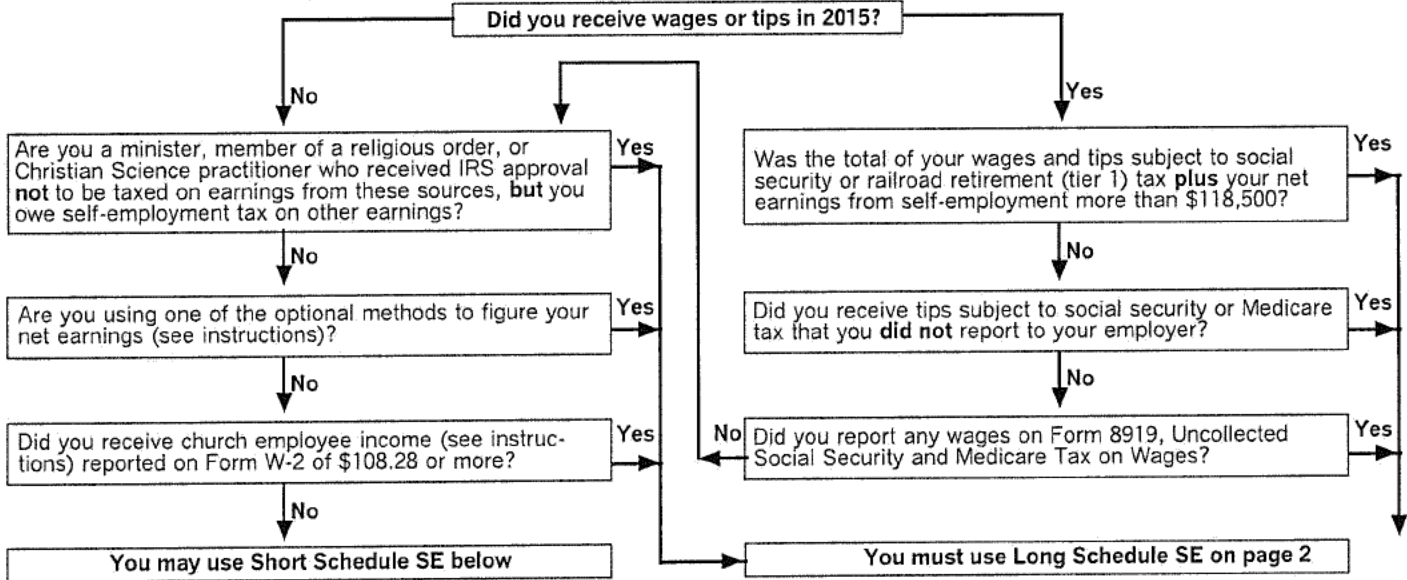
Social security number of person  
with self-employment income ►

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 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 7 . . . . .	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 . . . . .	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.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 <b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	5	43,843.
6 <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	6	21,922.

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

Schedule SE (Form 1040) 2015

**Foreign Tax Credit**

**2015**

Department of the Treasury  
Internal Revenue Service (99)

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

► Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Attachment  
Sequence No. **19**

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return [REDACTED]

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession. . . . .	VARIOUS			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 8</u>	11,736.			<b>1 a</b> 11,736.
<b>b</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). . . . . <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
<b>2</b> Expenses definitely related to the income on line 1a (attach statement) . . . . .				
<b>3</b> Pro rata share of other deductions not definitely related:				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	34,746.			
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .	34,746.			
<b>d</b> Gross foreign source income (see instructions) . . . . .	22,549.			
<b>e</b> Gross income from all sources (see instructions) . . . . .	1,296,330.			
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .	0.017394			
<b>g</b> Multiply line 3c by line 3f . . . . .	604.			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .	477.			
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .	1,081.			<b>6</b> 1,081.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . .				<b>7</b> 10,655.

**Part II Foreign Taxes Paid or Accrued (see instructions)**

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:				Taxes withheld at source on:			
(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	(r) Other foreign taxes paid or accrued	
A	12/31/2015					111.			111.
B									
C									

**8** Add lines A through C, column (s). Enter the total here and on line 9, page 2 . . . . . **8** 111.

**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	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 for credit.	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	<b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	939,099.	
19	<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19		0.0113
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37. <i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>	20		317,799.
21	Multiply line 20 by line 19 (maximum amount of credit).	21		3,591.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		111.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	30		111.



**ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit**

**2015**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Attachment  
Sequence No. **19**

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return XXXXXXXXXX

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.

- a  Passive category income      c  Section 901(j) income      e  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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	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				
	16,307.			1 a 16,307.
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). ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)	22,549.			
e Gross income from all sources (see instructions)	1,296,330.			
f Divide line 3d by line 3e (see instructions)	0.017394			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	386.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	386.			6 386.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. ▶				7 15,921.

**Part II Foreign Taxes Paid or Accrued (see instructions)**

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:				Taxes withheld at source on:			
(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	(r) Other foreign taxes paid or accrued	
A	12/31/2015					111.			111.
B									
C									

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2. ▶ **8 111.**

**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	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 for credit.	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	15,921.	
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	15,921.	
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	1,095,919.	
19	<b>Caution:</b> 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
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37.	20		303,150.
21	<b>Caution:</b> 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		4,396.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		111.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	30		111.

Name(s) shown on return

Identifying number

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.....	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 2015 (see instructions).....	3	0.
4	Carryforward of general business credit to 2015. 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 2016. 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 II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>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.....</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.....</li> <li>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.....</li> </ul>	7	317,799.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35.....</li> <li>Corporations. Enter the amount from Form 4626, line 14.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.....</li> </ul>	8	
9	Add lines 7 and 8.....	9	317,799.
10a	Foreign tax credit.....	10a	111.
b	Certain allowable credits (see instructions).....	10b	
c	Add lines 10a and 10b.....	10c	111.
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16....	11	317,688.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-.....	12	317,688.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions).....	13	73,172.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33.....</li> <li>Corporations. Enter the amount from Form 4626, line 12.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.....</li> </ul>	14	303,039.
15	Enter the greater of line 13 or line 14.....	15	303,039.
16	Subtract line 15 from line 11. If zero or less, enter -0-.....	16	14,649.
17	Enter the <b>smaller</b> of line 6 or line 16..... <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2015)

**Part II Allowable Credit (Continued)**

Note. 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 26.

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 <b>smaller</b> of line 29 or line 36.	37	
38	<b>Credit allowed for the current year.</b> 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	246.

Name(s) shown on return

Identifying number

DOUGLAS C EMHOFF AND 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)

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I 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.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note.</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1 a 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	
e 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).....	1 i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation).....	1 j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation).....	1 k	
l Biodiesel and renewable diesel fuels (attach Form 8864).....	1 l	
m Low sulfur diesel fuel production (Form 8896).....	1 m	
n Distilled spirits (Form 8906).....	1 n	
o Nonconventional source fuel.....	1 o	
p Energy efficient home (Form 8908).....	1 p	
q Energy efficient appliance.....	1 q	
r Alternative motor vehicle (Form 8910).....	1 r	
s Alternative fuel vehicle refueling property (Form 8911).....	1 s	
t Reserved.....	1 t	
u Mine rescue team training (Form 8923).....	1 u	
v Agricultural chemicals security (carryforward only).....	1 v	
w Employer differential wage payments (Form 8932).....	1 w	
x Carbon dioxide sequestration (Form 8933).....	1 x	
y Qualified plug-in electric drive motor vehicle (Form 8936).....	1 y	
z Qualified plug-in electric vehicle (carryforward only).....	1 z	
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	246.
4 a 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	
g Qualified railroad track maintenance (Form 8900).....	4 g	
h Small employer health insurance premiums (Form 8941).....	4 h	
i Reserved.....	4 i	
j Reserved.....	4 j	
z Other.....	4 z	
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	246.



**Alternative Minimum Tax – Individuals**

► Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).  
► Attach to Form 1040 or Form 1040NR.

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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Your social security number

**Part I 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, 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	950,632.
2	Medical and dental. If you or your spouse was 65 or older, 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	
3	Taxes from Schedule A (Form 1040), line 9.	3	177,155.
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 \$154,950 or less, enter -0-. Otherwise, see instructions.	6	-25,676.
7	Tax refund from Form 1040, line 10 or line 21.	7	-21.
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	Alternative tax net operating loss deduction.	11	
12	Interest from specified private activity bonds exempt from the regular tax.	12	226.
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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
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	261.
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	
27	Other adjustments, including income-based related adjustments.	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	1,102,577.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) <b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b> Single or head of household . . . \$119,200 . . . \$53,600 Married filing jointly or qualifying widow(er) 158,900 . . . 83,400 Married filing separately . . . 79,450 . . . 41,700 If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	29	
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	1,102,577.
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 the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$185,400 or less (\$92,700 or less if married filing 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.	31	303,150.
32	Alternative minimum tax foreign tax credit (see instructions).	32	111.
33	Tentative minimum tax. Subtract line 32 from line 31.	33	303,039.
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 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.
35	<b>AMT.</b> 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 line 3 of the worksheet in the instructions for line 31	36	1,102,577.
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	23,303.
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	
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 <b>smaller</b> 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	23,303.
40	Enter the <b>smaller</b> of line 36 or line 39	40	23,303.
41	Subtract line 40 from line 36	41	1,079,274.
42	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 the result	42	298,489.
43	Enter: • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or • \$50,200 if head of household.	43	74,900.
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	927,329.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the <b>smaller</b> of line 36 or line 37	46	23,303.
47	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	23,303.
49	Enter: • \$413,200 if single • \$232,425 if married filing separately • \$464,850 if married filing jointly or qualifying widow(er) • \$439,000 if head of household	49	464,850.
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	927,329.
52	Add line 50 and line 51	52	927,329.
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% (.15)	55	
56	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.	56	
57	Subtract line 56 from line 46	57	23,303.
58	Multiply line 57 by 20% (.20). If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58	4,661.
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25)	61	
62	Add lines 42, 55, 58, and 61	62	303,150.
63	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 the result	63	305,014.
64	Enter the <b>smaller</b> 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**  
**(Form 1040)**

**Household Employment Taxes**

OMB No. 1545-1971

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

**2015**

Department of the Treasury  
Internal Revenue Service (99)

► **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**  
► **Information about Schedule H and its separate instructions is at [www.irs.gov/scheduleh](http://www.irs.gov/scheduleh).**

Attachment  
Sequence No. **44**

Name of employer

Social security number  
[REDACTED]  
Employer identification number  
[REDACTED]

**DOUGLAS C EMHOFF**

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

**A** 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.)

- Yes.** Skip lines B and C and go to line 1.  
 **No.** Go to line B.

**B** Did you withhold federal income tax during 2015 for any household employee?

- Yes.** Skip line C and go to line 7.  
 **No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages 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.

**Part I Social Security, Medicare, and Federal Income Taxes**

1	Total cash wages subject to social security tax.....	1	9,896.	
2	Social security tax. Multiply line 1 by 12.4% (.124).....	2		1,227.
3	Total cash wages subject to Medicare tax.....	3	9,896.	
4	Medicare tax. Multiply line 3 by 2.9% (.029).....	4		287.
5	Total cash wages subject to Additional Medicare Tax withholding.....	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.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		1,514.

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. 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.

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

Schedule H (Form 1040) 2015

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check 'No'.)	X	
11 Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions.	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

**Next:** If you checked the 'Yes' box on all the lines above, complete Section A.  
If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions	CA	
14 Contributions paid to your state unemployment fund	14	336.
15 Total cash wages subject to FUTA tax	15	9,896.
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25.	16	59.

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals							18	
19 Add columns (g) and (h) of line 18							19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)							20	
21 Multiply line 20 by 6.0% (.060)							21	
22 Multiply line 20 by 5.4% (.054)							22	
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-7 and check here)							23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25.							24	

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.	25	1,514.
26 Add line 16 (or line 24) and line 25	26	1,573.

- 27 Are you required to file Form 1040?
- Yes. Stop.** Include the amount from line 26 above on Form 1040, line 60a. Do not complete Part IV below.
- No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature** — Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

► Information about Form 2210 and its separate instructions is at [www.irs.gov/form2210](http://www.irs.gov/form2210).  
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

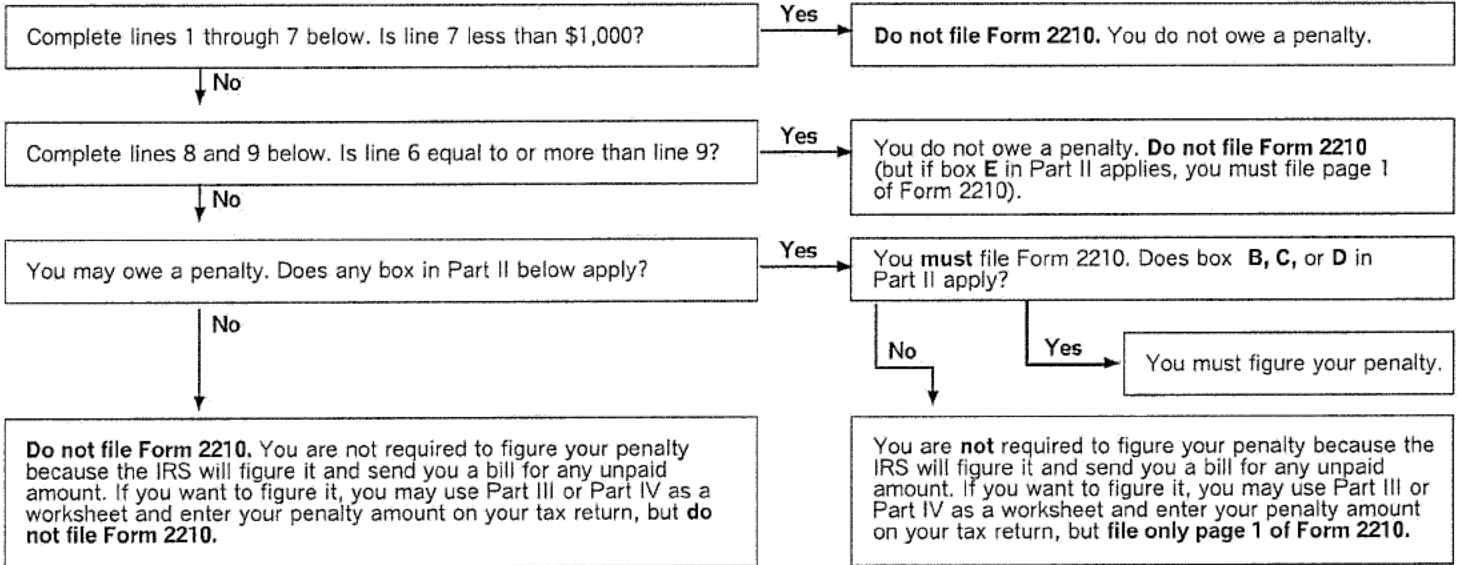
Name(s) shown on tax return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Identifying number

[REDACTED]

**Do You Have To File Form 2210?**



**Part I Required Annual Payment**

1	Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) .....	1	317,442.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) .....	2	54,512.
3	Refundable credits, including the premium tax credit (see instructions) .....	3	0.
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210.</b> .....	4	371,954.
5	Multiply line 4 by 90% (.90) .....	5	334,759.
6	Withholding taxes. <b>Do not</b> include estimated tax payments (see instructions) .....	6	31,460.
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210.</b> .....	7	340,494.
8	Maximum required annual payment based on prior year's tax (see instructions) .....	8	451,095.
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 .....	9	334,759.

Next: Is line 9 more than line 6?

- No.** You **do not** owe a penalty. **Do not** file Form 2210 unless box **E** below 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 none apply, **do not** file Form 2210.

- A  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C  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 AI and file Form 2210.
- D  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.
- E  You filed or are filing a joint return for either 2014 or 2015, 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 are **not** required to figure your penalty (unless box **B, C, or D** applies).



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

Section A – Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/15	(b) 6/15/15	(c) 9/15/15	(d) 1/15/16	
<b>18</b> <b>Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column. . . . .	18	5,499.	6,772.	8,676.	313,812.
<b>19</b> 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. <b>Do not file Form 2210 unless you checked a box in Part II.</b> . . . . .	19	9,673.	126,865.	127,865.	100,865.
<i>Complete lines 20 through 26 of one column before going to line 20 of the next column.</i>					
<b>20</b> Enter the amount, if any, from line 26 in the previous column. . . . .	20		4,174.	124,267.	243,456.
<b>21</b> Add lines 19 and 20. . . . .	21		131,039.	252,132.	344,321.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column. . . . .	22				
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19. . .	23	9,673.	131,039.	252,132.	344,321.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-. . . . .	24		0.	0.	
<b>25</b> <b>Underpayment.</b> 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				
<b>26</b> <b>Overpayment.</b> If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column. . . . .	26	4,174.	124,267.	243,456.	

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

<b>27</b> <b>Penalty.</b> 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. . . . .	27	
<b>Do not file Form 2210 unless you checked a box in Part II.</b> . . . . .		

**Schedule AI – Annualized Income Installment Method** (See the instructions.)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/15, 4/30/15, 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
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**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.	50,000.	150,000.	1,165,760.
2	Annualization amounts. (Estates & trusts, see instrs).	2	4	2.4	1.5	1
3	Annualized income. Multiply line 1 by line 2 . . . . .	3	100,000.	120,000.	225,000.	1,165,760.
4	If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3. . . . .	4	60,201.	100,335.	160,536.	240,804.
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 \$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-. <b>Exception:</b> 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.
11	Subtract line 10 from line 9. If zero or less, enter -0-. . . . .	11	-152,804.	-132,804.	-27,804.	950,632.
12	Figure your tax on the amount on line 11 (see instrs).	12				317,799.
13	Self-employment tax from line 34 (complete Part II below) . . . . .	13	14,130.	16,956.	20,720.	43,843.
14	Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) . . . . .	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 line 16 from line 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.
<b>Complete lines 20 - 25 of one column before going to line 20 of the next column.</b>						
20	Enter the totl of the amts in all prev columns of ln 25	20		5,499.	12,271.	20,947.
21	Subtract ln 20 from ln 19. If zero or less, enter -0- . . . . .	21	5,499.	6,772.	8,676.	313,812.
22	Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column . . . . .	22	83,689.	83,690.	83,690.	83,690.
23	Subtract line 25 of the previous column from line 24 of that column. . . . .	23		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 Form 2210, Part IV, line 18. . . . .	25	5,499.	6,772.	8,676.	313,812.

**Part II Annualized Self-Employment Tax** (Form 1040 and Form 1040NR filers only)

TAXPAYER

26	Net earnings from self-employment for the period (see instructions) . . . . .	26	23,088.	46,175.	138,525.	1,005,139.
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. <b>Exception:</b> 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.
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	11,452.	13,742.	14,694.	14,694.
32	Annualization amounts. . . . .	32	0.116	0.0696	0.0435	0.029
33	Multiply line 26 by line 32 . . . . .	33	2,678.	3,214.	6,026.	29,149.
34	Add lines 31 and 33. Enter here and on line 13 above. . . . .	34	14,130.	16,956.	20,720.	43,843.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

► Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
► Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **53**

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).....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> 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. <b>Do not</b> 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 <b>every</b> month during 2015, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,650 for family coverage). <b>All others</b> , 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.
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 2015, see the instructions for the amount to enter.....	6	6,650.
7	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	
8	Add lines 6 and 7.....	8	6,650.
9	Employer contributions made to your HSAs for 2015.....	9	
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	6,650.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25..... <i>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).</i>	13	3,575.

**Part II 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 2015 from all HSAs (see instructions).....	14a	4,149.
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	
c	Subtract line 14b from line 14a.....	14c	4,149.
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	4,149.
16	<b>Taxable HSA distributions.</b> 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.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here.....	<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (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.....	17b	

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

**Part III** **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 <b>Total income.</b> 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 <b>Additional tax.</b> 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	

### 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](http://www.irs.gov/form8959).

Name(s) shown on return

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . .	1	151,769.		
2	Unreported tips from Form 4137, line 6. . . . .	2			
3	Wages from Form 8919, line 6. . . . .	3			
4	Add lines 1 through 3. . . . .	4	151,769.		
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	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% (.009). Enter here and go to Part II. . . . .	7			

**Part 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 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) . . . . .	8	1,005,139.		
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	9	250,000.		
10	Enter the amount from line 4. . . . .	10	151,769.		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	98,231.		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12			906,908.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III. . . . .	13			8,162.

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

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14			
15	Enter the following amount for your filing status: Married filing jointly. . . . . \$250,000 Married filing separately. . . . . \$125,000 Single, Head of household, or Qualifying widow(er). . . . \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV. . . . .	17			

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V. . . . .	18			8,162.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	2,201.		
20	Enter the amount from line 1. . . . .	20	151,769.		
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages. . . . .	21	2,201.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages. . . . .	22			
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23			
24	<b>Total Additional Medicare Tax withholding.</b> 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, see instructions). . . . .	24			

**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](http://www.irs.gov/form8960).

Name(s) shown on your tax return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Your social security number or EIN

**Part I Investment Income**

- Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions).....		1	134.
2	Ordinary dividends (see instructions).....		2	5,710.
3	Annuities (see instructions).....		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions).....	4a	1,082,152.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....	4b	-1,078,402.	
c	Combine lines 4a and 4b.....	4c		3,750.
5a	Net gain or loss from disposition of property (see instructions).....	5a	18,294.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions).....	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions).....	5c		
d	Combine lines 5a through 5c.....	5d		18,294.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions).....	6		
7	Other modifications to investment income (see instructions).....	7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....	8		27,888.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions).....	9a		
b	State, local, and foreign income tax (see instructions).....	9b	3,297.	
c	Miscellaneous investment expenses (see instructions).....	9c		
d	Add lines 9a, 9b, and 9c.....	9d		3,297.
10	Additional modifications (see instructions).....	10		
11	Total deductions and modifications. Add lines 9d and 10.....	11		3,297.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-.....	12		24,591.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions).....	13	1,165,760.	
14	Threshold based on filing status (see instructions).....	14	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	915,760.	
16	Enter the smaller of line 12 or line 15.....	16		24,591.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions).....	17		934.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above).....	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions).....	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-.....	18c		
19a	Adjusted gross income (see instructions).....	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions).....	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c		
20	Enter the smaller of line 18c or line 19c.....	20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions).....	21		



# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.  
▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

**2015**

Attachment  
Sequence No. **88**

Name(s) shown on return

Identifying number

DOUGLAS C EMHOFF AND KAMALA D HARRIS

**Part I 2015 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1 a	Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	1 a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	1 b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	1 c		
d	Combine lines 1a, 1b, and 1c. . . . .	1 d		

**Commercial Revitalization Deductions From Rental Real Estate Activities**

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

**All Other Passive Activities**

3 a	Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	3 a	3,750.	
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	3 b		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	3 c		
d	Combine lines 3a, 3b, and 3c. . . . .	3 d		3,750.

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

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

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4. . . . .	5		
6	Enter \$150,000. If married filing separately, see instructions. . . . .	6		
7	Enter modified adjusted gross income, but not less than zero (see instrs) . . . . .	7	1,183,932.	
8	Subtract line 7 from line 6. . . . .	8		
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.

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.

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

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

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

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total. . . . .	15		
16	Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	16		

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
CITIZENS LANIER INVESTORS LLC	3,750.			3,750.	
Total. Enter on Form 8582, lines 3a, 3b, and 3c	3,750.				

**Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

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

**Worksheet 5 – Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

**Worksheet 6 – Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b> .....	▶			0.

**Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity . . .	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
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, 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-. . . . ▶					
<b>Total</b> .....	▶	0.	1.00	0.	0.

Name of activity . . .					
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, 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-. . . . ▶					
<b>Total</b> .....	▶	0.	1.00	0.	0.

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2015**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

Business or activity to which this form relates

**SCHEDULE E (PARTNERSHIP) - VENABLE LLP**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) .....	1	500,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 .....	▶ 13	

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.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015 .....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 10/27/15

Form **4562** (2015)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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.)**

24 a Do you have evidence to support the business/investment use claimed?  Yes  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 percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)..... 25								
26 Property used more than 50% in a qualified business use:								
2014 BMW	2/01/14	83.33						
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1..... 28								0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1..... 29								0.

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles).....	10,000											
31 Total commuting miles driven during the year.....	495											
32 Total other personal (noncommuting) miles driven.....	1,505											
33 Total miles driven during the year. Add lines 30 through 32.....	12,000											
34 Was the vehicle available for personal use during off-duty hours?.....	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?.....		X										
36 Is another vehicle available for personal use?.....		X										

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?.....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year..... 43					
44 Total. Add amounts in column (f). See the instructions for where to report..... 44					

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

11:38AM

**STATEMENT 1  
FORM 1040  
WAGE SCHEDULE**

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
STATE OF CALIFORNIA	139,402.	31,460.	7,347.	2,201.	11,112.	
<b>GRAND TOTAL</b>	<u>139,402.</u>	<u>31,460.</u>	<u>7,347.</u>	<u>2,201.</u>	<u>11,112.</u>	<u>0.</u>

**STATEMENT 2  
FORM 1040, LINE 9B  
QUALIFIED DIVIDENDS**

MERRILL LYNCH 15265.....	\$ 5,009.
<b>TOTAL</b>	<u>\$ 5,009.</u>

**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)	\$ 21.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2014 PAYMENTS PER IRS PUB. 525	0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS	21.
4. STATE AND LOCAL TAXES PAID FROM PRIOR YEAR SCH. A, LINE 5	92,195.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION	2,942.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES	89,253.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6	21.
8. ITEMIZED DEDUCTION FROM PRIOR YEAR SCH. A, LINE 29	192,686.
9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS (IF PHASEOUT)	192,665.
10. PRIOR YEAR BASE STANDARD DEDUCTION	12,400.
11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS	0.
12. PRIOR YEAR TOTAL STANDARD DEDUCTION (ADD LINE 10 AND 11)	12,400.
13. ENTER THE LARGER OF LINE 9 OR LINE 12	192,665.
14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0)	21.
15. ENTER THE SMALLER OF LINE 7 OR LINE 14	21.
16. NEGATIVE TAXABLE INCOME (PRIOR YEAR)	0.
17. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE	0.
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)	<u>\$ 21.</u>

**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	220,513.
2. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR)	21.
3. SUBTRACT LINE 2 FROM LINE 1	220,492.
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	0.
5. SUBTRACT LINE 4 FROM LINE 3	220,492.
6. MULTIPLY LINE 5 ABOVE BY 80% (.80)	176,394.
7. ENER AMOUNT FROM PRIOR YEAR FORM 1040, LINE 38	1,232,613.
8. THRESHOLD BASED ON FILING STATUS (\$305,050 IF MFJ/QW,	



DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

11:38AM

**RECOMPUTED ITEMIZED DEDUCTIONS FOR STATE REFUNDS TAXABLE THIS YEAR (CONTINUED)  
(PRIOR YEAR AMOUNTS)**

\$279,650 IF HOH, \$254,200 IF S, \$152,525 IF MFS)	305,050.	
9. SUBTRACT LINE 8 FROM LINE 7	927,563.	
10. MULTIPLY LINE 9 ABOVE BY 3% (.03)	27,827.	
11. ENTER THE SMALLER OF LINE 6 OR LINE 10		<u>27,827.</u>
12. RECOMPUTED ITEMIZED DEDUCTIONS FOR LINE 9 OF STATE AND LOCAL REFUNDS TAXABLE IN CURRENT YEAR WORKSHEET (SUBTRACT LINE 11 FROM LINE 3)		<u><u>192,665.</u></u>

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

MORTGAGE INTEREST LIMITATION .....	\$	-29,586.
WELLS FARGO - 0764.....		5,178.
WELLS FARGO - 431998.....		4,390.
WELLS FARGO - 901998.....		720.
WELLS FARGO - 9287.....		50,000.
	TOTAL \$	<u><u>30,702.</u></u>

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

CASA OF LOS ANGELES.....	\$	100.
CHARITABLE CONTRIBUTIONS FROM K-1.....		20,597.
COLLEGE TRACK.....		1,000.
UNICEF.....		10,000.
UNIVERSITY OF SOUTHERN CALIFORNIA.....		1,250.
	TOTAL \$	<u><u>32,947.</u></u>

**STATEMENT 6  
SCHEDULE D, LINE 13  
CAPITAL GAIN DISTRIBUTIONS**

MERRILL LYNCH 15265.....	\$	16,839.
	TOTAL \$	<u><u>16,839.</u></u>

**STATEMENT 7  
SCHEDULE SE, PAGE 1  
TAXPAYER'S SELF-EMPLOYMENT INCOME FROM PASSTHROUGH ENTITIES**

<u>VENABLE LLP</u>		
SELF-EMPLOYMENT INCOME FROM ENTITY.....	\$	1,119,019.
UNREIMBURSED EXPENSES.....		-40,617.
	TOTAL \$	<u><u>1,078,402.</u></u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

11:38AM

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.....	<u>-2,479.</u>	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		2,530.
CAPITAL GAIN DISTRIBUTIONS.....	16,839.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-8,334.</u>	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		8,505.
	TOTAL \$	<u>11,736.</u>

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.....	<u>-1,431.</u>	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		3,578.
CAPITAL GAIN DISTRIBUTIONS.....	16,839.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-4,811.</u>	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		12,028.
	TOTAL \$	<u>16,307.</u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

01:35PM

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

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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16

01:36PM

UNREIMBURSED EXPENSES - SCHEDULE E PG. 2 (K-1)  
VENABLE LLP

VEHICLE EXPENSES.....	\$	20,749.
MEAL AND ENTERTAINMENT EXPENSES.....		3,258.
INTEREST - VENABLE K-1.....		6,509.
OFFICE SUPPLIES.....		345.
PROFESSIONAL FEES.....		2,497.
TRAVEL.....		3,692.
MCTMT.....		605.
CELL PHONE/INTERNET.....		2,962.
	TOTAL \$	<u>40,617.</u>

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16 11:38AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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SCH K-1 (PARTNERSHIPS) - VENABLE LLP

MACHINERY AND EQUIPMENT

1	PHONE	7/01/11		790			790	0		0	0	200DB HY	5		0
2	PAD	7/01/11		990			990	0		0	0	200DB HY	5		0
3	LAPTOP COMPUTER	7/01/14		1,200			1,200	0		0	0	200DB HY	5		0
<b>TOTAL MACHINERY AND EQUIPME</b>															
2,980 0 0 2,980 0 0 0 0															
<b>TOTAL DEPRECIATION</b>															
2,980 0 0 2,980 0 0 0 0															
<b>GRAND TOTAL DEPRECIATION</b>															
2,980 0 0 2,980 0 0 0 0															








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

▼ DETACH HERE ▼

Form <b>4868</b> Department of the Treasury Internal Revenue Service (99)		<b>Application for Automatic Extension of Time          To File U.S. Individual Income Tax Return</b> For calendar year 2015, or other tax year beginning , 2015, ending		1030 FDIA4601L 07/29/15 <b>2015</b>
<b>Part I Identification</b>		<b>Part II Individual Income Tax</b>		
1 DOUGLAS C EMHOFF KAMALA D HARRIS 		4 Estimate of total tax liability for 2015... \$ <u>388,808.</u> 5 Total 2015 payments..... <u>365,268.</u> 6 <b>Balance due.</b> Subtract line 5 from line 4 (see instructions)..... <u>23,540.</u> 7 Amount you are paying (see instructions)..... ▶ <u>23,540.</u> 8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions)..... ▶ <input type="checkbox"/> 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding..... ▶ <input type="checkbox"/>		

 HY EMHO 

2015

California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

EMHO
DOUGLAS C EMHOFF
KAMALA D HARRIS

15

A
R
RP

10-13-1964 10-20-1964

Table with columns for line numbers (01-44), amounts, and descriptions (APE, FS, 3800, etc.)

ELLA ROSE EMHOFF
DAUGHTER

Filing Status section with checkboxes for Single, Married/RDP filing jointly, etc.

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

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.

Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions  7  x \$109 =  \$
- 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  x \$109 =  \$
- 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9  x \$109 =  \$

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> ELLA ROSE	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> EMHOFF	<input checked="" type="radio"/>	<input checked="" type="radio"/>
SSN	<input type="radio"/> [REDACTED]	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions  10  x \$337 =  \$

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

Taxable Income

- 12 State wages from your Form(s) W-2, box 16.  12
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4.  13
- 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.  15
- 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.  17
- 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. \$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
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-.  19

Tax

- 31 Tax. Check the box if from:  Tax Table  Tax Rate Schedule  
 FTB 3800  FTB 3803.  31
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$178,706, see instructions.  32
- 33 Subtract line 32 from line 31. If less than zero, enter -0-.  33
- 34 Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A.  34
- 35 Add line 33 and line 34.  35

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

<b>Special Credits</b>	<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ....	●	<b>40</b>	[ ]
	<b>43</b>	Enter credit name <u>OTHER STATE</u> code ● <u>187</u> and amount. ....	●	<b>43</b>	<u>35,952.</u>
	<b>44</b>	Enter credit name [ ] code ● [ ] and amount. ....	●	<b>44</b>	[ ]
	<b>45</b>	To claim more than two credits, see instructions. Attach Schedule P (540) .....	●	<b>45</b>	[ ]
	<b>46</b>	Nonrefundable renter's credit. See instructions. ....	●	<b>46</b>	[ ]
	<b>47</b>	Add line 40 and line 43 through line 46. These are your total credits. ....	⊙	<b>47</b>	<u>35,952.</u>
	<b>48</b>	Subtract line 47 from line 35. If less than zero, enter -0-. ....	⊙	<b>48</b>	<u>75,130.</u>

<b>Other Taxes</b>	<b>61</b>	Alternative minimum tax. Attach Schedule P (540) .....	●	<b>61</b>	[ ]
	<b>62</b>	Mental Health Services Tax. See instructions. ....	●	<b>62</b>	<u>1,239.</u>
	<b>63</b>	Other taxes and credit recapture. See instructions .....	●	<b>63</b>	[ ]
	<b>64</b>	Add line 48, line 61, line 62, and line 63. This is your total tax .....	●	<b>64</b>	<u>76,369.</u>

<b>Payments</b>	<b>71</b>	California income tax withheld. See instructions. ....	●	<b>71</b>	<u>11,112.</u>
	<b>72</b>	2015 CA estimated tax and other payments. See instructions. ....	●	<b>72</b>	<u>68,000.</u>
	<b>73</b>	Withholding (Form 592-B and/or 593). See instructions. ....	●	<b>73</b>	[ ]
	<b>74</b>	Excess SDI (or VPD) withheld. See instructions. ....	●	<b>74</b>	<u>0.</u>
	<b>75</b>	Earned Income Tax Credit (EITC) .....	●	<b>75</b>	[ ]
	<b>76</b>	Add lines 71 through 75. These are your total payments. See instructions. ....	⊙	<b>76</b>	<u>79,112.</u>

<b>Use Tax</b>	<b>91</b>	Use Tax. This is not a total line. See instructions. ....	●	<b>91</b>	[ ]
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<b>Overpaid Tax/ Tax Due</b>	<b>92</b>	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76. ....	⊙	<b>92</b>	<u>79,112.</u>
	<b>93</b>	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 .....	⊙	<b>93</b>	[ ]
	<b>94</b>	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ....	⊙	<b>94</b>	<u>2,743.</u>
	<b>95</b>	Amount of line 94 you want applied to your 2016 estimated tax. ....	●	<b>95</b>	<u>2,743.</u>
	<b>96</b>	Overpaid tax available this year. Subtract line 95 from line 94. ....	●	<b>96</b>	[ ]
	<b>97</b>	Tax due. If line 92 is less than line 64, subtract line 92 from line 64. ....	⊙	<b>97</b>	[ ]

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

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

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0001

111 [ ]

Pay online — Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 [ ]

113 Underpayment of estimated tax. Check the box:  FTB 5805 attached  FTB 5805F attached 113 [ ]

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 [ ]

Refund and Direct Deposit

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

Mail to: FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0001

115 [ ] 0.

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

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

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

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

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

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

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

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

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

Sign Here

Your email address (optional). Enter only one email address.	Daytime phone number (optional)
[ ]	[ ]

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

Paid preparer's signature (the preparer must have all the information of which preparer has any knowledge)	Date
[ ]	10/11/16

Firm's name (or yours, if individual)	● PTIN
[ ]	[ ]

Joint tax return? (See instructions)

Firm's address	● FEIN
[ ]	[ ]

Do you want to allow another person to discuss this tax return with us? See instructions  Yes  No

Print Third Party Designee's Name	Telephone Number
[ ]	[ ]



**2015 California Adjustments – Residents**

**CA (540)**

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

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS

**Part I Income Adjustment Schedule**

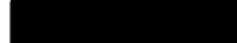
**Section A – Income**

	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C	Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C..... 7	<input checked="" type="radio"/>	139,402.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8 Taxable interest (b) <u>2,646.</u> ..... 8a	<input checked="" type="radio"/>	134.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
9 Ordinary dividends. See instructions (b) <u>5,009.</u> 9a	<input checked="" type="radio"/>	5,710.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	2,646.
10 Taxable refunds, credits, offsets of state and local income taxes..... 10	<input checked="" type="radio"/>	21.	<input checked="" type="radio"/>	21.		
11 Alimony received..... 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12 Business income or (loss)..... 12	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
13 Capital gain or (loss). See instructions..... 13	<input checked="" type="radio"/>	18,294.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
14 Other gains or (losses)..... 14	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
15 IRA distributions. See instructions. (a)..... 15b	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
16 Pensions and annuities. See instructions. (a)..... 16b	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. <u>ST 1</u> 17	<input checked="" type="radio"/>	1,082,152.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	6,409.
18 Farm income or (loss)..... 18	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
19 Unemployment compensation..... 19	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
20 Social security benefits..... (a) <input checked="" type="radio"/> 20b	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
21 Other income.						
a California lottery winnings			a <input checked="" type="radio"/>		a	
b Disaster loss deduction from FTB 3805V			b <input checked="" type="radio"/>		b	
c Federal NOL (Form 1040, line 21)			c <input checked="" type="radio"/>		c <input checked="" type="radio"/>	
d NOL deduction from FTB 3805V			d <input checked="" type="radio"/>		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809			e <input checked="" type="radio"/>		e	
f Other (describe): <input checked="" type="radio"/>			f <input checked="" type="radio"/>		f	
22 <b>Total.</b> 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	<input checked="" type="radio"/>	1,255,713.	<input checked="" type="radio"/>	21.	<input checked="" type="radio"/>	9,055.

**Section B – Adjustments to Income**

23 Educator expenses..... 23	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials..... 24	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
25 Health savings account deduction..... 25	<input checked="" type="radio"/>	3,575.	<input checked="" type="radio"/>	3,575.		
26 Moving expenses..... 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
27 Deductible part of self-employment tax..... 27	<input checked="" type="radio"/>	21,922.	<input checked="" type="radio"/>			
28 Self-employed SEP, SIMPLE, and qualified plans..... 28	<input checked="" type="radio"/>	57,125.	<input checked="" type="radio"/>			
29 Self-employed health insurance deduction..... 29	<input checked="" type="radio"/>	7,331.	<input checked="" type="radio"/>			
30 Penalty on early withdrawal of savings..... 30	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
31 a Alimony paid.						
b Recipient's SSN <input checked="" type="radio"/>						
Last name <input checked="" type="radio"/>						
31 a	<input checked="" type="radio"/>				<input checked="" type="radio"/>	
32 IRA deduction..... 32	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
33 Student loan interest deduction..... 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
34 Tuition and fees..... 34	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
35 Domestic production activities deduction..... 35	<input checked="" type="radio"/>		<input checked="" type="radio"/>			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instrs..... 36	<input checked="" type="radio"/>	89,953.	<input checked="" type="radio"/>	3,575.	<input checked="" type="radio"/>	
37 <b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions..... 37	<input checked="" type="radio"/>	1,165,760.	<input checked="" type="radio"/>	-3,554.	<input checked="" type="radio"/>	9,055.

CA1A4012L 12/24/15



**Part II Adjustments to Federal Itemized Deductions**

<b>38</b>	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 . . . . .	<input checked="" type="radio"/> <b>38</b>	<u>240,804.</u>
<b>39</b>	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 <b>only</b> ). See instructions . . . . .	<input checked="" type="radio"/> <b>39</b>	<u>137,832.</u>
<b>40</b>	Subtract line 39 from line 38 . . . . .	<input checked="" type="radio"/> <b>40</b>	<u>102,972.</u>
<b>41</b>	Other adjustments including California lottery losses. See instructions. Specify . . . . .	<input checked="" type="radio"/> <b>41</b>	
<b>42</b>	Combine line 40 and line 41 . . . . .	<input checked="" type="radio"/> <b>42</b>	<u>102,972.</u>
<b>43</b>	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
	Single or married/RDP filing separately . . . . .		\$178,706
	Head of household . . . . .		\$268,063
	Married/RDP filing jointly or qualifying widow(er) . . . . .		\$357,417
<b>No.</b>	Transfer the amount on line 42 to line 43.		
<b>Yes.</b>	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . .	<input checked="" type="radio"/> <b>43</b>	<input type="text" value="54,471."/>
<b>44</b>	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately. See instructions . . . . .		\$4,044
	Married/RDP filing jointly, head of household, or qualifying widow(er). \$8,088		
	<b>Transfer the amount on line 44 to Form 540, line 18 . . . . .</b>	<input checked="" type="radio"/> <b>44</b>	<input type="text" value="54,471."/>

2015 Other State Tax Credit

S

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 SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes line 1: Total double-taxed income.

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

- 2 California tax liability. See instructions.
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)
4 California adjusted gross income. See instructions.
5 Divide line 3 by line 4. Do not enter more than 1.0000
6 Multiply line 2 by line 5
7 Income tax liability paid to name of other state (use state's abbreviation) See instructions
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)
9 Adjusted gross income taxable by other state. See instructions.
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 instructions 35,952.

**2015 Other State Tax Credit**

**S**

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

Name(s) as shown on your California tax return: DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN: [REDACTED]

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	<input checked="" type="radio"/> 299,527.	<input checked="" type="radio"/> 299,527.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b> .....	<input checked="" type="radio"/> 299,527.	<input checked="" type="radio"/> 299,527.

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

<b>2</b> California tax liability. See instructions .....	<input checked="" type="radio"/> <b>2</b> 111,082.
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) .....	<input checked="" type="radio"/> <b>3</b> 299,527.
<b>4</b> California adjusted gross income. See instructions .....	<input checked="" type="radio"/> <b>4</b> 1,178,369.
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000 .....	<input checked="" type="radio"/> <b>5</b> 0.2542
<b>6</b> Multiply line 2 by line 5 .....	<input checked="" type="radio"/> <b>6</b> 28,237.
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> MD See instructions .....	<input checked="" type="radio"/> <b>7</b> 20,967.
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) .....	<input checked="" type="radio"/> <b>8</b> 299,527.
<b>9</b> Adjusted gross income taxable by other state. See instructions .....	<input checked="" type="radio"/> <b>9</b> 299,527.
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000 .....	<input checked="" type="radio"/> <b>10</b> 1.0000
<b>11</b> Multiply line 7 by line 10 .....	<input checked="" type="radio"/> <b>11</b> 20,967.
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions .....	<input checked="" type="radio"/> <b>12</b> 20,967.

2015 Other State Tax Credit

S

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

Name(s) as shown on your California tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 43,869.

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

- 2 California tax liability. See instructions 111,082.
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) 43,869.
4 California adjusted gross income. See instructions 1,178,369.
5 Divide line 3 by line 4. Do not enter more than 1.0000 0.0372
6 Multiply line 2 by line 5 4,132.
7 Income tax liability paid to name of other state (use state's abbreviation) VA See instructions 2,519.
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) 43,869.
9 Adjusted gross income taxable by other state. See instructions 43,869.
10 Divide line 8 by line 9. Do not enter more than 1.0000 1.0000
11 Multiply line 7 by line 10 2,519.
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions 2,519.

2015 Other State Tax Credit

S

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

Name(s) as shown on your California tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes row for VENABLE LLP and a total row at the bottom.

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

- 2 California tax liability. See instructions ... 111,082.
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) ... 131,481.
4 California adjusted gross income. See instructions ... 1,178,369.
5 Divide line 3 by line 4. Do not enter more than 1.0000 ... 0.1116
6 Multiply line 2 by line 5 ... 12,397.
7 Income tax liability paid to name of other state (use state's abbreviation) NY See instructions ... 11,597.
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) ... 131,481.
9 Adjusted gross income taxable by other state. See instructions ... 131,481.
10 Divide line 8 by line 9. Do not enter more than 1.0000 ... 1.0000
11 Multiply line 7 by line 10 ... 11,597.
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions ... 11,597.



2015 Other State Tax Credit

S

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

Name(s) as shown on your California tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLC with amounts 3,411.

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

Table with 12 numbered rows for calculating the credit. Includes entries for California tax liability (111,082), double-taxed income (3,411), adjusted gross income (1,178,369), and final credit amount (225).

2015 Other State Tax Credit

S

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

Name(s) as shown on your California tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS SSN, ITIN, or FEIN [REDACTED]

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amount 6,777.

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

Table with 12 numbered rows for calculating the credit. Includes entries for California tax liability (111,082), double-taxed income (6,777), adjusted gross income (1,178,369), and final credit amount (644).

10/11/16

11:38AM

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

PARTNERSHIP/S-CORPORATION INCOME ADJUSTMENT.....	\$	6,409.
TOTAL	\$	<u>6,409.</u>

Underpayment of Estimated Tax by Individuals and Fiduciaries

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 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.

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. 1 Yes 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. 2 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 No N/A

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

CA126112L 12/15/15



**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2015 tax after credits. See instructions. ....	1	<input type="text" value="76,369."/>
2	Multiply line 1 by 90% (.90) .....	2	<input type="text" value="68,732."/>
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions. ....	3	<input type="text" value="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. <b>Do not</b> file form FTB 5805. ....	4	<input type="text" value="65,257."/>
5	Enter the tax shown on your 2014 tax return. <b>See instructions.</b> (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	<input type="text" value="68,732."/>
6	Required annual payment. Enter the <b>smaller</b> 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	<input type="text" value="68,732."/>

**Short Method**

**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.

7	Enter the amount, if any, from Part II, line 3 above. ....	7	<input type="text"/>
8	Enter the total amount, if any, of estimated tax payments you made .....	8	<input type="text"/>
9	Add line 7 and line 8. ....	9	<input type="text"/>
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805. ....	10	<input type="text"/>
11	Multiply line 10 by .02128976. ....	11	<input type="text"/>
12	<ul style="list-style-type: none"> <li>• If the amount on line 10 was paid <b>on or after</b> 4/15/16, enter -0-</li> <li>• If the amount on line 10 was paid <b>before</b> 4/15/16, enter the result of the following computation:</li> </ul>		
	Amount on line 10      X      Number of days paid before 4/15/16      X      .00008. ....	12	<input type="text"/>
13	<b>PENALTY.</b> 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.'▶ .....	<input checked="" type="radio"/> 13	<input type="text"/>

**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.

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: 2/28/15, 4/30/15, 7/31/15, and 11/30/15. Fiscal year filers must adjust dates accordingly.

	(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 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 25,000.	50,000.	150,000.	1,178,369.
2 Annualization amounts. Estates or Trusts, see instructions . . . . .	2 4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2 . . . . .	3 100,000.	120,000.	225,000.	1,178,369.
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 25,743.	42,905.	68,648.	102,972.
5 Annualization amounts . . . . .	5 4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions . . . . .	6 102,972.	102,972.	102,972.	54,471.
7 Enter your standard deduction from your 2015 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions . . . . .	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 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 or Trusts, see instructions . . . . .	10	183.	6,302.	111,082.
11 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- . . . . .	14a 0.	0.	0.	75,130.
b Enter the alternative minimum tax and mental health tax. 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			
e Subtract line 14d from line 14c. If zero or less, enter -0- . . . . .	14e 1,239.	1,239.	1,239.	76,369.
15 Applicable percentage . . . . .	15 27%	63%	63%	90%
16 Multiply line 14e by line 15 . . . . .	16 335.	781.	781.	68,732.
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 . . . . .	17	335.	781.	781.
18 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.	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.



**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/15	(b) 6/15/15	(c) 9/15/15	(d) 1/15/16
1	Required Installments. See instructions	335.	446.		67,951.
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) ...	3,334.	27,445.	15,000.	28,333.
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>					
3	Enter amount, if any, from line 9 of previous column		2,999.	29,998.	44,998.
4	Add line 2 and line 3		30,444.	44,998.	73,331.
5	Add amounts on line 7 and line 8 of the previous column				
6	Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2	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-		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				
9	Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	2,999.	29,998.	44,998.	

**Part II Figure the Penalty.** Complete line 10 and line 11 of one column before going to the next column.

Rate Period:		4/15/15	6/15/15	9/15/15	1/15/16
April 15, 2015 – April 15, 2016					
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	Days:	Days:	Days:	Days:
11	Underpayment on line 8 (see instructions) x $\frac{\text{Number of days on line 10}}{366}$ x .03	\$	\$	\$	\$
12	<b>PENALTY.</b> Add 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 44, and check the box on that line				\$

2015

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	2	2,553.	65,398.				
	6/15/15	2	4,445.	60,953.				
	6/15/15	3	23,000.	37,953.				
	9/14/15	3	15,000.	22,953.				
	12/30/15	3	22,953.					

TOTAL UNDERPAYMENT PENALTY..... 0.

- \* 1 = Overpayment
- 2 = Withholding
- 3 = Estimate
- 4 = Extension
- 5 = Paid with return

\*\* Underpayment  $\times \frac{\text{Days Late}}{366 \text{ or } 365} \times \text{Rate}$

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16 11:38AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
SCH K-1 (PARTNERSHIPS) - VENABLE LLP																	
MACHINERY AND EQUIPMENT																	
1	PHONE	7/01/11		790				790	0		0	0	200DB	HY	5	0	
2	PAD	7/01/11		990				990	0		0	0	200DB	HY	5	0	
3	LAPTOP COMPUTER	7/01/14		1,200				1,200	0		0	0	200DB	HY	5	0	
TOTAL MACHINERY AND EQUIPME																	
				2,980	0	0	0	2,980	0	0	0	0					0
TOTAL DEPRECIATION																	
				2,980	0	0	0	2,980	0	0	0	0					0
GRAND TOTAL DEPRECIATION																	
				2,980	0	0	0	2,980	0	0	0	0					0

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/11/16 11:38AM

NO. DESCRIPTION DATE ACQUIRED DATE SOLD AMT BASIS AMT PRIOR DEPR AMT METHOD AMT LIFE AMT RATE AMT DEPR REG. DEPR OWIN PCT. DEPR ADJ. POST-86 DEPR ADJ. REAL PROP PREF LEAS PER 59 (E)(2) PROP PREF AMORT

SCH K-1 (PARTNERSHIPS) - VENABLE LLP

MACHINERY AND EQUIPMENT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWIN PCT.	POST-86 DEPR ADJ.	REAL PROP PREF	LEAS PER 59 (E)(2) PROP PREF	AMORT
1	IPHONE	7/01/11		0	0	150DB HY	5	0	0	0	0	0	0	0	0
2	IPAD	7/01/11		0	0	150DB HY	5	0	0	0	0	0	0	0	0
3	LAPTOP COMPUTER	7/01/14		0	0	150DB HY	5	0	0	0	0	0	0	0	0

TOTAL MACHINERY AND EQUIPME

TOTAL DEPRECIATION

GRAND TOTAL DEPRECIATION

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20

Your first name and initial Last name Your social security number

**DOUGLAS C EMHOFF** [Redacted]

If a joint return, spouse's first name and initial Last name Spouse's social security number

**KAMALA D HARRIS** [Redacted]

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.

[Redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status** 1  Single 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 2  Married filing jointly (even if only one had income) 3  Married filing separately. Enter spouse's SSN above & full name here. ▶ 5  Qualifying widow(er) with dependent child

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b ... 2 No. of children on 6c who:

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	
(1) First name	Last name				
ELLA ROSE	EMHOFF	[Redacted]	DAUGHTER	<input type="checkbox"/>	1
				<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed.					3

Income		
7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	143,800.
8a Taxable interest. Attach Schedule B if required.	8a	226.
b Tax-exempt interest. Do not include on line 8a.	8b	2,690.
9a Ordinary dividends. Attach Schedule B if required.	9a	4,799.
b Qualified dividends	9b	4,540.
10 Taxable refunds, credits, or offsets of state and local income taxes	10	5,466.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ.	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	13	12,934.
14 Other gains or (losses). Attach Form 4797.	14	
15a IRA distributions.	15a	
b Taxable amount.	15b	
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 Farm income or (loss). Attach Schedule F.	18	
19 Unemployment compensation	19	
20a Social security benefits.	20a	
b Taxable amount.	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	1,252,635.

Adjusted Gross Income		
23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.	24	
25 Health savings account deduction. Attach Form 8889.	25	5,046.
26 Moving expenses. Attach Form 3903.	26	
27 Deductible part of self-employment tax. Attach Schedule SE.	27	23,703.
28 Self-employed SEP, SIMPLE, and qualified plans. DB.	28	59,000.
29 Self-employed health insurance deduction.	29	7,756.
30 Penalty on early withdrawal of savings.	30	
31a Alimony paid b Recipient's SSN. ▶	31a	
32 IRA deduction.	32	
33 Student loan interest deduction.	33	
34 Tuition and fees. Attach Form 8917.	34	
35 Domestic production activities deduction. Attach Form 8903.	35	
36 Add lines 23 through 35.	36	95,505.
37 Subtract line 36 from line 22. This is your adjusted gross income.	37	1,157,130.

<b>38</b> Amount from line 37 (adjusted gross income)		<b>38</b>	1,157,130.	
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <b>39a</b> <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.			
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here. <b>39b</b> <input type="checkbox"/>			
	<b>40</b> Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	211,899.	
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	945,231.	
	<b>42</b> Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	<b>42</b>	0.	
	<b>43</b> Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	945,231.	
	<b>44</b> Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	<b>44</b>	316,553.	
	<b>45</b> Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	0.	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>		
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	316,553.	
<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	100.		
<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>			
<b>50</b> Education credits from Form 8863, line 19	<b>50</b>			
<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>			
<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>			
<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>			
<b>54</b> Other crs from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	292.		
<b>55</b> Add lines 48 through 54. These are your total credits	<b>55</b>	392.		
<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	316,161.		
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	47,405.	
	<b>58</b> Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>		
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	4,444.	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>		
	<b>62</b> Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	<b>62</b>	9,920.	
	<b>63</b> Add lines 56 through 62. This is your total tax	<b>63</b>	377,930.	
	<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	32,671.
		<b>65</b> 2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	295,314.
<b>66a</b> Earned income credit (EIC)		<b>66a</b>		
<b>b</b> Nontaxable combat pay election <b>66b</b>		<b>66b</b>		
<b>67</b> Additional child tax credit. Attach Schedule 8812		<b>67</b>		
<b>68</b> American opportunity credit from Form 8863, line 8		<b>68</b>		
<b>69</b> Net premium tax credit. Attach Form 8962		<b>69</b>		
<b>70</b> Amount paid with request for extension to file		<b>70</b>	94,000.	
<b>71</b> Excess social security and tier 1 RRTA tax withheld		<b>71</b>		
<b>72</b> Credit for federal tax on fuels. Attach Form 4136		<b>72</b>		
<b>73</b> Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>			
<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	421,985.		
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	44,055.	
	<b>76a</b> Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	<b>76a</b>	0.	
	<b>b</b> Routing number <input type="checkbox"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>d</b> Account number <input type="checkbox"/>			
<b>77</b> Amount of line 75 you want applied to your 2017 estimated tax	<b>77</b>	43,935.		
<b>Amount You Owe</b>	<b>78</b> Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>		
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	120.	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name  Phone no.  Personal identification number (PIN)

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

Your signature  Date  Your occupation  Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name  Date  Check  if self-employed  PTIN

Firm's name  Firm's EIN

Firm's address  Phone no.



**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

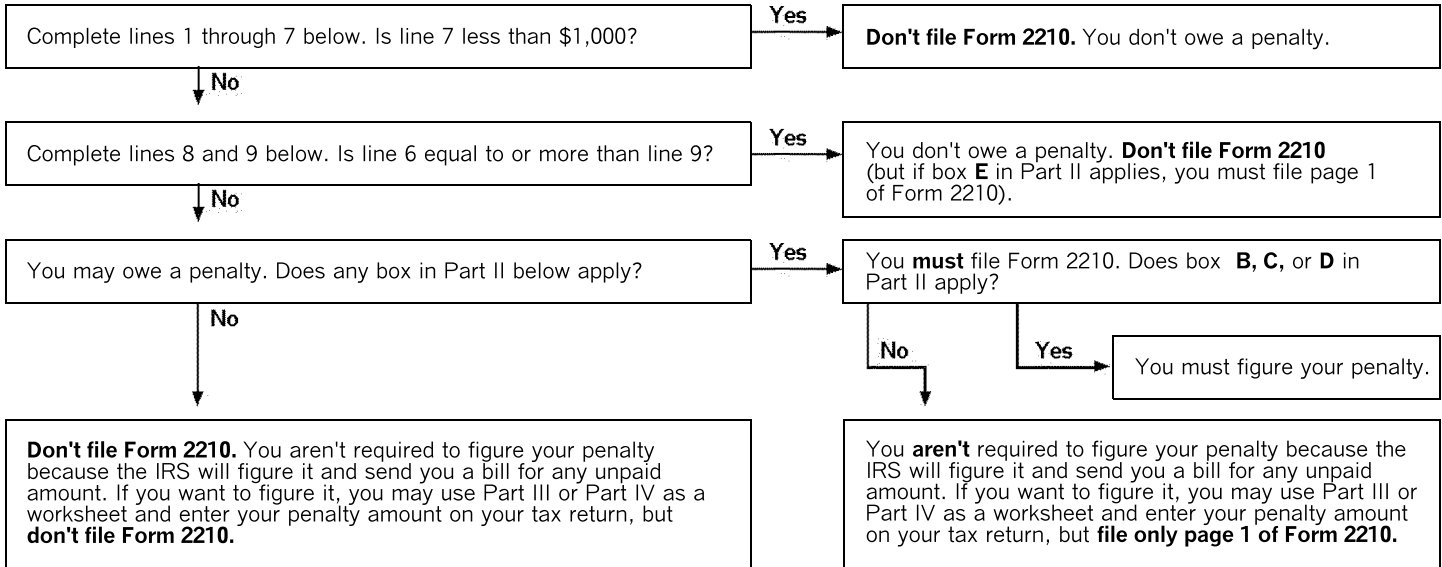
► Information about Form 2210 and its separate instructions is at [www.irs.gov/form2210](http://www.irs.gov/form2210).  
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Identifying number

**Do You Have To File Form 2210?**



**Part I Required Annual Payment**

1	Enter your 2016 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) . . . . .	1	316,161.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) . . . . .	2	61,769.
3	Refundable credits, including the premium tax credit (see instructions) . . . . .	3	0.
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210 . . . . .	4	377,930.
5	Multiply line 4 by 90% (0.90) . . . . .	5	340,137.
6	Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions) . . . . .	6	32,671.
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210 . . . . .	7	345,259.
8	Maximum required annual payment based on prior year's tax (see instructions) . . . . .	8	409,149.
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	340,137.

**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.
- 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.**

**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A**  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.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  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 AI and file Form 2210.
- D**  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.
- E**  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)

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

Section A – Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 1/15/17	
<b>18 Required installments.</b> 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.
<b>19</b> 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. <b>Don't file Form 2210 unless you checked a box in Part II.</b>	19	26,482.	78,168.	108,168.	115,167.
<b>20</b> Enter the amount, if any, from line 26 in the previous column.	20		23,338.	94,547.	196,233.
<b>21</b> Add lines 19 and 20.	21		101,506.	202,715.	311,400.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column.	22				
<b>23</b> 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.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-.	24		0.	0.	
<b>25 Underpayment.</b> 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				12,152.
<b>26</b> 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.)

<b>27 Penalty.</b> 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.	27				120.
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**Schedule AI – Annualized Income Installment Method** (See the instructions.)

Estates and trusts, don't use the period ending dates shown to the right. Instead, use the following: 2/29/16, 4/30/16, 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
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**Part I Annualized Income Installments**

<b>1</b> Enter your adjusted gross income for each period (see instrs). (Estates and trusts, enter your taxable income without your exemption for each period.) . . . . .	<b>1</b>	35,000.	58,000.	93,000.	1,157,130.
<b>2</b> Annualization amounts. (Estates & trusts, see instrs.) . . . . .	<b>2</b>	4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2 . . . . .	<b>3</b>	140,000.	139,200.	139,500.	1,157,130.
<b>4</b> If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3. . . . .	<b>4</b>	59,319.	98,864.	158,183.	237,274.
<b>5</b> Annualization amounts . . . . .	<b>5</b>	4	2.4	1.5	1
<b>6</b> Multiply line 4 by line 5 (see instructions if line 3 is more than \$155,650) . . . . .	<b>6</b>	237,276.	237,274.	237,275.	211,899.
<b>7</b> 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-. <b>Exception:</b> Indian students and business apprentices, see instructions.) . . . . .	<b>7</b>	12,600.	12,600.	12,600.	12,600.
<b>8</b> Enter the larger of line 6 or line 7 . . . . .	<b>8</b>	237,276.	237,274.	237,275.	211,899.
<b>9</b> Subtract line 8 from line 3. . . . .	<b>9</b>	-97,276.	-98,074.	-97,775.	945,231.
<b>10</b> 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.) . . . . .	<b>10</b>	12,150.	12,150.	12,150.	0.
<b>11</b> Subtract line 10 from line 9. If zero or less, enter -0-. . . . .	<b>11</b>	-109,426.	-110,224.	-109,925.	945,231.
<b>12</b> Figure your tax on the amount on line 11 (see instrs.) . . . . .	<b>12</b>				316,553.
<b>13</b> Self-employment tax from line 34 (complete Part II below) . . . . .	<b>13</b>		8,478.	10,598.	47,405.
<b>14</b> Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions). . . . .	<b>14</b>	14,364.	14,364.	14,364.	14,364.
<b>15</b> Total tax. Add lines 12, 13, and 14. . . . .	<b>15</b>	14,364.	22,842.	24,962.	378,322.
<b>16</b> For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 & 3 (see instrs) . . . . .	<b>16</b>	392.	392.	392.	392.
<b>17</b> Subtract line 16 from line 15. If zero or less, enter -0-. . . . .	<b>17</b>	13,972.	22,450.	24,570.	377,930.
<b>18</b> Applicable percentage . . . . .	<b>18</b>	22.5%	45%	67.5%	90%
<b>19</b> Multiply line 17 by line 18. . . . .	<b>19</b>	3,144.	10,103.	16,585.	340,137.
<b>Complete lines 20 - 25 of one column before going to line 20 of the next column.</b>					
<b>20</b> Enter the totl of the amts in all prev columns of line 25 . . . . .	<b>20</b>		3,144.	10,103.	16,585.
<b>21</b> Subtract line 20 from line 19. If zero or less, enter -0-. . . . .	<b>21</b>	3,144.	6,959.	6,482.	323,552.
<b>22</b> Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column. . . . .	<b>22</b>	85,034.	85,034.	85,034.	85,035.
<b>23</b> Subtract line 25 of the previous column from line 24 of that column. . . . .	<b>23</b>		81,890.	159,965.	238,517.
<b>24</b> Add lines 22 and 23. . . . .	<b>24</b>	85,034.	166,924.	244,999.	323,552.
<b>25</b> Enter the smaller of line 21 or line 24 here and on Form 2210, Part IV, line 18. . . . .	<b>25</b>	3,144.	6,959.	6,482.	323,552.

**Part II Annualized Self-Employment Tax** (Form 1040 and Form 1040NR filers only) **TAXPAYER**

<b>26</b> Net earnings from self-employment for the period (see instructions) . . . . .	<b>26</b>		23,088.	46,175.	1,127,972.
<b>27</b> Prorated social security tax limit . . . . .	<b>27</b>	\$29,625	\$49,375	\$79,000	\$118,500
<b>28</b> 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. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions. . . . .	<b>28</b>				
<b>29</b> Subtract line 28 from line 27. If zero or less, enter -0-. . . . .	<b>29</b>	0.	49,375.	79,000.	118,500.
<b>30</b> Annualization amounts. . . . .	<b>30</b>	0.496	0.2976	0.186	0.124
<b>31</b> Multiply line 30 by the smaller of line 26 or line 29. . . . .	<b>31</b>		6,871.	8,589.	14,694.
<b>32</b> Annualization amounts. . . . .	<b>32</b>	0.116	0.0696	0.0435	0.029
<b>33</b> Multiply line 26 by line 32. . . . .	<b>33</b>		1,607.	2,009.	32,711.
<b>34</b> Add lines 31 and 33. Enter here and on line 13 above. . . . .	<b>34</b>		8,478.	10,598.	47,405.

2016

**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 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	1	1,729.	321,823.				
	4/15/16	2	8,168.	313,655.				
	6/15/16	2	8,168.	305,487.				
	6/15/16	3	70,000.	235,487.				
	9/15/16	2	8,168.	227,319.				
	9/15/16	3	100,000.	127,319.				
	1/01/17	3	107,000.	20,319.				
	1/15/17	2	8,167.	12,152.	90	0.040	119.86	
TOTAL	4/15/17	4	12,152.					119.86

**TOTAL UNDERPAYMENT PENALTY** ..... **120.**

\* 1 = Overpayment  
 2 = Withholding  
 3 = Estimate  
 4 = Extension  
 5 = Paid with return

\*\* Underpayment x  $\frac{\text{Days Late}}{366 \text{ or } 365}$  x Rate

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
▶ **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
2	Enter amount from Form 1040, line 38. .... <b>2</b>				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	131,197.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) .....	6	39,194.		
7	Personal property taxes .....	7	369.		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8 .....	9			170,760.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098. SEE, ST. 4</b>			
10	Home mortgage interest and points reported to you on Form 1098. SEE, ST. 4	10	29,270.		
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 no., and address ▶	11			
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).					
12	Points not reported to you on Form 1098. See instructions for special rules. ....	12			
13	Mortgage insurance premiums (see instructions) .....	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.) .....	14			
15	Add lines 10 through 14 .....	15			29,270.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. SEE STATEMENT 5</b>			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. SEE STATEMENT 5	16	37,244.		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17			
18	Carryover from prior year .....	18			
19	Add lines 16 through 18 .....	19			37,244.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶</b>			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
22	Tax preparation fees .....	22	1,139.		
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶ <u>MERRIL LYNCH</u> 4,938.	23	4,938.		
24	Add lines 21 through 23 .....	24	6,077.		
25	Enter amount from Form 1040, line 38. .... <b>25</b> 1,157,130.	25			
26	Multiply line 25 by 2% (0.02) .....	26	23,143.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ▶</b>			
28	Other—from list in instructions. List type and amount ▶	28			0.
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$155,650?</b>			
		<input type="checkbox"/> 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.		REDUCTION -25,375.	29
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... ▶ <input type="checkbox"/>				211,899.

**Interest and Ordinary Dividends**

**2016**

Attachment  
 Sequence No. **08**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

DOUGLAS C EMHOFF AND KAMALA D HARRIS

**Part I**

**Interest**

(See instructions for Form 1040A, or Form 1040, line 8a.)

**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.

		Amount
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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶ <u>CARDINAL BANK</u> <u>VENABLE LLP</u> <u>WELLS FARGO 0764</u> <u>WELLS FARGO 7248</u>	13. 40. 56. 117.
		1
2	Add the amounts on line 1.....	226.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.....	3
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. ▶	226.

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

**Part II**

**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 from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ <u>MERRILL LYNCH 15265</u>	4,799.
		5
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. ▶	4,799.

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

**Part III  
 Foreign  
 Accounts  
 and Trusts**

(See instructions on back.)

	Yes	No
7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions..... If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶	<input type="checkbox"/>	<input type="checkbox"/>
8 During 2016, 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ **Attach to Form 1040 or Form 1040NR.**

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **12**

Name(s) shown on return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Your social security number

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

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) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

**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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instrs. . . <b>SEE ST. 6</b> . . . . .				<b>13</b> 10,927.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b>
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 12,934.

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

Schedule D (Form 1040) 2016

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	12,934.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . .</p>	<b>18</b>	0.
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions. . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] . . . . .</li> </ul>	<b>21</b>	
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include VENABLE LLP and UPE.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes totals for 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals for 34a, 34b, 35, 36, and 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40, 41, 42, and 43.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **17**

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

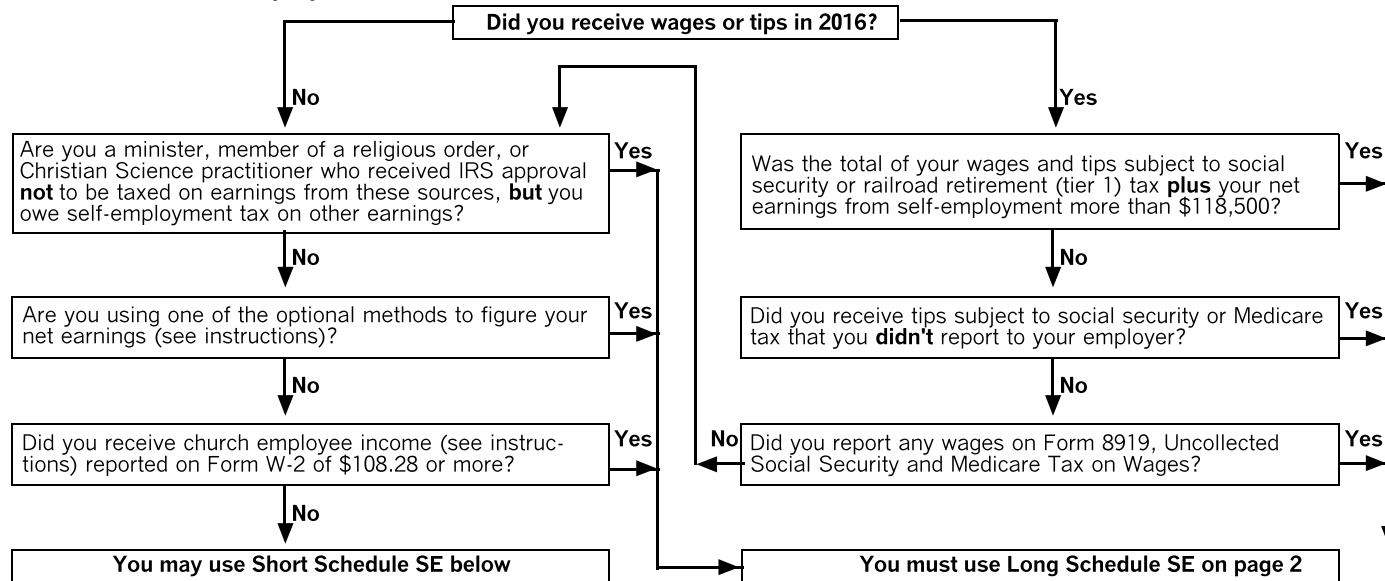
DOUGLAS C EMHOFF

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.

<b>1 a</b> 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.....	<b>1 a</b>	
<b>b</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.....	<b>1 b</b>	
<b>2</b> 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.....	<b>2</b>	1,221,410.
<b>3</b> Combine lines 1a, 1b, and 2.....	<b>3</b>	1,221,410.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b.....	<b>4</b>	1,127,972.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> 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 <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55</b> • 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 <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55</b> .....	<b>5</b>	47,405.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27,</b> or <b>Form 1040NR, line 27</b> .....	<b>6</b>	23,703.

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

Schedule **SE** (Form 1040) 2016

**Foreign Tax Credit**

**2016**

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](http://www.irs.gov/form1116).

Attachment  
Sequence No. **19**

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession. ▶	VARIOUS			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 8</u>				
	8,071.			<b>1 a</b> 8,071.
<b>b</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). ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement).....				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions).....	35,004.			
<b>b</b> Other deductions (attach statement).....				
<b>c</b> Add lines 3a and 3b.....	35,004.			
<b>d</b> Gross foreign source income (see instructions).....	15,726.			
<b>e</b> Gross income from all sources (see instructions).....	1,294,643.			
<b>f</b> Divide line 3d by line 3e (see instructions).....	0.012147			
<b>g</b> Multiply line 3c by line 3f.....	425.			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....	318.			
<b>b</b> Other interest expense.....				
<b>5</b> Losses from foreign sources.....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5.....	743.			<b>6</b> 743.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				<b>7</b> 7,328.

**Part II Foreign Taxes Paid or Accrued** (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add columns (o) through (r))	
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:					
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	(r) Other foreign taxes paid or accrued	
A						100.					100.
B											
C											

**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 credit.	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	7,328.	
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	936,583.	
19	<b>Caution:</b> 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		0.0078
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39.	20		316,553.
21	<b>Caution:</b> 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		2,469.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		100.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a.	30		100.



**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

**2016**

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](http://www.irs.gov/form1116).

Name **DOUGLAS C EMHOFF AND KAMALA D HARRIS** ID no. as shown on page 1 of your tax return

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

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.

		Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
		A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession. ▶		VARIOUS			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 9</u>					
		11,307.			11,307.
<b>b</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). ▶ <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>					
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement).....					
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>					
<b>a</b> Certain itemized deductions or standard deduction (see instructions).....					
<b>b</b> Other deductions (attach statement).....					
<b>c</b> Add lines 3a and 3b.....					
<b>d</b> Gross foreign source income (see instructions).....		15,726.			
<b>e</b> Gross income from all sources (see instructions).....		1,294,643.			
<b>f</b> Divide line 3d by line 3e (see instructions).....		0.012147			
<b>g</b> Multiply line 3c by line 3f.....					
<b>4</b> Pro rata share of interest expense (see instructions):					
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....		256.			
<b>b</b> Other interest expense.....					
<b>5</b> Losses from foreign sources.....					
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5.....		256.			256.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶					11,051.

		Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties		(m) Interest	(o) Dividends	(p) Rents & royalties		
A						100.				100.
B										
C										

**8** Add lines A through C, column (s). Enter the total here and on line 9, page 2..... ▶ **8** 100.

ALTERNATIVE MINIMUM TAX

**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 credit.	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	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	1,080,330.	
19	<b>Caution:</b> 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		0.0102
20	<b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39.	20		298,766.
21	<b>Caution:</b> 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		3,047.
22	Enter the <b>smaller</b> 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 line in Part IV (see instructions).	22		100.

**Part IV 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.	26		
27	Add lines 23 through 26.	27		
28	Enter the <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a.	30		100.

Name(s) shown on return

Identifying number

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)

<b>1</b>	General business credit from line 2 of all Parts III with box A checked.....	<b>1</b>	
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked.....	<b>2</b>	
<b>3</b>	Enter the applicable passive activity credits allowed for 2016 (see instructions).....	<b>3</b>	0.
<b>4</b>	Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach.....	<b>4</b>	
<b>5</b>	Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked (see instructions).....	<b>5</b>	
<b>6</b>	Add lines 1, 3, 4, and 5.....	<b>6</b>	0.

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits:		
	<ul style="list-style-type: none"> <li>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.....</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.....</li> <li>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.....</li> </ul>	<b>7</b>	316,553.
<b>8</b>	Alternative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35.....</li> <li>Corporations. Enter the amount from Form 4626, line 14.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.....</li> </ul>	<b>8</b>	
<b>9</b>	Add lines 7 and 8.....	<b>9</b>	316,553.
<b>10a</b>	Foreign tax credit.....	<b>10a</b>	100.
<b>b</b>	Certain allowable credits (see instructions).....	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b.....	<b>10c</b>	100.
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16....	<b>11</b>	316,453.
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-.....	<b>12</b>	316,453.
<b>13</b>	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions).....	<b>13</b>	72,863.
<b>14</b>	Tentative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33.....</li> <li>Corporations. Enter the amount from Form 4626, line 12.....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.....</li> </ul>	<b>14</b>	298,666.
<b>15</b>	Enter the greater of line 13 or line 14.....	<b>15</b>	298,666.
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0-.....	<b>16</b>	17,787.
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16..... <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	<b>17</b>	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

Form **3800** (2016)

**Part II** Allowable Credit (Continued)

Note: 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 26.

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.....	23	
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 <b>smaller</b> of line 29 or line 36.....	37	
38	<b>Credit allowed for the current year.</b> 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	292.

Name(s) shown on return

Identifying number

DOUGLAS C EMHOFF AND 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).

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I 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.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>1 a</b> Investment (Form 3468, Part II only) (attach Form 3468).....	<b>1 a</b>	
<b>b</b> Reserved.....	<b>1 b</b>	
<b>c</b> Increasing research activities (Form 6765).....	<b>1 c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only).....	<b>1 d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation).....	<b>1 e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835).....	<b>1 f</b>	
<b>g</b> Indian employment (Form 8845).....	<b>1 g</b>	
<b>h</b> Orphan drug (Form 8820).....	<b>1 h</b>	
<b>i</b> New markets (Form 8874).....	<b>1 i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation).....	<b>1 j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation).....	<b>1 k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864).....	<b>1 l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896).....	<b>1 m</b>	
<b>n</b> Distilled spirits (Form 8906).....	<b>1 n</b>	
<b>o</b> Nonconventional source fuel (carryforward only).....	<b>1 o</b>	
<b>p</b> Energy efficient home (Form 8908).....	<b>1 p</b>	
<b>q</b> Energy efficient appliance (carryforward only).....	<b>1 q</b>	
<b>r</b> Alternative motor vehicle (Form 8910).....	<b>1 r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911).....	<b>1 s</b>	
<b>t</b> Reserved.....	<b>1 t</b>	
<b>u</b> Mine rescue team training (Form 8923).....	<b>1 u</b>	
<b>v</b> Agricultural chemicals security (carryforward only).....	<b>1 v</b>	
<b>w</b> Employer differential wage payments (Form 8932).....	<b>1 w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933).....	<b>1 x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936).....	<b>1 y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only).....	<b>1 z</b>	
<b>aa</b> New hire retention (carryforward only).....	<b>1 aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B)).....	<b>1 bb</b>	
<b>zz</b> Other. Enhanced oil recovery (Form 8830) and certain other credits.....	<b>1 zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I.....	<b>2</b>	0.
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II.....	<b>3</b>	292.
<b>4 a</b> Investment (Form 3468, Part III) (attach Form 3468).....	<b>4 a</b>	
<b>b</b> Work opportunity (Form 5884).....	<b>4 b</b>	
<b>c</b> Biofuel producer (Form 6478).....	<b>4 c</b>	
<b>d</b> Low-income housing (Form 8586, Part II).....	<b>4 d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835).....	<b>4 e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846).....	<b>4 f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900).....	<b>4 g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941).....	<b>4 h</b>	
<b>i</b> Increasing research activities (Form 6765).....	<b>4 i</b>	
<b>j</b> Reserved.....	<b>4 j</b>	
<b>z</b> Other.....	<b>4 z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II.....	<b>5</b>	0.
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.....	<b>6</b>	292.

**Alternative Minimum Tax – Individuals**

► Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://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

**Part I 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, 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.
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	170,760.
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 \$155,650 or less, enter -0-. Otherwise, see instructions.	6	-25,375.
7	Tax refund from Form 1040, line 10 or line 21.	7	-5,466.
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	Alternative tax net operating loss deduction.	11	
12	Interest from specified private activity bonds exempt from the regular tax.	12	234.
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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
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	-62.
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	
27	Other adjustments, including income-based related adjustments.	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	1,085,322.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) <b>IF your filing status is . . . AND line 28 is not over. . . THEN enter on line 29 . . .</b> Single or head of household. . . . . \$119,700 . . . . . \$53,900 Married filing jointly or qualifying widow(er) 159,700 . . . . . 83,800 Married filing separately. . . . . 79,850 . . . . . 41,900 If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	29	
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	1,085,322.
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 the back and enter the amount from line 64 here. • <b>All others:</b> 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.	31	298,766.
32	Alternative minimum tax foreign tax credit (see instructions).	32	100.
33	Tentative minimum tax. Subtract line 32 from line 31.	33	298,666.
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 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	<b>AMT.</b> 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 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	
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 <b>smaller</b> 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 <b>smaller</b> 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: <ul style="list-style-type: none"> <li>• \$75,300 if married filing jointly or qualifying widow(er),</li> <li>• \$37,650 if single or married filing separately, or</li> <li>• \$50,400 if head of household.</li> </ul>	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 <b>smaller</b> of line 36 or line 37.	46	17,474.
47	Enter the <b>smaller</b> 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: <ul style="list-style-type: none"> <li>• \$415,050 if single</li> <li>• \$233,475 if married filing separately</li> <li>• \$466,950 if married filing jointly or qualifying widow(er)</li> <li>• \$441,000 if head of household</li> </ul>	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	Add lines 47 and 54. <b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>	56	
57	Subtract line 56 from line 46.	57	17,474.
58	Multiply line 57 by 20% (0.20). <b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>	58	3,495.
59	Add lines 41, 56, and 57.	59	
60	Subtract line 59 from line 36.	60	
61	Multiply line 60 by 25% (0.25).	61	
62	Add lines 42, 55, 58, and 61.	62	298,766.
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 <b>smaller</b> 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.

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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](http://www.irs.gov/scheduleh).**

OMB No. 1545-1971

**2016**

Attachment  
Sequence No. **44**

Social security number

Employer identification number

DOUGLAS C EMHOFF

Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.

**A** Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? (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.

**B** 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.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

**No. Stop.** Don't file this schedule.

**Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

1	Total cash wages subject to social security tax .....	1	27,502.	
2	Social security tax. Multiply line 1 by 12.4% (0.124) .....	2		3,410.
3	Total cash wages subject to Medicare tax .....	3	27,502.	
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 .....	8	DISABILITY 248.	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 employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

**No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.

**Yes.** Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check 'No'.)	X	
11 Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions.	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

**Next:** If you checked the 'Yes' box on all the lines above, complete Section A.  
If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions. CA		
14 Contributions paid to your state unemployment fund 476.	14	476.
15 Total cash wages subject to FUTA tax.	15	14,000.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25.	16	84.

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a)	(b)	(c)		(d)	(e)	(f)	(g)	(h)
Name of state	Taxable wages (as defined in state act)	From	To	State experience rate	Multiply col. (b) by 0.054	Multiply col. (b) by col. (d)	Subtract col. (f) from col. (e). If zero or less, enter -0-.	Contributions paid to state unemployment fund
18 Totals.						18		
19 Add columns (g) and (h) of line 18.						19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions).						20		
21 Multiply line 20 by 6.0% (0.060).						21		
22 Multiply line 20 by 5.4% (0.054).						22		
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-7 and check here) <input type="checkbox"/>						23		
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25.						24		

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.	25	4,360.
26 Add line 16 (or line 24) and line 25.	26	4,444.
27 Are you required to file Form 1040?		

**Yes. Stop.** Include the amount from line 26 above on Form 1040, line 60a.  
**Don't** complete Part IV below.

**No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature** — Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.
City, town or post office, state, and ZIP code		

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature	Date			
Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name	Firm's address		Firm's EIN	Phone no.

**Paid Preparer Use 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

**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 2016 (see instructions) . . . . .	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	5,046.
3	If you were under age 55 at the end of 2016, and on the first day of <b>every</b> month during 2016, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,750 for family coverage). <b>All others</b> , 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 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, 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 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 an HDHP at any time during 2016, enter your additional contribution amount (see instructions) . . . . .	7	
8	Add lines 6 and 7. . . . .	8	6,750.
9	Employer contributions made to your HSAs for 2016 . . . . .	9	
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10. . . . .	11	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	6,750.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. . . . . <i>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).</i>	13	5,046.

**Part II 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.

14 a	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) . . . . .	14 b	
c	Subtract line 14b from line 14a . . . . .	14 c	3,227.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	3,227.
16	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . .	<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (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.**

**Part III** **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.....	<b>18</b>	
19 Qualified HSA funding distribution.....	<b>19</b>	
20 <b>Total income.</b> 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.....	<b>20</b>	
21 <b>Additional tax.</b> 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.....	<b>21</b>	

### 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](http://www.irs.gov/form8959).**

Name(s) shown on return

Your social security number

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5...	156,498.		
2	Unreported tips from Form 4137, line 6.			
3	Wages from Form 8919, line 6.			
4	Add lines 1 through 3.	156,498.		
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.		
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 here and go to Part II.		7	

**Part 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 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	1,127,972.		
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.		
10	Enter the amount from line 4.	156,498.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	93,502.		
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 0.9% (0.009). Enter here and go to Part III.		13	9,310.

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

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

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V.		18	9,310.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	2,269.		
20	Enter the amount from line 1.	156,498.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	2,269.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.		22	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).		23	
24	<b>Total Additional Medicare Tax withholding.</b> 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, see instructions).		24	



**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](http://www.irs.gov/form8960).**

Name(s) shown on your tax return

**DOUGLAS C EMHOFF AND KAMALA D HARRIS**

Your social security number or EIN

**Part I Investment Income**

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions) .....	<b>1</b>	226.
<b>2</b>	Ordinary dividends (see instructions) .....	<b>2</b>	4,799.
<b>3</b>	Annuities (see instructions) .....	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>	1,085,410.
<b>4b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>	-1,085,410.
<b>4c</b>	Combine lines 4a and 4b .....	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>	12,934.
<b>5b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>	
<b>5c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>	
<b>5d</b>	Combine lines 5a through 5c .....	<b>5d</b>	12,934.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) .....	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions) .....	<b>7</b>	132.
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	<b>8</b>	18,091.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions) .....	<b>9a</b>	
<b>9b</b>	State, local, and foreign income tax (see instructions) .....	<b>9b</b>	2,051.
<b>9c</b>	Miscellaneous investment expenses (see instructions) .....	<b>9c</b>	
<b>9d</b>	Add lines 9a, 9b, and 9c .....	<b>9d</b>	2,051.
<b>10</b>	Additional modifications (see instructions) .....	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 .....	<b>11</b>	2,051.

**Part III Tax Computation**

<b>12</b>	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- .....	<b>12</b>	16,040.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) .....	<b>13</b>	1,157,130.
<b>14</b>	Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	907,130.
<b>16</b>	Enter the smaller of line 12 or line 15 .....	<b>16</b>	16,040.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>17</b>	610.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) .....	<b>18a</b>	
<b>18b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>	
<b>18c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) .....	<b>19a</b>	
<b>19b</b>	Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>	
<b>19c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c .....	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>21</b>	

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

### Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

# 2016

Attachment  
Sequence No. **179**

Name(s) shown on return

DOUGLAS C EMHOFF AND KAMALA D HARRIS

Identifying number

Business or activity to which this form relates

**SCHEDULE E (PARTNERSHIP) - VENABLE LLP**

#### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) .....	1	500,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 .....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

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

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

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016 .....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

##### Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

##### Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

#### Part IV Summary (See instructions.)

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 01/24/17

Form **4562** (2016)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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.)**

**24 a** Do you have evidence to support the business/investment use claimed?  **Yes**  **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 percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....								<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:									
2014 BMW	2/01/14	83.33							
<b>27</b> Property used 50% or less in a qualified business use:									
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.....								<b>28</b>	0.
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1.....								<b>29</b>	0.

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles).....	10,000											
<b>31</b> Total commuting miles driven during the year.....	495											
<b>32</b> Total other personal (noncommuting) miles driven.....	1,505											
<b>33</b> Total miles driven during the year. Add lines 30 through 32.....	12,000											
<b>34</b> Was the vehicle available for personal use during off-duty hours?.....	X											
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?.....		X										
<b>36</b> Is another vehicle available for personal use?.....		X										

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
<b>39</b> Do you treat all use of vehicles by employees as personal use?.....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year.....					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report.....					<b>44</b>

## DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17

12:42PM

**STATEMENT 1  
FORM 1040  
WAGE SCHEDULE**

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
STATE OF CALIFORNIA	143,800.	32,671.	7,347.	2,269.	11,521.	
GRAND TOTAL	<u>143,800.</u>	<u>32,671.</u>	<u>7,347.</u>	<u>2,269.</u>	<u>11,521.</u>	<u>0.</u>

**STATEMENT 2  
FORM 1040, LINE 9B  
QUALIFIED DIVIDENDS**

MERRILL LYNCH 15265.....	\$	4,540.
TOTAL	\$	<u>4,540.</u>

**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)	\$	5,639.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2015 PAYMENTS PER IRS PUB. 525		173.
3. NET STATE AND LOCAL INCOME TAX REFUNDS		5,466.
4. STATE AND LOCAL TAXES PAID FROM PRIOR YEAR SCH. A, LINE 5		137,832.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION		2,793.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES		135,039.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6		5,466.
8. ITEMIZED DEDUCTION FROM PRIOR YEAR SCH. A, LINE 29		215,128.
9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS (IF PHASEOUT)		209,662.
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)		12,600.
13. ENTER THE LARGER OF LINE 9 OR LINE 12		209,662.
14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0)		5,466.
15. ENTER THE SMALLER OF LINE 7 OR LINE 14		5,466.
16. NEGATIVE TAXABLE INCOME (PRIOR YEAR)		0.
17. REFUND WITH NO BENEFIT DUE TO AMT, NONREF. CRED., 0% CAP GAIN RATE		0.
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)	\$	<u>5,466.</u>

**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		240,804.
2. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR)		5,466.
3. SUBTRACT LINE 2 FROM LINE 1		235,338.
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		0.
5. SUBTRACT LINE 4 FROM LINE 3		235,338.
6. MULTIPLY LINE 5 ABOVE BY 80% (.80)	188,270.	
7. ENER AMOUNT FROM PRIOR YEAR FORM 1040, LINE 38	1,165,760.	
8. THRESHOLD BASED ON FILING STATUS (\$309,900 IF MFJ/QW,		

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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)	309,900.	
9. SUBTRACT LINE 8 FROM LINE 7	855,860.	
10. MULTIPLY LINE 9 ABOVE BY 3% (.03)	25,676.	
11. ENTER THE SMALLER OF LINE 6 OR LINE 10		<u>25,676.</u>
12. RECOMPUTED ITEMIZED DEDUCTIONS FOR LINE 9 OF STATE AND LOCAL REFUNDS TAXABLE IN CURRENT YEAR WORKSHEET (SUBTRACT LINE 11 FROM LINE 3)		<u><u>209,662.</u></u>

**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.....		4,971.
WELLS FARGO - 5993.....		17,153.
WELLS FARGO - 9287.....		33,744.
	TOTAL \$	<u><u>29,270.</u></u>

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

CHARITABLE CONTRIBUTIONS FROM K-1.....	\$	21,994.
PREVENT CANCER FOUNDATION.....		250.
THE JEWISH FEDERATION.....		300.
THE MAPLE COUNSELING CENTER.....		1,200.
UNICEF.....		10,000.
UNIVERSITY OF SOUTHERN CALIFORNIA.....		2,000.
WILDWOOD SCHOOL.....		1,500.
	TOTAL \$	<u><u>37,244.</u></u>

**STATEMENT 6  
SCHEDULE D, LINE 13  
CAPITAL GAIN DISTRIBUTIONS**

MERRILL LYNCH 15265.....	\$	10,927.
	TOTAL \$	<u><u>10,927.</u></u>

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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.....	\$	1,263,418.	
UNREIMBURSED EXPENSES.....		-42,008.	
	TOTAL \$	<u>1,221,410.</u>	
TOTAL SE INCOME - NONFARM		\$	<u><u>1,221,410.</u></u>

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

DIVIDENDS.....			259.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....	4,540.		
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....	<u>-2,247.</u>		
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....			2,293.
CAPITAL GAIN DISTRIBUTIONS.....	10,927.		
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-5,408.</u>		
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....			5,519.
	TOTAL \$	<u>8,071.</u>	

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

DIVIDENDS.....			259.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....	4,540.		
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....	<u>-1,297.</u>		
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....			3,243.
CAPITAL GAIN DISTRIBUTIONS.....	10,927.		
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	<u>-3,122.</u>		
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....			7,805.
	TOTAL \$	<u>11,307.</u>	

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	2/01/14
2. TOTAL MILEAGE	12,000
3. BUSINESS MILEAGE	10,000
4. BUSINESS USE PERCENTAGE (DIVIDE LINE 3 BY LINE 2)	0.8333

## STANDARD MILEAGE RATE:

5. MULTIPLY LINE 3 BY 54 CENTS (.54)	5,400.
DEPR. PORTION OF MILEAGE (24 CENTS PER MILE)	2,400.
OPER. EXP. PORTION OF MILEAGE (30 CENTS PER MILE)	3,000.

## ACTUAL EXPENSES:

6. GASOLINE, LUBE AND OIL	3,148.
7. REPAIRS	
8. TIRES	
9. INSURANCE	2,988.
10. MISCELLANEOUS	397.
11. AUTO LICENSE (EXCEPT PERSONAL PROPERTY TAXES)	
12. VALUE OF EMPLOYER-PROVIDED VEHICLE	
13. VEHICLE RENT OR LEASE (LESS INCLUSION)	15,411.
14. ADD LINES 6 THROUGH 13	21,944.
15. MULTIPLY LINE 14 BY LINE 4	18,286.
16. DEPRECIATION AND SECTION 179 DEDUCTION	
17. ADD LINES 15 AND 16	18,286.

## TOTAL VEHICLE EXPENSES:

## ACTUAL EXP

18. ENTER LINE 5 OR LINE 17	18,286.
19. PARKING FEES AND TOLLS	1,704.
20. ADD LINES 18 AND 19	19,990.

## VEHICLE EXPENSE ALLOCATION:

21. CAR AND TRUCK EXPENSES	7,148.
22. DEPRECIATION	
23. VEHICLE RENT OR LEASE PAYMENTS	12,842.
24. ADD LINES 21, 22, AND 23	19,990.
25. INTEREST EXPENSE (BUSINESS PORTION)	
26. TAXES AND LICENSES (BUSINESS PORTION)	401.
27. PERSONAL PROPERTY TAXES (SCHEDULE A)	80.

## OTHER UNREIMBURSED EXPENSES:

1. OTHER UNREIMBURSED EXPENSES	21,617.
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10/13/17

12:46PM

**UNREIMBURSED EXPENSES - SCHEDULE E PG. 2 (K-1)  
VENABLE LLP**

VEHICLE EXPENSES.....	\$	20,391.
MEAL AND ENTERTAINMENT EXPENSES.....		3,323.
INTEREST - VENABLE K-1.....		6,185.
OFFICE SUPPLIES.....		250.
PROFESSIONAL FEES.....		3,416.
TRAVEL.....		3,766.
MCTMT.....		456.
CELL PHONE/INTERNET.....		3,021.
DUES AND SUBSCRIPTIONS.....		1,200.
	TOTAL	<u>\$ 42,008.</u>

10/13/17

12:42PM

DOUGLAS C EMHOFF AND KAMALA D HARRIS

.NO.	DESCRIPTION	DATE ACQUIRED.	DATE SOLD.	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCH K-1 (PARTNERSHIPS) - VENABLE LLP																
MACHINERY AND EQUIPMENT																
1	I PHONE	7/01/11		790				790			0	0	200DB	HY	5	0
2	I PAD	7/01/11		990				990			0	0	200DB	HY	5	0
3	LAPTOP COMPUTER	7/01/14		1,200				1,200			0	0	200DB	HY	5	0
TOTAL MACHINERY AND EQUIPME													0	0	0	0
TOTAL DEPRECIATION													0	0	0	0
GRAND TOTAL DEPRECIATION													0	0	0	0

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10/13/17

12:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
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SCH K-1 (PARTNERSHIPS) - VENABLE LLP

MACHINERY AND EQUIPMENT

1	I PHONE	7/01/11		0	0	1500B HY	5	0	0	0	0	0	0	0	0
2	I PAD	7/01/11		0	0	1500B HY	5	0	0	0	0	0	0	0	0
3	LAPTOP COMPUTER	7/01/14		0	0	1500B HY	5	0	0	0	0	0	0	0	0
TOTAL MACHINERY AND EQUIPME															
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 ▼

Form <b>4868</b> Department of the Treasury Internal Revenue Service (99)	<b>Application for Automatic Extension of Time          To File U.S. Individual Income Tax Return</b>	1030 FDIA4601L 10/17/16. <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
For calendar year 2016, or other tax year beginning		, 2016, ending

Part I Identification	Part II Individual Income Tax												
<b>1</b> DOUGLAS C EMHOFF KAMALA D HARRIS <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>4</b></td> <td style="width:85%;">Estimate of total tax liability for 2016 .. \$</td> <td style="width:10%; text-align: right;">377,930.</td> </tr> <tr> <td><b>5</b></td> <td>Total 2016 payments .....</td> <td style="text-align: right; border-top: 1px solid black;">327,985.</td> </tr> <tr> <td><b>6</b></td> <td><b>Balance due.</b> Subtract line 5 from line 4 (see instructions) .....</td> <td style="text-align: right; border-top: 1px solid black;">49,945.</td> </tr> <tr> <td><b>7</b></td> <td>Amount you are paying (see instructions) .....</td> <td style="text-align: right; border-top: 1px solid black;">94,000.</td> </tr> </table>	<b>4</b>	Estimate of total tax liability for 2016 .. \$	377,930.	<b>5</b>	Total 2016 payments .....	327,985.	<b>6</b>	<b>Balance due.</b> Subtract line 5 from line 4 (see instructions) .....	49,945.	<b>7</b>	Amount you are paying (see instructions) .....	94,000.
<b>4</b>	Estimate of total tax liability for 2016 .. \$	377,930.											
<b>5</b>	Total 2016 payments .....	327,985.											
<b>6</b>	<b>Balance due.</b> Subtract line 5 from line 4 (see instructions) .....	49,945.											
<b>7</b>	Amount you are paying (see instructions) .....	94,000.											
<b>2</b> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	<b>8</b> Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) ..... <input type="checkbox"/>												
<b>3</b> <div style="background-color: black; height: 20px; width: 100%; margin-top: 5px;"></div>	<b>9</b> Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... <input type="checkbox"/>												

[REDACTED] HY EMHO [REDACTED]

TAXABLE YEAR **2016** California e-file Signature Authorization for Individuals FORM **8879**

Your name <b>DOUGLAS C EMHOFF</b>	Your SSN or ITIN [REDACTED]
Spouse's/RDP's name <b>KAMALA D HARRIS</b>	Spouse's/RDP's SSN or ITIN [REDACTED]

**Part I Tax Return Information** (whole dollars only)

1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1	1,165,739.
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2	
3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize [REDACTED] **ERO firm name** to enter my PIN [REDACTED] **Do not enter all zeros** as my signature on my 2016 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

I authorize [REDACTED] **ERO firm name** to enter my PIN [REDACTED] **Do not enter all zeros** as my signature on my 2016 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Practitioner PIN Method Returns Only – continue below

**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ [REDACTED] Date ▶ 10/13/17

2016 California Resident Income Tax Return

540

APE ATTACH FEDERAL RETURN

EMHO
DOUGLAS C EMHOFF
KAMALA D HARRIS

16

A
R
RP

CA 90049

10-13-1964 10-20-1964

Table with columns for line numbers (01-44), amounts, and codes (APE, 3800, 3803, etc.).

ELLA ROSE EMHOFF
DAUGHTER

Filing Status section with checkboxes for Single, Married/RDP filing jointly, etc.

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

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.

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 2 x \$111 = \$ 222.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 x \$111 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 x \$111 = \$

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name (ELLA ROSE), Last Name (EMHOFF), SSN, and Dependent's relationship to you (DAUGHTER).

Total dependent exemptions. 10 1 x \$344 = \$ 344.

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 \$ 566.

Taxable Income

12 State wages from your Form(s) W-2, box 16. 12 143,800.

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 1,157,130.

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. 14 460.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 1,156,670.

16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. 16 9,069.

17 California adjusted gross income. Combine line 15 and line 16. 17 1,165,739.

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 \$4,129; Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258. If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. 18 58,545.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. 19 1,107,194.

Tax

31 Tax. Check the box if from: Tax Table; [X] Tax Rate Schedule; FTB 3800; FTB 3803. 31 108,457.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions. 32 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. 33 108,457.

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

35 Add line 33 and line 34. 35 108,457.



Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

<b>Special Credits</b>	<b>40</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions .....	● 40	[ ]
	<b>43</b> Enter credit name <b>OTHER STATE</b> code ● <b>187</b> and amount .....	● 43	36,973.
	<b>44</b> Enter credit name [ ] code ● [ ] and amount .....	● 44	[ ]
	<b>45</b> To claim more than two credits, see instructions. Attach Schedule P (540) .....	● 45	[ ]
	<b>46</b> Nonrefundable renter's credit. See instructions .....	● 46	[ ]
	<b>47</b> Add line 40 and line 43 through line 46. These are your total credits .....	● 47	36,973.
	<b>48</b> Subtract line 47 from line 35. If less than zero, enter -0: .....	● 48	71,484.

<b>Other Taxes</b>	<b>61</b> Alternative minimum tax. Attach Schedule P (540) .....	● 61	[ ]
	<b>62</b> Mental Health Services Tax. See instructions .....	● 62	1,072.
	<b>63</b> Other taxes and credit recapture. See instructions .....	● 63	[ ]
	<b>64</b> Add line 48, line 61, line 62, and line 63. This is your total tax .....	● 64	72,556.

<b>Payments</b>	<b>71</b> California income tax withheld. See instructions .....	● 71	11,521.
	<b>72</b> 2016 CA estimated tax and other payments. See instructions .....	● 72	77,243.
	<b>73</b> Withholding (Form 592-B and/or 593). See instructions .....	● 73	[ ]
	<b>74</b> Excess SDI (or VPD) withheld. See instructions .....	● 74	0.
	<b>75</b> Earned Income Tax Credit (EITC) .....	● 75	[ ]
	<b>76</b> Add lines 71 through 75. These are your total payments. See instructions .....	● 76	88,764.

<b>Use Tax</b>	<b>91</b> Use Tax. See instructions .....	● 91	[ ]
----------------	---	------	-----

<b>Overpaid Tax/ Tax Due</b>	<b>92</b> Payments balance. If line 76 is more than line 91, subtract line 91 from line 76. ....	● 92	88,764.
	<b>93</b> Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91. ....	● 93	[ ]
	<b>94</b> Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ....	● 94	16,208.
	<b>95</b> Amount of line 94 you want applied to your 2017 estimated tax. ....	● 95	15,952.
	<b>96</b> Overpaid tax available this year. Subtract line 95 from line 94. ....	● 96	256.
	<b>97</b> Tax due. If line 92 is less than line 64, subtract line 92 from line 64. ....	● 97	[ ]

Your name: DOUGLAS C EMHOFF

Your SSN or ITIN: [REDACTED]

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

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN: [REDACTED]

**Amount You Owe** **111** AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.  
Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942867**  
**SACRAMENTO CA 94267-0001** ..... ● **111** [REDACTED]  
Pay online — Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

**Interest and Penalties** **112** Interest, late return penalties, and late payment penalties ..... **112** [REDACTED]  
**113** Underpayment of estimated tax. Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** ..... ● **113** [REDACTED] **256.**  
**114** Total amount due. See instructions. Enclose, but do not staple, any payment ..... **114** [REDACTED]

**Refund and Direct Deposit** **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** [REDACTED] **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:

● Routing number [REDACTED] ● Type  Checking  Savings ● Account number [REDACTED] ● **116** Direct deposit amount [REDACTED]

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

● Routing number [REDACTED] ● Type  Checking  Savings ● Account number [REDACTED] ● **117** Direct deposit amount [REDACTED]

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

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

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

**Sign Here**

Your email address. Enter only one email address. [REDACTED]  Preferred phone number [REDACTED]

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

Paid preparer's signature [REDACTED] information of which preparer has any knowledge) [REDACTED] **10/13/17**

Joint tax return? (See instructions)

Firm's name (or your signature) [REDACTED] ● PTIN [REDACTED]  
Firm's address [REDACTED] ● FEIR [REDACTED]

Do you want to allow another person to discuss this tax return with us? See instructions. .... ●  Yes  No

Print Third Party Designee's Name [REDACTED] Telephone Number [REDACTED]

2016

California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

Douglas C. ENHOFF AND KAMALA D HARRIS

Part I Income Adjustment Schedule

Section A – Income

Table with 4 columns: Line number, Description, A Federal Amounts, B Subtractions, C Additions. Includes rows for Wages, interest, dividends, refunds, alimony, business income, capital gain, IRA distributions, pensions, rental real estate, farm income, unemployment, social security, and other income.

Section B – Adjustments to Income

Table with 4 columns: Line number, Description, A Federal Amounts, B Subtractions, C Additions. Includes rows for educator expenses, business expenses, health savings, moving, self-employment tax, SEP/IRA, health insurance, alimony, IRA deduction, student loan, tuition, domestic production, and total adjustments.

CAIA4012L 12/14/16

**Part II Adjustments to Federal Itemized Deductions**

<b>38</b> Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 . . . . .	<input checked="" type="radio"/>	<b>38</b>	<u>237,274.</u>	
<b>39</b> 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 <b>only</b> ). See instructions. . . . .	<input checked="" type="radio"/>	<b>39</b>	<u>131,197.</u>	
<b>40</b> Subtract line 39 from line 38. . . . .	<input checked="" type="radio"/>	<b>40</b>	<u>106,077.</u>	
<b>41</b> Other adjustments including California lottery losses. See instructions. Specify . . . . .	<input checked="" type="radio"/>	<b>41</b>		
<b>42</b> Combine line 40 and line 41. . . . .	<input checked="" type="radio"/>	<b>42</b>	<u>106,077.</u>	
<b>43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b> REDUCTION			<u>-47,532.</u>	
Single or married/RDP filing separately . . . . .			<b>\$182,459</b>	
Head of household . . . . .			<b>\$273,692</b>	
Married/RDP filing jointly or qualifying widow(er) . . . . .			<b>\$364,923</b>	
<b>No.</b> Transfer the amount on line 42 to line 43.				
<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43. . . . .	<input checked="" type="radio"/>	<b>43</b>	<table border="1"><tr><td>58,545.</td></tr></table>	58,545.
58,545.				
<b>44 Enter the larger of the amount on line 43 or your standard deduction listed below</b>				
Single or married/RDP filing separately. See instructions. . . . .			<b>\$4,129</b>	
Married/RDP filing jointly, head of household, or qualifying widow(er). <b>\$8,258</b>				
<b>Transfer the amount on line 44 to Form 540, line 18.</b> . . . . .	<input checked="" type="radio"/>	<b>44</b>	<table border="1"><tr><td>58,545.</td></tr></table>	58,545.
58,545.				

2016 Other State Tax Credit

S

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

SUMMARY

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes line 1 for Total double-taxed income.

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

- 2 California tax liability. See instructions
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)
4 California adjusted gross income. See instructions
5 Divide line 3 by line 4. Do not enter more than 1.0000
6 Multiply line 2 by line 5
7 Income tax liability paid to name of other state (use state's abbreviation) See instructions
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)
9 Adjusted gross income taxable by other state. See instructions
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 instructions 36,973.

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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 288,277.

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

Table with 12 numbered rows for calculating the credit. Includes entries for California tax liability (108,457), double-taxed income (288,277), and final credit amount (21,621).



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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with 39,800.

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

Table with 2 columns: Line number and Amount. Includes entries for California tax liability (108,457), double-taxed income (39,800), adjusted gross income (1,165,739), and other state tax credit (2,286).

**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

**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
<input checked="" type="radio"/> <b>VENABLE LLP</b>	<input checked="" type="radio"/> <b>137,645.</b>	<input checked="" type="radio"/> <b>137,645.</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>137,645.</b>	<input checked="" type="radio"/> <b>137,645.</b>

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

<b>2</b> California tax liability. See instructions	<input checked="" type="radio"/> <b>2</b>	<b>108,457.</b>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	<b>137,645.</b>
<b>4</b> California adjusted gross income. See instructions	<input checked="" type="radio"/> <b>4</b>	<b>1,165,739.</b>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	<b>0.1181</b>
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	<b>12,809.</b>
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> <b>NY</b> See instructions	<input checked="" type="radio"/> <b>7</b>	<b>12,140.</b>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	<b>137,645.</b>
<b>9</b> Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> <b>9</b>	<b>137,645.</b>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	<b>1.0000</b>
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	<b>12,140.</b>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions	<input checked="" type="radio"/> <b>12</b>	<b>12,140.</b>

**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 **DOUGLAS C EMHOFF AND KAMALA D HARRIS** SSN, ITIN, or FEIN XXXXXXXXXX

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLC	<input checked="" type="radio"/> 3,347.	<input checked="" type="radio"/> 3,347.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>3,347.</b>	<input checked="" type="radio"/> <b>3,347.</b>

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

<b>2</b> California tax liability. See instructions	<input checked="" type="radio"/> <b>2</b>	<b>108,457.</b>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	<b>3,347.</b>
<b>4</b> California adjusted gross income. See instructions	<input checked="" type="radio"/> <b>4</b>	<b>1,165,739.</b>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	<b>0.0029</b>
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	<b>315.</b>
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> <b>DE</b> See instructions	<input checked="" type="radio"/> <b>7</b>	<b>221.</b>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	<b>3,347.</b>
<b>9</b> Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> <b>9</b>	<b>3,347.</b>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	<b>1.0000</b>
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	<b>221.</b>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions	<input checked="" type="radio"/> <b>12</b>	<b>221.</b>

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

DOUGLAS C EMHOFF AND KAMALA D HARRIS

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

Table with 3 columns: (a) Income item(s) description, (b) Double-taxed income taxable by California, (c) Double-taxed income taxable by other state. Includes entry for VENABLE LLP with amounts 7,598.

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

Table with 12 rows for calculating the credit. Includes entries for California tax liability (108,457), double-taxed income (7,598), adjusted gross income (1,165,739), and final credit amount (705).

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.....	\$	<u>6,379.</u>
TOTAL	\$	<u><u>6,379.</u></u>

Underpayment of Estimated Tax by Individuals and Fiduciaries

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.

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. 1 Yes 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. 2 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? 3 Yes No N/A

4/15/16 \$ ; 6/15/16 \$ ; 9/15/16 \$ ; 1/15/17 \$

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

CAIZ6112L 09/20/16

**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2016 tax after credits. See instructions.	1	72,556.
2	Multiply line 1 by 90% (.90).	2	65,300.
3	Withholding taxes. <b>Do not</b> 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. <b>Do not</b> file form FTB 5805.	4	61,035.
5	Enter the tax shown on your 2015 tax return. <b>See instructions.</b> (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 <b>smaller</b> 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.

**Short Method**

**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.

7	Enter the amount, if any, from Part II, line 3 above.	7	
8	Enter the total amount, if any, of estimated tax payments you made.	8	
9	Add line 7 and line 8.	9	
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805.	10	
11	Multiply line 10 by .02393173.	11	
12	<ul style="list-style-type: none"> <li>• If the amount on line 10 was paid <b>on or after</b> 4/15/17, enter -0-.</li> <li>• If the amount on line 10 was paid <b>before</b> 4/15/17, enter the result of the following computation:</li> </ul>		
	Amount on line 10      X      Number of days paid before 4/15/17      X      .00010	12	
13	<b>PENALTY.</b> 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.



**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 1/15/17
<b>1 Required Installments.</b> See instructions	1	19,590.	26,120.		19,590.
<b>2</b> 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. <b>Do not</b> file form FTB 5805 unless you answer 'Yes' to a question in Part I) ...	2	6,199.	23,608.	7,500.	46,457.
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>					
<b>3</b> Enter amount, if any, from line 9 of previous column. ....	3				
<b>4</b> Add line 2 and line 3. ....	4		23,608.	7,500.	46,457.
<b>5</b> Add amounts on line 7 and line 8 of the previous column. ....	5		13,391.	15,903.	8,403.
<b>6</b> Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2. ....	6	6,199.	10,217.	0.	38,054.
<b>7</b> If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-. ....	7		0.	8,403.	
<b>8 Underpayment.</b> 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.		
<b>9</b> Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column. ....	9				
<b>Part II Figure the Penalty.</b> Complete line 10 through line 13 of one column before going to the next column.					
<b>Rate Period 1:</b> April 15, 2016 – December, 2016					
		4/15/16	6/15/16	9/15/16	1/15/17
<b>10</b> 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:	
<b>11</b> Underpayment on line 8 (see instructions) x $\frac{\text{Number of days on line 10}}{366}$ x .03	11	\$ 64.76	\$ 191.09	\$	
<b>Rate Period 2:</b> January 1, 2017 – April 15, 2017					
		1/1/17	1/1/17	1/1/17	1/15/17
<b>12</b> 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:
<b>13</b> Underpayment on line 8 (see instructions) x $\frac{\text{Number of days on line 12}}{365}$ x .04	13	\$	\$	\$	\$
<b>14 PENALTY.</b> 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 on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, and check the box on that line. ....	14				\$ 256.

2016

**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 19,590.	4/15/16	1	2,743.	16,847.				
	4/15/16	2	3,456.	13,391.	59	0.030	64.76	
	6/13/16	3	13,391.					
TOTAL								64.76
SECOND QTR 26,120.	6/13/16	3	5,609.	20,511.				
	6/15/16	2	4,608.	15,903.	89	0.030	116.01	
	9/12/16	3	7,500.	8,403.	109	0.030	75.08	
	12/30/16	3	8,403.					
TOTAL								191.09
THIRD QTR								
FOURTH QTR 19,590.	12/30/16	3	19,590.					

**TOTAL UNDERPAYMENT PENALTY** ..... **256.**

\* 1 = Overpayment  
 2 = Withholding  
 3 = Estimate  
 4 = Extension  
 5 = Paid with return

\*\* Underpayment  $\times \frac{\text{Days Late}}{366 \text{ or } 365} \times \text{Rate}$

DOUGLAS C EMHOFF AND KAMALA D HARRIS

10/13/17

12:42PM

.NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	COST/ BASIS	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCH K-1 (PARTNERSHIPS) - VENABLE LLP																
MACHINERY AND EQUIPMENT																
1	1 PHONE	7/01/11			790			790	0		0	0	200DB	HY	5	0
2	1 PAD	7/01/11			990			990	0		0	0	200DB	HY	5	0
3	LAPTOP COMPUTER	7/01/14			1,200			1,200	0		0	0	200DB	HY	5	0
TOTAL MACHINERY AND EQUIPME													0	0	0	0
TOTAL DEPRECIATION													0	0	0	0
GRAND TOTAL DEPRECIATION													0	0	0	0



TAX PAYMENT WORKSHEET KEEP FOR YOUR RECORDS

- 1 Total tax you expect to owe... 1
2 Payments and credits:
a California income tax withheld... 2a
b California estimated tax payments... 2b
c Other payments and credits... 2c
3 Total tax payments and credits... 3
4 Tax due. Is line 1 more than line 3? 4

No. Stop here. You have no tax due. Do not mail form FTB 3519. If you file your tax return by October 16, 2017... Yes. Subtract line 3 from line 1 and enter on line 4. This is your 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 Tax Board.' Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and '2016 FTB 3519' on the check or money order.

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.

WHEN TO FILE: Calendar year filers - File and Pay by April 18, 2017. 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 Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to ftp.ca.gov for more information. Do not mail this form if you use Web Pay.

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

TAXABLE YEAR 2016 Payment for Automatic Extension for Individuals CALIFORNIA FORM 3519 (PIT)

EMHO 16
DOUGLAS C EMHOFF
KAMALA D HARRIS

AMOUNT OF PAYMENT 5000.

**Earned Income Calculation**

1	Enter taxpayer's net self employment earnings (but not less than zero) plus medicare wages .....	<u>1,272,073.</u>	
2	If married filing jointly, enter spouse's net self employment earnings (but not less than zero) plus medicare wages .....	<u>181,464.</u>	
3	Add lines 1 and 2 .....		<u>1,453,537.</u>
4	Enter \$200,000 (\$250,000 if married filing jointly or \$125,000 if married filing separately) .....	<u>250,000.</u>	
5	Subtract line 4 from line 3. If less than zero, no additional medicare tax is due .....		<u>1,203,537.</u>
6	Multiply line 5 by .009. This is your Additional Medicare Tax liability. Enter the result here and on Form 1040ES, line 12 ...		<u>10,832.</u>

**Investment Income Calculation**

1	Net investment income .....	<u>49,756.</u>	
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>49,756.</u>
4	Enter your adjusted gross income .....	<u>2,096,626.</u>	
5	Enter any amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18 .....	<u>0.</u>	
6	Add lines 4 and 5 .....		<u>2,096,626.</u>
7	Enter \$200,000 (\$250,000 if married filing jointly or \$125,000 if married filing separately) .....	<u>250,000.</u>	
8	Subtract line 7 from line 6 .....		<u>1,846,626.</u>
9	Enter the lesser of line 3 or line 8 .....		<u>49,756.</u>
10	Multiply line 9 by 3.8% (.038). This is your net investment tax. Enter the result here and on Form 1040ES, line 12 ...		<u>1,891.</u>

1. Enter your estimated taxable income .....	2,038,709.
2. Enter your qualified dividends .....	1,086.
3. If you are filing Form 4952, enter the amount from Form 4952, line 4g .....	
4. If you are filing Form 4952, enter the amount from Form 4952, line 4e .....	
5. Subtract line 4 from line 3. If zero or less, enter zero .....	0.
6. Subtract line 5 from line 2. If zero or less, enter zero .....	1,086.
7. Enter the smaller of long-term or long-term plus short-term gains/(losses) .....	43,355.
8. Enter the smaller 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 and 9 .....	44,441.
11. Enter your unrecaptured Section 1250 gain plus 28% collectible gains .....	24.
12. Enter the smaller 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 threshold amount: .....	77,200.
Single .....	38,600.
Joint .....	77,200.
Married filing separate .....	38,600.
Head of household .....	51,700.
16. Enter the smaller of line 1 or line 15 .....	77,200.
17. Enter the smaller 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 larger 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 to line 48, otherwise go to line 21 .....	0.
21. Enter \$425,800 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 less line 20 .....	
26. Enter the smaller of line 24 or line 25 .....	
27. Multiply line 26 by 15% .....	
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 \$425,800 if single, \$239,500 if MFS, \$479,000 if MFJ or QW, or \$452,400 if HOH .....	479,000.
31. Enter the smaller of line 1 or line 30 .....	479,000.
32. Subtract line 10 from line 1 .....	1,994,268.
33. Subtract line 32 from line 31. Do not enter less than zero .....	0.
34. Enter the lesser of line 1 or line 13 .....	44,417.
35. Enter the lesser of line 33 or line 34 .....	0.
36. Multiply line 35 by 15% .....	
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 .....	24.
40. Add lines 10 and 19 .....	2,038,709.
41. Enter the amount from line 1 above .....	2,038,709.
42. Subtract line 41 from line 40. If zero or less, enter zero .....	0.
43. Subtract line 42 from line 39. If zero or less, enter zero .....	24.
44. Multiply line 43 by 25% (.25). If 28% gains are -0- or blank, skip lines 45 through 47 and go to line 48 .....	6.
45. Add lines 19, 20, 26, 28, 35, 37, and 43 .....	
46. Subtract line 45 from line 1 .....	
47. Multiply line 46 by 28% (.28) .....	
48. Figure the tax on the amount on line 19 .....	677,258.
49. Add lines 27, 29, 36, 38, 44, 47, and 48 .....	686,147.
50. Figure the tax on the amount on line 1 .....	693,701.
51. Tax. Enter the smaller of line 49 or line 50 here and on line 6 of the estimated tax worksheet .....	686,147.



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FORM 1040ES	ESTIMATE ADJUSTMENTS TO ADJUSTED GROSS INCOME	STATEMENT	1
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FEDERAL ADJUSTED GROSS INCOME		1,467,700.
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## ADJUSTMENTS:

CHANGE IN ADJUSTED GROSS INCOME	629,000.
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	

## OVERRIDES - SE INCOME OR FICA WAGES:

ADD BACK: DEDUCTIBLE PART OF YEAR SE TAX	26,332.
MINUS: DEDUCTIBLE PART OF YEAR EST. SE TAX	-26,406.

TOTAL TO FORM 1040ES, LINE 1		<u>2,096,626.</u>
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For the year Jan. 1-Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20. See separate instructions.

Your first name and initial **DOUGLAS C.** Last name **EMHOFF** Your social security number **\*\*\*-\*\*-\*\*\*\***

If a joint return, spouse's first name and initial **KAMALA D.** Last name **HARRIS** Spouse's social security number **\*\*\*-\*\*-\*\*\*\***

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. \_\_\_\_\_

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) (see instructions)

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit  

<b>ELLA R</b>	<b>EMHOFF</b>	<b>***-**-****</b>	<b>DAUGHTER</b>	

 Boxes checked on 6a and 6b **2**  
 No. of children on 6c who:  
 • lived with you **1**  
 • did not live with you due to divorce or separation (see instructions) \_\_\_\_\_  
 Dependents on 6c not entered above \_\_\_\_\_  
 Add numbers on lines above ▶ **3**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 5** **7 171,737.**  
 8a Taxable interest. Attach Schedule B if required **8a 1,123.**  
 b Tax-exempt interest. Do not include on line 8a **8b 740.**  
 9a Ordinary dividends. Attach Schedule B if required **9a 1,243.**  
 b Qualified dividends **9b 1,086.**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10 16,208.**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13 49,592.**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a 795,263.** b Taxable amount **16b 0.**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 1,306,984.**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** b Taxable amount **20b**  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 1,546,887.**

**Adjusted Gross Income**  
 23 Educator expenses **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**  
 25 Health savings account deduction. Attach Form 8889 **25 2,267.**  
 26 Moving expenses. Attach Form 3903 **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE **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 ▶ \_\_\_\_\_ **31a**  
 32 IRA deduction **32**  
 33 Student loan interest deduction **33**  
 34 Tuition and fees. Attach Form 8917 **34**  
 35 Domestic production activities deduction. Attach Form 8903 **35**  
 36 Add lines 23 through 35 **36 79,187.**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **37 1,467,700.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 1,467,700.
39a Check [ ] You were born before January 2, 1953, [ ] Blind. Total boxes checked ... 39a [ ]
if: [ ] Spouse was born before January 2, 1953, [ ] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b [ ]
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 176,529.
41 Subtract line 40 from line 38 41 1,291,171.
42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. 42 0.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 1,291,171.
44 Tax. Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 44 447,825.
45 Alternative minimum tax. Attach Form 6251 45 0.
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47 447,825.
48 Foreign tax credit. Attach Form 1116 if required 48 51.
49 Credit for child and dependent care expenses. Attach Form 2441 49
50 Education credits from Form 8863, line 19 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit. Attach Schedule 8812, if required 52
53 Residential energy credits. Attach Form 5695 53
54 Other credits from Form: a [X] 3800 b [ ] 8801 c [ ] 54 179.
55 Add lines 48 through 54. These are your total credits 55 230.
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 447,595.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 52,663.
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
60a Household employment taxes from Schedule H 60a 3,488.
b First-time homebuyer credit repayment. Attach Form 5405 if required 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 64 30,816.
65 2017 estimated tax payments and amount applied from 2016 return 65 293,935.
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 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
70 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
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 74 465,651.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number [ ] c Type: [ ] Checking [ ] Savings d Account number [ ]
77 Amount of line 75 you want applied to your 2018 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 53,426.
79 Estimated tax penalty (see instructions) 79 2,608.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No
Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ]

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature [ ] Date [ ] Your occupation ATTORNEY Daytime phone number [ ]
Spouse's signature. If a joint return, both must sign. Date [ ] Spouse's occupation ATTORNEY GENERAL If the IRS sent you an Identity Protection PIN, enter it here [ ]

Paid Preparer Use Only
Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [ ] if PTIN self-employed [ ]
Firm's name [ ] Firm's EIN [ ] Phone no. [ ]

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

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

Name(s) shown on tax return

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Identifying number

\*\*\* - \*\* - \*\*\*\*

## 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 owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. <b>Don't file Form 2210</b> (but if box E in Part II applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You <b>must</b> file Form 2210. Does box B, C, or D in Part II apply?
No		
<b>Don't file Form 2210.</b> 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 <b>don't file Form 2210.</b>	No	You <b>aren't</b> 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 <b>file only page 1 of Form 2210.</b>
	Yes	You must figure your penalty.

### Part I Required Annual Payment

1 Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) .....	1	447,595.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) .....	2	68,874.
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, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	4	516,469.
5 Multiply line 4 by 90% (0.90) .....	5	464,822.
6 Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions) .....	6	31,716.
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	7	484,753.
8 Maximum required annual payment based on prior year's tax (see instructions) .....	8	420,611.
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8 .....	9	420,611.

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.
- 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.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210.**

- A  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.
- B  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C  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 AI and file Form 2210.
- D  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.
- E  You filed or are filing a joint return for either 2016 or 2017, 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).

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.)

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18	
<b>18</b> 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.
<b>19</b> 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. <b>Don't file Form 2210 unless you checked a box in Part II</b>	19	51,864.	97,929.	112,929.	62,929.
<b>Complete lines 20 through 26 of one column before going to line 20 of the next column.</b>					
<b>20</b> Enter the amount, if any, from line 26 in the previous column .....	20				
<b>21</b> Add lines 19 and 20 .....	21		97,929.	112,929.	62,929.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column .....	22		53,289.	60,513.	52,737.
<b>23</b> 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.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- .....	24		0.	0.	
<b>25</b> 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.
<b>26</b> 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				
<b>Section B - Figure the Penalty</b> (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)					
<b>27</b> 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. <b>Don't file Form 2210 unless you checked a box in Part II</b> .....	27				2,608.

Form 2210 (2017)

SEE ATTACHED WORKSHEET



**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](http://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**

Your social security number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

\*\*\*-\*\*-\*\*\*\*

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) .....	1	
2	Enter amount from Form 1040, line 38 ..... <b>2</b>		
3	Multiply line 2 by 7.5% (0.075) .....	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....		4
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>		
	a <input checked="" type="checkbox"/> Income taxes, or	} <b>SEE STATEMENT 13</b>	5 105,623.
	b <input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions) .....	6	57,526.
7	Personal property taxes .....	7	80.
8	Other taxes. List type and amount ▶ .....	8	
9	Add lines 5 through 8 .....		9 163,229.
<b>Interest You Paid</b>	<b>10 Home mortgage interest and points reported to you on Form 1098 .....</b>	10	29,729.
	<b>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 no., and address ▶ .....</b>		
<b>Note:</b>		11	
Your mortgage interest deduction may be limited (see instructions).	<b>12 Points not reported to you on Form 1098. See instructions for special rules .....</b>	12	
	<b>13 Mortgage insurance premiums (see instructions) .....</b>	13	
	<b>14 Investment interest. Attach Form 4952 if required. See instructions .....</b>	14	
	<b>15 Add lines 10 through 14 .....</b>		15 29,729.
<b>Gifts to Charity</b>	<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....</b>	16	18,188.
	<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....</b>	17	
If you made a gift and got a benefit for it, see instructions.	<b>18 Carryover from prior year .....</b>	18	
	<b>19 Add lines 16 through 18 .....</b>		19 18,188.
<b>Casualty and Theft Losses</b>	<b>20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions .....</b>		20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ .....</b>	21	
	<b>22 Tax preparation fees .....</b>	22	1,250.
	<b>23 Other expenses - investment, safe deposit box, etc. List type and amount ▶</b>		
	MERRIL LYNCH 1,753.	23	13,622.
	LEGAL FEES 11,869.	24	14,872.
	<b>24 Add lines 21 through 23 .....</b>		
	<b>25 Enter amount from Form 1040, line 38 ..... <b>25</b> 1,467,700.</b>		
	<b>26 Multiply line 25 by 2% (0.02) .....</b>	26	29,354.
	<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....</b>		27 0.
<b>Other Miscellaneous Deductions</b>	<b>28 Other - from list in instructions. List type and amount ▶ .....</b>		28
<b>Total Itemized Deductions</b>	<b>29 Is Form 1040, line 38, over \$156,900?</b>		
	<input type="checkbox"/> <b>No.</b> 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.	} <b>STMT 15</b>	29 176,529.
	<input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here .....</b>		



**SCHEDULE B**  
**(Form 1040A or 1040)**

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

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**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 ▶

MERRILL LYNCH 15265

WELLS FARGO 0764

WELLS FARGO 7248

UNITED BANK 3873

WELLS FARGO 0247

FROM K-1 - VENABLE LLP

FROM K-1 - DLA PIPER LLP

FROM K-1 - DLA PIPER LLP

**Amount**

453.

55.

259.

147.

46.

24.

138.

1.

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 form.

**2** Add the amounts on line 1

2

1,123.

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

1,123.

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

**Amount**

**Part II**

**Ordinary Dividends**

**5** List name of payer ▶

MERRILL LYNCH 15265

FROM K-1 - DLA PIPER LLP

1,242.

1.

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

1,243.

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

**Part III**

**Foreign Accounts and Trusts**

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 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

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

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

**8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

727501 10-25-17

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

Schedule B (Form 1040A or 1040) 2017

# 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	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
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.									
<b>TOTALS</b>	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](http://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

**2017**

Attachment  
Sequence No. **12**

Name(s) shown on return

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

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

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....	<b>486,911.</b>	<b>480,697.</b>		<b>6,214.</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....	<b>SEE STATEMENT 17</b>			<b>5</b> <b>23.</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 .....				<b>7</b> <b>6,237.</b>

**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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....	<b>437,347.</b>	<b>394,168.</b>		<b>43,179.</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....	<b>SEE STATEMENT 16</b> <b>SEE STATEMENT 18</b>			<b>11</b> <b>148.</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b> <b>28.</b>
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2 .....				<b>15</b> <b>43,355.</b>

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

Schedule D (Form 1040) 2017

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>49,592.</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b>(see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet <b>SEE STATEMENT 19</b> .....</p>	<b>19</b>	<b>24.</b>
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } .....</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		





**Schedule D Tax Worksheet**

Name(s) shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Your SSN <b>***-**-****</b>
--	--------------------------------

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains. Otherwise, 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) to figure your tax. Before completing this worksheet, complete Form 1040 through line 43 (or Form 1040NR through line 41).

**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 1040NR, line 10b); 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).

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, line 44) **1. 1,291,171.**
2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) ..... **2. 1,086.**
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. \_\_\_\_\_**
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.**
7. Enter the **smaller** of line 15 or line 16 of Sch. D ... **7. 43,355.**
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.**
10. Add lines 6 and 9 ..... **10. 44,441.**
11. Add lines 18 and 19 of Schedule D\*\* ..... **11. 24.**
12. Enter the **smaller** of line 9 or line 11 ..... **12. 24.**
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 separately;
  - \$75,900 if married filing jointly or qualifying widow(er); or
  - \$50,800 if head of household
 ..... **15. 75,900.**
16. Enter the **smaller** of line 1 or line 15 ..... **16. 75,900.**
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. 1,246,730.**
20. Subtract line 17 from line 16. This amount is taxed at 0% ..... **20. \_\_\_\_\_**

**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-) ..... **22. 0.**
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 qualifying widow(er); or
  - \$444,550 if head of household
 ..... **24. 470,700.**
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- ..... **27. 0.**
28. Enter the **smaller** of line 23 or line 27 ..... **28. \_\_\_\_\_**
29. Multiply line 28 by 15% (0.15) ..... **29. \_\_\_\_\_**
30. Add lines 22 and 28 ..... **30. \_\_\_\_\_**

**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.	<u>44,417.</u>	
32. Multiply line 31 by 20% (0.20) .....	32.		<u>8,883.</u>
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33. Enter the <b>smaller</b> of line 9 above or Schedule D, line 19 .....	33.	<u>24.</u>	
34. Add lines 10 and 19 .....	34.	<u>1,291,171.</u>	
35. Enter the amount from line 1 above .....	35.	<u>1,291,171.</u>	
36. Subtract line 35 from line 34. If zero or less, enter -0- .....	36.	<u>0.</u>	
37. Subtract line 36 from line 33. If zero or less, enter -0- .....	37.	<u>24.</u>	
38. Multiply line 37 by 25% (0.25) .....	38.		<u>6.</u>
<b>If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.</b>			
39. Add lines 19, 20, 28, 31, and 37 .....	39.		
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 <b>line 19</b> . 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.	<u>438,936.</u>	
43. Add lines 29, 32, 38, 41, and 42 .....	43.	<u>447,825.</u>	
44. Figure the tax on the amount on <b>line 1</b> . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	44.	<u>456,535.</u>	
45. <b>Tax on all taxable income (including capital gains and qualified dividends)</b> . Enter the <b>smaller</b> 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.	<u>447,825.</u>	

\* 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.

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 from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	DLA PIPER LLP	P		**-*****	
B	VENABLE LLP	P		**-*****	
C	UNREIMBURSED EXPENSES	P		**-*****	
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				243,450.
B				1,122,226.
C		58,692.		
D				
29a Totals				1,365,676.
b Totals		58,692.		
30 Add columns (g) and (j) of line 29a				30 1,365,676.
31 Add columns (f), (h), and (i) of line 29b				31 ( 58,692.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 1,306,984.

**Part III Income or Loss From Estates and Trusts**

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

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	1,306,984.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

2017

**SCHEDULE E**

Name DOUGLAS C. EMHOFF

SSN/EIN \*\*\*\_\*\*\_\*\*\*\*

Passthrough VENABLE LLP - VENABLE 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
<b>SCHEDULE E, PAGE 2</b>								
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.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	11,622.							11,622.
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

**Name** DOUGLAS C. EMHOFF

**SSN/EIN** \*\*\*-\*\*-\*\*\*\*

**Passthrough** VENABLE LLP - VENABLE 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
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	24.							24.
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	-48.							-48.
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
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 .....								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2017

**SCHEDULE E**

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
<b>SCHEDULE E, PAGE 2</b>								
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.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....	148.							148.
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	23.							23.
Net long-term cap. gain (loss) .....	28.							28.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....	-1.							-1.
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	1,516.							1,516.
Deductions related to portfolio income								
Other .....	1,306.							1,306.

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2017

**SCHEDULE E**

Name DOUGLAS C. EMHOFF

SSN/EIN \*\*\*-\*\*-\*\*\*\*

Passthrough DLA PIPER LLP  
PARTNERSHIP

ID \*\*\_\*\*\*\*\*

TAXPAYER

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
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	138.							138.
Interest from U.S. bonds .....	1.							1.
Ordinary dividends .....	1.							1.
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86	5.							5.
Adjusted gain or loss .....	-78.							-78.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
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 (99)

**Self-Employment Tax**

▶ Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. 17

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

Social security number of person with self-employment income

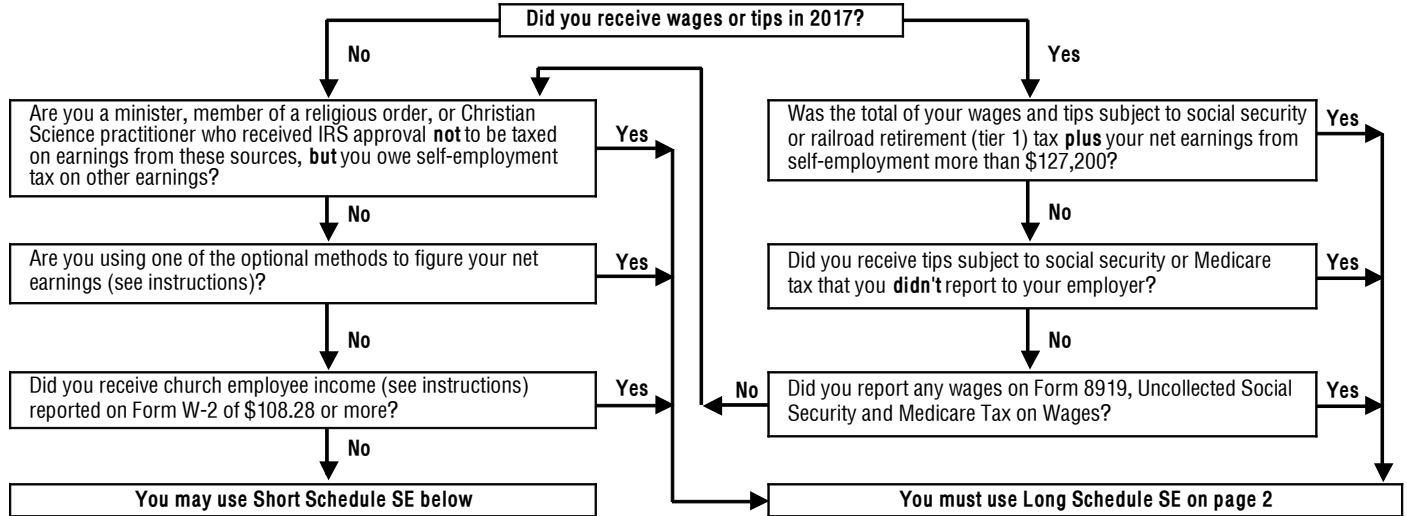
DOUGLAS C. EMHOFF

\*\*\*-\*\*-\*\*\*\*

**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</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	<b>1b</b>	
<b>2</b> 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	<b>2</b>	1,377,448.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	1,377,448.
<b>4</b> 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	<b>4</b>	1,272,073.
<b>5 Self-employment tax.</b> 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	<b>5</b>	52,663.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	<b>6</b>	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)

**2017**

Attachment  
 Sequence No. **19**

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

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Identifying number as shown on page 1 of your tax return  
**\*\*\*-\*\*-\*\*\*\***

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.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ▶ **OTHER COUNTRIES**

**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.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession <b>OTHER COUNTRIES</b>				
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	781.			<b>1a</b> 781.
<b>b</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) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) <b>SEE STATEMENT 22</b>	454.			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction	136,468.			
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	136,468.			
<b>d</b> Gross foreign source income	1,318.			
<b>e</b> Gross income from all sources	1,884,884.			
<b>f</b> Divide line 3d by line 3e	.00070			
<b>g</b> Multiply line 3c by line 3f	96.			
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	550.			<b>6</b> 550.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				<b>7</b> 231.

**Part II Foreign Taxes Paid or Accrued**

**SEE STATEMENT 21**

Country	Foreign taxes paid or accrued									
	In foreign currency				In U.S. dollars					
	Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
(h) <input checked="" type="checkbox"/> Paid						(o) Dividends	(p) Rents and royalties	(q) Interest		
(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest						
<b>A</b>		30.			30.				21.	51.
<b>B</b>										
<b>C</b>										
<b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2										<b>8</b> 51.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	51.	
<b>10</b> Carryback or carryover (attach detailed computation) .....	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	51.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		51.
<b>15</b> 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 .....	<b>15</b>	231.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>		
<b>17</b> 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.) .....	<b>17</b>	231.	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 23</b>	<b>18</b>	1,269,180.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		.00018
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		447,825.
<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		81.
<b>22</b> Enter the <b>smaller</b> 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 line in Part IV .....	<b>22</b>		51.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on passive category income .....	<b>23</b>		
<b>24</b> Credit for taxes on general category income .....	<b>24</b>		
<b>25</b> Credit for taxes on certain income re-sourced by treaty .....	<b>25</b>		
<b>26</b> Credit for taxes on lump-sum distributions .....	<b>26</b>		
<b>27</b> Add lines 23 through 26 .....	<b>27</b>		
<b>28</b> Enter the <b>smaller</b> of line 20 or line 27 .....	<b>28</b>		51.
<b>29</b> Reduction of credit for international boycott operations .....	<b>29</b>		
<b>30</b> Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a .....	<b>30</b>		51.

**General Business Credit**

▶ Go to [www.irs.gov/Form3800](http://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.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

\*\*\*-\*\*-\*\*\*\*

**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 .....	1	58.
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 2017. See instructions .....	3	
4	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	
6	Add lines 1, 3, 4, and 5 .....	6	58.

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>• 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 .....</li> <li>• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return .....</li> <li>• 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 .....</li> </ul>	7	447,825.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>• Individuals. Enter the amount from Form 6251, line 35 .....</li> <li>• Corporations. Enter the amount from Form 4626, line 14 .....</li> <li>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 .....</li> </ul>	8	
9	Add lines 7 and 8 .....	9	447,825.
10a	Foreign tax credit .....	10a	51.
b	Certain allowable credits (see instructions) .....	10b	
c	Add lines 10a and 10b .....	10c	51.
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....	11	447,774.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- .....	12	447,774.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) .....	13	105,694.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>• Individuals. Enter the amount from Form 6251, line 33 .....</li> <li>• Corporations. Enter the amount from Form 4626, line 12 .....</li> <li>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 .....</li> </ul>	14	385,619.
15	Enter the greater of line 13 or line 14 .....	15	385,619.
16	Subtract line 15 from line 11. If zero or less, enter -0- .....	16	62,155.
17	Enter the <b>smaller</b> of line 6 or line 16 .....	17	58.

**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)

**Part II Allowable Credit** (Continued)

**Note:** 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 26.

18	Multiply line 14 by 75% (0.75). See instructions .....	18	289,214.
19	Enter the greater of line 13 or line 18 .....	19	289,214.
20	Subtract line 19 from line 11. If zero or less, enter -0- .....	20	158,560.
21	Subtract line 17 from line 20. If zero or less, enter -0- .....	21	158,502.
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked .....	22	121.
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 2017. See instructions .....	24	
25	Add lines 22 and 24 .....	25	121.
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 .....	26	121.
27	Subtract line 13 from line 11. If zero or less, enter -0- .....	27	342,080.
28	Add lines 17 and 26 .....	28	179.
29	Subtract line 28 from line 27. If zero or less, enter -0- .....	29	341,901.
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 2017. See instructions .....	33	
34	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	
35	Carryback of business credit from 2018. 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 <b>smaller</b> of line 29 or line 36 .....	37	
38	<b>Credit allowed for the current year.</b> 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. <ul style="list-style-type: none"> <li>• Individuals. Form 1040, line 54, or Form 1040NR, line 51 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	179.

Name(s) shown on return

Identifying number

**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).

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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

(a) Description of credit	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	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)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e 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	58.
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p 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	
y 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	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	58.
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	121.
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e 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	
z Other	4z	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	179.

Name(s) shown on return

Identifying number

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).

- A [X] General Business Credit From a Non-Passive Activity
B [ ] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I 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

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. (a) Description of credit (b) If claiming the credit from a pass-through entity, enter the EIN (c) Enter the appropriate amount

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

Name(s) shown on return

Identifying number

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).

- A [X] General Business Credit From a Non-Passive Activity
B [ ] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I 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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount

Main table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

Form **4797**

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.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2017**

Attachment  
Sequence No. **27**

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Identifying number

\*\*\*-\*\*-\*\*\*\*

**1** Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From  
Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	DLA PIPER LLP						<b>148.</b>

<b>3</b>	Gain, if any, from Form 4684, line 39	<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	<b>7</b>
		<b>148.</b>

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

<b>10</b>	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7	<b>11</b>	( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>	
<b>13</b>	Gain, if any, from line 31	<b>13</b>	
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>	
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>	
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>	
<b>17</b>	Combine lines 10 through 16	<b>17</b>	

<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2017)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

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.)	1,291,171.
2	Reserved for future use	
3	Taxes from Schedule A (Form 1040), line 9	163,229.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	-34,617.
7	Tax refund from Form 1040, line 10 or line 21	-16,208.
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 <b>SEE STATEMENT 24</b>	47.
13	Qualified small business stock, see instructions	
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)	-78.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) <b>STMT 25</b>	-43.
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	
27	Other adjustments, including income-based related adjustments	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	1,403,501.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)															
	<table border="0"> <tr> <td><b>IF your filing status is...</b></td> <td><b>AND line 28 is not over...</b></td> <td><b>THEN enter on line 29...</b></td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$120,700</td> <td>\$54,300</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>160,900</td> <td>84,500</td> </tr> <tr> <td>Married filing separately</td> <td>80,450</td> <td>42,250</td> </tr> </table>	<b>IF your filing status is...</b>	<b>AND line 28 is not over...</b>	<b>THEN enter on line 29...</b>		Single or head of household	\$120,700	\$54,300	}	Married filing jointly or qualifying widow(er)	160,900	84,500	Married filing separately	80,450	42,250	
<b>IF your filing status is...</b>	<b>AND line 28 is not over...</b>	<b>THEN enter on line 29...</b>														
Single or head of household	\$120,700	\$54,300	}													
Married filing jointly or qualifying widow(er)	160,900	84,500														
Married filing separately	80,450	42,250														
29	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	0.														
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	1,403,501.														
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>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.</li> <li><b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.</li> </ul>	385,670.														
32	Alternative minimum tax foreign tax credit (see instructions)	51.														
33	Tentative minimum tax. Subtract line 32 from line 31	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)	447,774.														
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	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.

<b>36</b> 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 .....	<b>36</b>	1,403,501.
<b>37</b> 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 .....	<b>37</b>	44,417.
<b>38</b> 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 .....	<b>38</b>	24.
<b>39</b> 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 <b>smaller</b> 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 .....	<b>39</b>	44,441.
<b>40</b> Enter the <b>smaller</b> of line 36 or line 39 .....	<b>40</b>	44,441.
<b>41</b> Subtract line 40 from line 36 .....	<b>41</b>	1,359,060.
<b>42</b> If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result .....	<b>42</b>	376,781.
<b>43</b> Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	<b>43</b>	75,900.
<b>44</b> 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 .....	<b>44</b>	1,246,754.
<b>45</b> Subtract line 44 from line 43. If zero or less, enter -0- .....	<b>45</b>	0.
<b>46</b> Enter the <b>smaller</b> of line 36 or line 37 .....	<b>46</b>	44,417.
<b>47</b> Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% .....	<b>47</b>	0.
<b>48</b> Subtract line 47 from line 46 .....	<b>48</b>	44,417.
<b>49</b> Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	<b>49</b>	470,700.
<b>50</b> Enter the amount from line 45 .....	<b>50</b>	0.
<b>51</b> 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 .....	<b>51</b>	1,246,730.
<b>52</b> Add line 50 and line 51 .....	<b>52</b>	1,246,730.
<b>53</b> Subtract line 52 from line 49. If zero or less, enter -0- .....	<b>53</b>	0.
<b>54</b> Enter the smaller of line 48 or line 53 .....	<b>54</b>	0.
<b>55</b> Multiply line 54 by 15% (0.15) .....	<b>55</b>	0.
<b>56</b> Add lines 47 and 54 .....	<b>56</b>	0.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>		
<b>57</b> Subtract line 56 from line 46 .....	<b>57</b>	44,417.
<b>58</b> Multiply line 57 by 20% (0.20) .....	<b>58</b>	8,883.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>		
<b>59</b> Add lines 41, 56, and 57 .....	<b>59</b>	1,403,477.
<b>60</b> Subtract line 59 from line 36 .....	<b>60</b>	24.
<b>61</b> Multiply line 60 by 25% (0.25) .....	<b>61</b>	6.
<b>62</b> Add lines 42, 55, 58, and 61 .....	<b>62</b>	385,670.
<b>63</b> If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result .....	<b>63</b>	389,224.
<b>64</b> Enter the <b>smaller</b> 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 .....	<b>64</b>	385,670.

**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Social Security Number <b>***-**-****</b>
--	--

Form Name	Description	Income	Adjustment				
			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.			
	<b>** TOTAL ADJ &amp; PREF **</b>		<b>-78.</b>	<b>-43.</b>			

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2017

Attachment Sequence No. 19

Form 1116

Department of the Treasury Internal Revenue Service (99)

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

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

Name: DOUGLAS C. EMHOFF & KAMALA D. HARRIS  
 Identifying number as shown on page 1 of your tax return: \*\*\*-\*\*-\*\*\*\*

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.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

f Resident of (name of country) OTHER COUNTRIES

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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession OTHER COUNTRIES				
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	1,008.			1a 1,008.
<b>b</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)				
<b>Deductions and losses (Caution: See instructions):</b>				
<b>2</b> Expenses definitely related to the income on line 1a (attach statement)	454.			
<b>3</b> Pro rata share of other deductions not definitely related:				
<b>a</b> Certain itemized deductions or standard deduction				
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b				
<b>d</b> Gross foreign source income	1,318.			
<b>e</b> Gross income from all sources	1,868,645.			
<b>f</b> Divide line 3d by line 3e	.00071			
<b>g</b> Multiply line 3c by line 3f				
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	454.			6 454.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 554.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
A		30.				30.		21.	51.
B									
C									
<b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2									8 51.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

**ALTERNATIVE MINIMUM TAX**

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	51.	
<b>10</b> Carryback or carryover (attach detailed computation) .....		
<b>11</b> Add lines 9 and 10 .....	51.	
<b>12</b> Reduction in foreign taxes .....		
<b>13</b> Taxes reclassified under high tax kickout .....		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....		51.
<b>15</b> 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 .....	554.	
<b>16</b> Adjustments to line 15 .....		
<b>17</b> 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.) .....	554.	
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	1,390,808.	
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....		.00040
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....		385,670.
<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.		
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....		154.
<b>22</b> Enter the <b>smaller</b> 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 line in Part IV .....		51.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on passive category income .....	<b>23</b>	
<b>24</b> Credit for taxes on general category income .....	<b>24</b>	
<b>25</b> Credit for taxes on certain income re-sourced by treaty .....	<b>25</b>	
<b>26</b> Credit for taxes on lump-sum distributions .....	<b>26</b>	
<b>27</b> Add lines 23 through 26 .....	<b>27</b>	
<b>28</b> Enter the <b>smaller</b> of line 20 or line 27 .....	<b>28</b>	51.
<b>29</b> Reduction of credit for international boycott operations .....	<b>29</b>	
<b>30</b> Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a .....	<b>30</b>	51.

**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](http://www.irs.gov/ScheduleH) for instructions and the latest information.**

OMB No. 1545-1971

**2017**  
Attachment  
Sequence No. **44**

Name of employer  <b>DOUGLAS C. EMHOFF</b>	<b>Social security number</b> *** - ** - ****  <b>Employer identification number</b> ** - *****
--	---

Calendar 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 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.

**B** 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.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.  
 **Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

1 Total cash wages subject to social security tax .....	1	20,516.		
2 Social security tax. Multiply line 1 by 12.4% (0.124) .....	2		2,544.	
3 Total cash wages subject to Medicare tax .....	3	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 .....	5			
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....	6			
7 Federal income tax withheld, if any .....	7		160.	
<b>8 Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 .....	<b>8</b>		<b>3,299.</b>	

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (**Don't** count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.  
 **Yes.** Go to line 10.

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

Schedule H (Form 1040) 2017

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No." .....		<b>X</b>
<b>11</b> Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers, see instructions .....	<b>X</b>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<b>X</b>	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions .....	
<b>14</b> Contributions paid to your state unemployment fund .....	<b>14</b>
<b>15</b> Total cash wages subject to FUTA tax .....	<b>15</b>
<b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 .....	<b>16</b>

**Section B**

**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
CA	7,000.	01/01/17	12/31/17	.0270	378.	189.	189.	418.

<b>18</b> Totals .....	<b>18</b>	189.	418.
<b>19</b> Add columns (g) and (h) of line 18 .....	<b>19</b>	607.	
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions) .....	<b>20</b>		7,000.
<b>21</b> Multiply line 20 by 6.0% (0.060) .....	<b>21</b>		420.
<b>22</b> Multiply line 20 by 5.4% (0.054) .....	<b>22</b>	378.	
<b>23</b> Enter the <b>smaller</b> of line 19 or line 22 .....			
(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) .....	<b>STATEMENT 27</b>	<input checked="" type="checkbox"/>	
<b>23</b> .....	<b>23</b>		231.
<b>24</b> FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 .....	<b>24</b>		189.

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....	<b>25</b>	3,299.
<b>26</b> Add line 16 (or line 24) and line 25 .....	<b>26</b>	3,488.

**27** Are you required to file Form 1040?  
 **Yes.** Stop. Include the amount from line 26 above on Form 1040, line 60a. **Don't** complete Part IV below.  
 **No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.



▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

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.

**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.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) .....	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) .....	<b>2</b>		<b>2,267.</b>
<b>3</b>	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter .....	<b>3</b>		<b>6,750.</b>
<b>4</b>	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 .....	<b>4</b>		
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- .....	<b>5</b>		<b>6,750.</b>
<b>6</b>	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 amount to enter .....	<b>6</b>		<b>6,750.</b>
<b>7</b>	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) .....	<b>7</b>		
<b>8</b>	Add lines 6 and 7 .....	<b>8</b>		<b>6,750.</b>
<b>9</b>	Employer contributions made to your HSAs for 2017 .....	<b>9</b>		
<b>10</b>	Qualified HSA funding distributions .....	<b>10</b>		
<b>11</b>	Add lines 9 and 10 .....	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- .....	<b>12</b>		<b>6,750.</b>
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 .....	<b>13</b>		<b>2,267.</b>
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II 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.

<b>14a</b>	Total distributions you received in 2017 from all HSAs (see instructions) .....	<b>14a</b>		<b>1,841.</b>
<b>b</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) .....	<b>14b</b>		
<b>c</b>	Subtract line 14b from line 14a .....	<b>14c</b>		<b>1,841.</b>
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) .....	<b>15</b>		<b>1,841.</b>
<b>16</b>	<b>Taxable HSA distributions.</b> 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 .....	<b>16</b>		<b>0.</b>
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here .....		<input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (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 .....	<b>17b</b>		

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

**Part III** **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.

<b>18</b> Last-month rule .....	<b>18</b>	
<b>19</b> Qualified HSA funding distribution .....	<b>19</b>	
<b>20</b> <b>Total income.</b> 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 .....	<b>20</b>	
<b>21</b> <b>Additional tax.</b> 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 .....	<b>21</b>	

# Additional Medicare Tax

## 2017

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](http://www.irs.gov/Form8959) for instructions and the latest information.

Attachment  
Sequence No. **71**

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

Your social security number  
**\*\*\*-\*\*-\*\*\*\***

### Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 .....	1	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.		
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 .....	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 here and go to Part II .....	7			

### Part 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 -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 Single, Head of household, or Qualifying widow(er) \$200,000 .....	9	250,000.		
10 Enter the amount from line 4 .....	10	181,464.		
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11	68,536.		
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12			1,203,537.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13			10,832.

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

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

### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V .....	18			10,832.
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### Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 .....	19	2,631.		
20 Enter the amount from line 1 .....	20	181,464.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	2,631.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) .....	24			

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

## 2017

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Your social security number or EIN <b>***-**-****</b>
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**Part I Investment Income**

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1 Taxable interest (see instructions) .....		<b>1</b>	1,123.
2 Ordinary dividends (see instructions) .....		<b>2</b>	1,243.
3 Annuities (see instructions) .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>	1,306,984.	
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) <b>STATEMENT 28</b> .....	<b>4b</b>	-1,306,984.	
c Combine lines 4a and 4b .....	<b>4c</b>		0.
5a Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>	49,592.	
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>	-148.	
c Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
d Combine lines 5a through 5c .....	<b>5d</b>		49,444.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		<b>6</b>	
7 Other modifications to investment income (see instructions) .....		<b>7</b>	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	51,810.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a Investment interest expenses (see instructions) .....	<b>9a</b>		
b State, local, and foreign income tax (see instructions) .....	<b>9b</b>	2,054.	
c Miscellaneous investment expenses (see instructions) .....	<b>9c</b>		
d Add lines 9a, 9b, and 9c .....	<b>9d</b>		2,054.
10 Additional modifications (see instructions) .....		<b>10</b>	
11 Total deductions and modifications. Add lines 9d and 10 .....		<b>11</b>	2,054.

**Part III Tax Computation**

12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13- 17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- .....		<b>12</b>	49,756.
<b>Individuals:</b>			
13 Modified adjusted gross income (see instructions) .....	<b>13</b>	1,467,700.	
14 Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	1,217,700.	
16 Enter the smaller of line 12 or line 15 .....		<b>16</b>	49,756.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....		<b>17</b>	1,891.
<b>Estates and Trusts:</b>			
18a Net investment income (line 12 above) .....	<b>18a</b>		
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>		
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>		
19a Adjusted gross income (see instructions) .....	<b>19a</b>		
b Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
c Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>		
20 Enter the smaller of line 18c or line 19c .....		<b>20</b>	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....		<b>21</b>	

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

**Lines 5a-5d - Net Gains and Losses Worksheet**

Keep for Your Records

	(A) Capital gains/(losses) Form 1040, Line 13, or Form 1041, Line 4	(B) Ordinary gains/(losses) Form 1040, Line 14, or Form 1041, Line 7	Total of columns (A) + (B)
<b>1. Beginning Net Gains and Losses</b>	<u>49,592.</u>	<u>0.</u>	Enter this amount on line 5a <u>49,592.</u>
<b>2. Gains and Losses excluded from Net Investment Income, use current year amounts for lines 2a-2g and 2i.</b>			
(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 <u>DLA PIPER LLP</u> Amount <u>148.</u> <u>( )</u> ( <u>148.</u> ) ( <u> )</u>	<u>( 148. )</u>	<u>( )</u>	
(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 _____	<u>( )</u>		
(e) Enter the net gain attributable to the net unrealized appreciation (NUA) in employer securities _____	<u>( )</u>		
(f) 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) _____	<u>( )</u>		
(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 _____	<u>( )</u>		
<b>(i)(1)</b> 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) _____			
<b>OR</b>			
<b>(i)(2)</b> 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 ... _____			
<b>(j) Sum of lines 2(a)-2(i)</b> _____	<u>-148.</u>	_____	Enter this amount on line 5b <u>-148.</u>
<b>3. Adjustment for Gains and Losses attributable to the disposition of interests in partnerships and S corporations ...</b>			Enter this amount on line 5c _____
<b>Add lines 1, 2(j) and 3</b> _____	<u>49,444.</u>	<u>0.</u>	Enter this amount on line 5d <u>49,444.</u>

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

Keep for Your Records

**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)	MERRIL LYNCH	9C	1,753.
(b)	_____	_____	_____

2. Enter the total of all items listed in line 1 ..... 2. 1,753.
3. Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) ..... 3. 0.
4. Enter the lesser of the total reported on line 2 or line 3 ..... 4. 0.

**Part II - Application of Section 67 Limitation to Specific Deductions**

**(B)**  
 IF line 3 is less than line 2, **THEN** divide line 3 by line 2 **AND** enter the amount in column (B).

IF amounts reported on Part I, lines 2 and 4 are equal, **THEN** enter 1.00 in column (B).

**(C)**  
 Multiply the individual amounts in column (A) by the amount in column (B).

**(A)**  
 Reenter the amounts and descriptions from Part I, line 1.

	Description	Line	Amount			
(a)	_____	_____	_____	X	_____	= _____
(b)	_____	_____	_____	X	_____	= _____

**TIP** **Individuals** - Use the amounts in column (C) on Part III, line 1, to determine the amount of these deductions that are allowable after the application of the section 68 limitation.

**Estates or trusts** - Enter the amounts in column (C) in the appropriate location on lines 9 and 10. Don't complete Parts III or IV of this worksheet.

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

Keep for Your Records

**Part III - Application of Section 68 to deductions properly allocable to investment income (Individuals Only)**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

Description	Line	Amount
(a) _____	_____	_____
(b) _____	_____	_____

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income ..... **SEE STATEMENT 29** 2. 2,054.

3. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

Description	Line	Amount
(a) _____	_____	_____
(b) _____	_____	_____

4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 ..... 4. 2,054.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... 5. 176,529.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(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. Enter the lesser of line 7 or line 4 ..... 8. 2,054.

**TIP** This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

**Part IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)**

	<b>(B)</b>	
	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B).	
	IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	
<b>(A)</b>		<b>(C)</b>
Reenter the amounts and descriptions from Part III, lines 1 - 3.		Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.

**Miscellaneous Itemized Deductions properly allocable to investment income:**

Description	Line	Amount		=	
1. (a) _____	_____	_____	X	_____	_____
(b) _____	_____	_____	X	_____	_____
2. State, local, and foreign income taxes .....		2,054.	X	1.0000	2,054.

**Itemized Deductions Subject to Section 68 included on Line 3 of Part III:**

3. (a) _____	_____	_____	X	_____	_____
(b) _____	_____	_____	X	_____	_____

CALIFORNIA

Name(s) <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Your social security number or EIN ***-**-****
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**Part 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) .....		<b>1</b>	1,122.
2 Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a) .....		<b>2</b>	1,983.
3 Annuities from nonqualified plans .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5) .....	4a		1,309,659.
	4b		-1,309,659.
c Combine lines 4a and 4b .....		<b>4c</b>	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		49,592.
	5b		-148.
c Adjustment from disposition of partnership interest or S corporation stock .....	5c		
d Combine lines 5a through 5c .....		<b>5d</b>	49,444.
6 Changes in investment income for certain CFCs and PFICs .....		<b>6</b>	
7 Other modifications to investment income .....		<b>7</b>	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	52,549.

**Part II State Income Tax Pro-ration for 2017 Income Tax Payments**

9 State total income .....		<b>9</b>	1,457,173.
10 State income tax payments for 2017 .....	<b>SEE STATEMENT 30</b>		56,940.
11 2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....		<b>11</b>	2,053.

**Part III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017**

12 State estimate payments for 2016 .....		<b>12</b>	
13 Percent of state income taxes attributable to investment income for 2016 .....		<b>13</b>	
14 2016 state estimate payments attributable to investment income. Line 12 times line 13 .....		<b>14</b>	

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2017**

15 Balance of prior years tax plus extension payments paid in 2017 .....		<b>15</b>	
16 Percent of state income taxes attributable to investment income for 2016 .....		<b>16</b>	
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....		<b>17</b>	

**Part V Reduction of State Tax Deduction**

18 Reduction of state tax deduction .....		<b>18</b>	( )
19 Percent of state income taxes attributable to investment income for 2016 .....		<b>19</b>	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....		<b>20</b>	( )

**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, line 2 .....		<b>21</b>	2,053.
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ILLINOIS

Name(s) **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Your social security number or EIN **\*\*\*-\*\*-\*\*\*\***

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

<b>1</b>	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	<b>1</b>	17.
<b>2</b>	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	<b>2</b>	
<b>3</b>	Annuities from nonqualified plans	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	<b>4a</b>	29,804.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	<b>4b</b>	-29,804.
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	
<b>5a</b>	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	<b>5a</b>	9.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	9.
<b>6</b>	Changes in investment income for certain CFCs and PFICs	<b>6</b>	
<b>7</b>	Other modifications to investment income	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	26.

**Part II State Income Tax Pro-ration for 2017 Income Tax Payments**

<b>9</b>	State total income	<b>9</b>	27,563.
<b>10</b>	State income tax payments for 2017	<b>10</b>	1,306.
<b>11</b>	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	<b>11</b>	1.

**Part III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017**

<b>12</b>	State estimate payments for 2016	<b>12</b>	
<b>13</b>	Percent of state income taxes attributable to investment income for 2016	<b>13</b>	.000000
<b>14</b>	2016 state estimate payments attributable to investment income. Line 12 times line 13	<b>14</b>	

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2017**

<b>15</b>	Balance of prior years tax plus extension payments paid in 2017	<b>15</b>	
<b>16</b>	Percent of state income taxes attributable to investment income for 2016	<b>16</b>	.000000
<b>17</b>	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	<b>17</b>	

**Part V Reduction of State Tax Deduction**

<b>18</b>	Reduction of state tax deduction	<b>18</b>	( )
<b>19</b>	Percent of state income taxes attributable to investment income for 2016	<b>19</b>	
<b>20</b>	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	<b>20</b>	( )

**Part VI Total State Income Tax Payments Attributable to Investment Income**

<b>21</b>	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	<b>21</b>	1.
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**Statement SBE  
Supplemental Business Expenses**

**2017**

Your name <b>DOUGLAS C. EMHOFF</b>	Social security number <b>***-**-****</b>	Business in which expenses were incurred <b>PARTNERSHIP EXPENSES</b>
---------------------------------------	--	---

**Part I Business Expenses and Reimbursements**

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1	18,255.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2	1,704.		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 32</b> .....	4	35,410.		
5 Meals and entertainment expenses .....	5			6,645.
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	55,369.		6,645.

**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**

7 Enter amounts that were <b>not</b> 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**

8 Subtract line 7 from line 6 .....	8	55,369.		6,645.
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: Multiply by 80% (.80) instead of 50%) .....	9	55,369.		3,323.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	58,692.

<b>Part II Vehicle Expenses</b>			(a) Vehicle <b>1</b>	(b) Vehicle
<b>Section A. - General Information</b>				
11	Enter the date vehicle was placed in service .....	11	02/01/14	
12	Total miles vehicle was driven during 2017 .....	12	12,000 miles	miles
13	Business miles included on line 12 .....	13	10,000 miles	miles
14	Percent of business use. Divide line 13 by line 12 .....	14	83.33 %	%
15	Average daily roundtrip commuting distance .....	15		miles
16	Commuting miles included on line 12 .....	16		miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	2,000 miles	miles
18	Was your vehicle available for personal use during off-duty hours? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Section B. - Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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<b>Section C. - Actual Expenses</b>			(a) Vehicle <b>1</b>	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	STMT 33 6,533.	
24a	Vehicle rentals .....	24a	15,600.	
b	Inclusion amount .....	24b	226.	
c	Subtract line 24b from line 24a .....	24c	15,374.	
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	21,907.	
27	Multiply line 26 by the percentage on line 14 .....	27	18,255.	
28	Depreciation. Enter amount from line 38 below .....	28		
29	Add lines 27 and 28. Enter total here and on line 1 .....	29	18,255.	

**Section D. - Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(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 <b>smaller</b> 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	



2017 DEPRECIATION AND AMORTIZATION REPORT

PARTNERSHIP EXPENSES

FORM 2106/SBE- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
	MACHINERY & EQUIPMENT														
1	I PHONE	07/01/11	200DB	5.00		HY17	790.		790.	0.	0.			0.	0.
2	I PAD	07/01/11	200DB	5.00		HY17	990.		990.	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						2,980.		2,980.		0.			0.	0.
	* GRAND TOTAL 2106/SBE DEPRECIATION						2,980.		2,980.		0.			0.	0.

## Form 1116

## U.S. and Foreign Source Income Summary

NAME				
DOUGLAS C. EMHOFF & KAMALA D. HARRIS				
***-**-****				
INCOME TYPE		TOTAL	U.S.	FOREIGN PASSIVE
Compensation		171,737.	171,737.	
Dividends/Distributions	SEE STATEMENT 36	1,243.	1.	1,242.
Interest		1,123.	1,123.	
Capital Gains		49,592.	49,592.	
Business/Profession Rent/Royalty				
State/Local Refunds		16,208.	16,208.	
Partnership/S Corporation	SEE STATEMENT 34	1,644,981.	1,644,905.	76.
Trust/Estate				
Other Income				
Gross Income		<u>1,884,884.</u>	<u>1,883,566.</u>	<u>1,318.</u>
Less:				
Section 911 Exclusion				
Capital Losses				
Capital Gains Tax Adjustment				537.
Total Income - Form 1116		<u>1,884,884.</u>	<u>1,883,566.</u>	<u>781.</u>
Deductions:				
Business/Profession Expenses		337,997.	337,543.	454.
Rent/Royalty Expenses				
Partnership/S Corporation Losses				
Trust/Estate Losses				
Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction		26,332.	26,332.	
Self-employment Health Insurance		6,437.	6,437.	
Keogh Contributions		44,151.	44,151.	
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments		2,267.	2,267.	
Capital Gains Tax Adjustment				
Total Deductions		<u>417,184.</u>	<u>416,730.</u>	<u>454.</u>
Adjusted Gross Income		<u>1,467,700.</u>	<u>1,466,836.</u>	<u>327.</u>
Less Itemized Deductions:				
Specifically Allocated		15,206.	15,206.	
Home Mortgage Interest		24,855.	24,855.	
Other Interest				
Ratably Allocated		136,468.	136,372.	96.
Total Adjustments to Adjusted Gross Income		<u>176,529.</u>	<u>176,433.</u>	<u>96.</u>
Taxable Income Before Exemptions		<u>1,291,171.</u>	<u>1,290,403.</u>	<u>231.</u>

**Form 1116**

**Allocation of Itemized Deductions**

NAME

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

\*\*\*-\*\*-\*\*\*\*

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			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 .....	18,188.	15,206.	15,206.		
Miscellaneous Deductions Subject to 2% .....					
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.

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

\*\*\*-\*\*-\*\*\*\*

Foreign Income Category

PASSIVE INCOME

Regular	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 available years to be carried 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 taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					



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 years to be carried 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 taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					



**SELF-EMPLOYED RETIREMENT PLAN  
COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR  
FEDERAL 1040**

DOUGLAS C. EMHOFF

\*\*\*-\*\*-\*\*\*\*

<b>1. DEFINED CONTRIBUTIONS</b>		
a. Employer contributions made to the plan(s) for the sole proprietor or partner .....	28,151.	
b. Less amount allocated to insurance .....		
c. Net contributions, line 1a minus line 1b .....	28,151.	
d. Earned income of the sole proprietor or partner .....	1,351,116.	
e. Applicable percentage of line d <b>LIMITED TO MAXIMUM CONTRIBUTION</b> .....	54,000.	
f. Elective deferrals and catch-up contributions .....		
g. Elective deferrals designed as Roth contributions .....		
h. Allowable deduction, lesser of (line 1c or line 1e) plus line f minus line g .....		28,151.
i. Excess contribution .....		
<b>2. DEFINED BENEFIT - Deductible contributions</b> .....		
<b>3. Total deductible contributions. Add line 1h and line 2</b> .....		<b>28,151.</b>

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 2

CHARLES SCHWAB BANK

AMOUNT RECEIVED THIS YEAR	53.	
NONTAXABLE AMOUNT (ROLLOVER)	53.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

CHARLES SCHWAB BANK

AMOUNT RECEIVED THIS YEAR	606,067.	
NONTAXABLE AMOUNT (ROLLOVER)	606,067.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

CHARLES SCHWAB BANK

AMOUNT RECEIVED THIS YEAR	34,799.	
NONTAXABLE AMOUNT (ROLLOVER)	34,799.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

CHARLES SCHWAB BANK TRUSTEE

AMOUNT RECEIVED THIS YEAR	71,931.	
NONTAXABLE AMOUNT (ROLLOVER)	71,931.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

CHARLES SCHWAB BANK TRUSTEE

AMOUNT RECEIVED THIS YEAR	71,931.	
NONTAXABLE AMOUNT (ROLLOVER)	71,931.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

CHARLES SCHWAB BANK TRUSTEE

AMOUNT RECEIVED THIS YEAR	10,482.	
NONTAXABLE AMOUNT (ROLLOVER)	10,482.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.

TOTAL INCLUDED IN FORM 1040, LINE 16B

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FORM 1040	PERSONAL EXEMPTION WORKSHEET	STATEMENT	3
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1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?  
 NO. STOP. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.  
 YES. CONTINUE
  2. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 12,150.
  3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 1,467,700.
  4. ENTER THE AMOUNT FOR YOUR FILING STATUS 313,800.

SINGLE	\$261,500
MARRIED FILING JOINTLY OR WIDOW(ER)	\$313,800
MARRIED FILING SEPARATELY	\$156,900
HEAD OF HOUSEHOLD	\$287,650
  5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 1,153,900.
  6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
  7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
  8. MULTIPLY LINE 2 BY LINE 7
  9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. \_\_\_\_\_
- 
- 

FORM 1040	TAX-EXEMPT INTEREST	STATEMENT	4
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NAME OF PAYER	AMOUNT
MERRILL LYNCH 15265	740.
TOTAL TO FORM 1040, LINE 8B	740.

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## FORM 1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 7

DOUGLAS C. EMHOFF

VENABLE 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.







SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 15
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	211,146.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS INCLUDED ON LINE 16.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.	211,146.
4.	MULTIPLY LINE 3 BY 80% (.80).	168,917.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	1,467,700.
6.	ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900 IF MARRIED FILING SEPARATELY.	313,800.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	1,153,900.
8.	MULTIPLY LINE 7 BY 3% (.03).	34,617.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.	34,617.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	176,529.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 16
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DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 4797	148.	
TOTAL TO SCHEDULE D, PART II, LINE 11	148.	



SCHEDULE 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		
3. SUBTRACT LINE 2 FROM LINE 1		
4. 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.
6. ADD LINES 3 THROUGH 5		24.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	24.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8		
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		24.
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11. 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 INVESTMENT COMPANY)		
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 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		
13. ADD LINES 9 THROUGH 12		24.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET		
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	0.	
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C		
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		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	NON-FARM INCOME	STATEMENT 20
DESCRIPTION		AMOUNT
VENABLE LLP		1,125,959.
DLA PIPER LLP		251,489.
TOTAL TO SCHEDULE SE, LINE 2		1,377,448.

FORM 1116	SUMMARY OF FOREIGN TAXES PAID OR ACCRUED	STATEMENT 21
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## PASSIVE INCOME

## NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
	OTHER COUNTRIES	0.				21.
	OTHER COUNTRIES					
12/31/17		30.	30.			
		30.	30.			21.
	TOTAL TO FORM 1116, PART II, LINE 8					51.

## PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2016			
2015			
2014			
2013			
2012			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

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FORM 1116                    EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME                    STATEMENT 22

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<u>DESCRIPTION</u>	<u>COUNTRY</u>	<u>AMOUNT</u>
DLA PIPER LLP	OTHER COUNTRIES	454.
TOTAL TO FORM 1116, PART I, LINE 2		454.



FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 25

DESCRIPTION	AMOUNT
FROM K-1 - VENABLE LLP	-48.
FROM K-1 - DLA PIPER LLP	5.
TOTAL TO FORM 6251, LINE 18	-43.





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SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 27

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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.

POSTAL X ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION	POSTAL X ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION
		X .000		NC		X .000	
		X .000		ND		X .000	
		X .000		NE		X .000	
		X .000		NH		X .000	
X CA	7,000.	X .021	147.	NJ		X .000	
		X .000		NM		X .000	
		X .000		NV		X .000	
		X .000		NY		X .000	
		X .000		OH		X .000	
		X .000		OK		X .000	
		X .000		OR		X .000	
		X .000		PA		X .000	
		X .000		RI		X .000	
		X .000		SC		X .000	
		X .000		SD		X .000	
		X .000		TN		X .000	
		X .000		TX		X .000	
		X .000		UT		X .000	
		X .000		VA		X .000	
		X .000		VT		X .000	
		X .000		WA		X .000	
		X .000		WI		X .000	
		X .000		WV		X .000	
		X .000		WY		X .000	
		X .000		PR		X .000	
		X .000		VI		X .021	
		X .000					
		X .000					

4. TOTAL CREDIT REDUCTION 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		-1,063,534.
DLA PIPER LLP		-243,450.
AMOUNT TO FORM 8960, LINE 4B		-1,306,984.

FORM 8960	STATE INCOME TAX	STATEMENT 29
CALIFORNIA		2,053.
ILLINOIS		1.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2		2,054.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 30
CALIFORNIA		
DESCRIPTION		AMOUNT
STATE OF CALIFORNIA		994.
UNITED STATE SENATE		9,994.
ESTIMATE OR PRIOR YEAR OVERPAYMENT		45,952.
TOTAL TO STATE FORM 8960, LINE 10		56,940.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 31
ILLINOIS		
DESCRIPTION		AMOUNT
DLA PIPER LLP		1,306.
TOTAL TO STATE FORM 8960, LINE 10		1,306.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 32
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## PARTNERSHIP EXPENSES

DESCRIPTION	AMOUNT
INTEREST - VENABLE K-1	7,609.
OFFICE SUPPLIES	250.
PROFESSIONAL FEES	3,752.
TRAVEL	18,766.
MCTMT	411.
CELL PHONE/INTERNET	3,021.
DUES AND SUBSCRIPTIONS	1,200.
AUTO NUMBER 1 - BUSINESS PORTION OF VEHICLE TAXES	401.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	35,410.

STATEMENT SBE	TOTAL GROSS VEHICLE EXPENSES	STATEMENT 33
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## PARTNERSHIP EXPENSES

## VEHICLE NUMBER 1

GASOLINE AND OIL	3,148.
INSURANCE	2,988.
MISCELLANEOUS	397.
TOTAL TO STATEMENT SBE, PART II, LINE 23	6,533.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT 34
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DESCRIPTION	AMOUNT
DLA PIPER LLP	76.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	76.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 35  
 TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
VENABLE LLP	1,122,226.	
DLA PIPER LLP	522,755.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	1,644,981.	

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 36  
 FOREIGN QUALIFIED DIVIDENDS

DESCRIPTION	TOTAL DIVIDEND	QUALIFIED DIVIDEND	REDUCTION PERCENT	DIVIDEND TO LINE 1A	QUAL DIV ADJUSTMENT
MERRILL LYNCH 15265	1,242.	1,086.	.5051	549.	537.
TOTALS	1,242.	1,086.		549.	537.

# 2017 TAX RETURN FILING INSTRUCTIONS

## CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

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

**Prepared by**

[REDACTED]

**Amount of tax**

Total Estimated Tax	\$	94,848
Less credit from prior year	\$	24,848
Less amount already paid on 2018 estimate	\$	70,000
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 applicable) to**

FRANCHISE TAX BOARD  
P.O. BOX 942867  
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 FORM 540-ES" ON YOUR CHECK.

Form at bottom of page.

TAX PAYMENT WORKSHEET KEEP FOR YOUR RECORDS

Table with 4 rows: 1 Total tax you expect to owe... 2 Payments and credits: a California income tax withheld... b California estimated tax payments... c Other payments and credits... 3 Total tax payments and credits... 4 Tax 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 - see instructions), the automatic extension will apply.
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.gov/pay for more information.

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 Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2017 FTB 3519" on the check or money order.
WHEN TO FILE: Calendar Year - File and Pay by April 17, 2018. Fiscal Year Filers - see instructions.
ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.

739451 11-02-17

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---
CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR 2017 Payment for Automatic Extension for Individuals CALIFORNIA FORM 3519 (PIT)

\*\*\*\_\*\*\_\*\*\*\* EMHO \*\*\*\_\*\*\_\*\*\*\* 17
DOUGLAS C EMHOFF
KAMALA D HARRIS



Amount of payment 45000.



**2018 California 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) ..... **2b** \_\_\_\_\_

**c** Enter the amount from line 2a or line 2b, whichever applies ..... **2c** \_\_\_\_\_

**3** 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 ..... **5a** \_\_\_\_\_

**b** Compute the CA Tax Rate:  $\frac{\text{Tax on total taxable income from line 4}}{\text{Total taxable income from line 3}}$  ..... **5b** \_\_\_\_\_

**c** Multiply the amount on line 5a by the CA Tax Rate on line 5b ..... **5c** \_\_\_\_\_

**6 a Residents:** Enter the exemption credit amount from the 2017 instructions for Form 540 ..... **6a** \_\_\_\_\_

**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 ..... **6b** \_\_\_\_\_

**7 Nonresidents:** CA prorated exemption credits. Multiply the total exemption credit amount by line 6b ..... **7** \_\_\_\_\_

**8 Residents:** Subtract line 6a from line 4. **Nonresidents or part-year residents:** Subtract line 7 from line 5c ..... **8** \_\_\_\_\_

**9** Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts ..... **9** \_\_\_\_\_

**10** Add line 8 and line 9 ..... **10** \_\_\_\_\_

**11** Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses ..... **11** \_\_\_\_\_

**Nonresidents and part-year residents:** For the child and dependent care expenses credit, use the amount from your 2017 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2017 credit amount by the ratio on line 6b.

**12** Subtract line 11 from line 10 ..... **12** \_\_\_\_\_

**13** Other credits (such as other state tax credit). See the 2017 instructions for Form 540, or Long Form 540NR ..... **13** \_\_\_\_\_

**14** Subtract line 13 from line 12 ..... **14** \_\_\_\_\_

**15** Interest on deferred tax from installment obligations under IRC Sections 453 or 453A ..... **15** \_\_\_\_\_

**16** Alternative Minimum Tax. See Schedule P (540 or 540NR) ..... **16** \_\_\_\_\_

**17** Mental Health Services Tax Worksheet, line E (on page 2 of these instructions) ..... **17** \_\_\_\_\_

**18** 2018 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero ..... **18** \_\_\_\_\_

**19 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.) ..... **19f** \_\_\_\_\_

**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 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).

**20** 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 ..... **21** 94,848.

**22 Installment amount.** Multiply the amount on line 21 by 30%. Enter the results on the 1st and 4th installments of your Forms 540-ES. Multiply the amount 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 at an uneven rate during the year, see Annualization Option in the instructions under paragraph D.

**Record of Estimated Tax Payments**

Payment form number	(a) Date	(b) Web Pay/Credit card and confirmation number	(c) Amount paid	(d) 2017 overpayment applied	(e) Total amount paid and credited add (c) and (d)
1	04/17/18		\$	\$	\$
2	06/15/18				
3	09/17/18				
4	01/15/19				
<b>Total</b>			<b>\$ 70,000.</b>	<b>\$</b>	<b>\$ 70,000.</b>

**ESTIMATED TAX ALREADY PAID: 70,000.**

TAXABLE YEAR

FORM

2017 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

\*\*\*\_\*\*\_\*\*\*\* EMHO \*\*\*\_\*\*\_\*\*\*\*
DOUGLAS C EMHOFF
KAMALA D HARRIS

17

A
R
RP

\*\*\_\*\*\*\*\* \*\*\_\*\*\*\*\*

Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

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

Exemption section 7-10: Personal, Blind, Senior, Dependents. Includes calculations for each category.

Table for Exemptions with columns for Dependent 1, 2, and 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions calculation: 1 X \$353 = 353. Line 11 Exemption amount: 581.

Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

<b>Taxable Income</b>	12	State wages from your Form(s) W-2, box 16	• 12	171,737	00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	⊙ 13	1,467,700	00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B	• 14	13,942	00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1,453,758	00
	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 16	3,415	00
	17	California adjusted gross income. Combine line 15 and line 16	• 17	1,457,173	00
	18	Enter the larger of Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately \$4,236 • 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	39,926	00
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-	⊙ 19	1,417,247	00

<b>Tax</b>	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	• 31	145,873	00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions	⊙ 32	0	00
	33	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: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	• 34		00
	35	Add line 33 and line 34	⊙ 35	145,873	00

<b>Special Credits</b>	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40		00
	43	Enter credit name <input type="text"/> code • <input type="text"/> and amount	• 43		00
	44	Enter credit name <input type="text"/> code • <input type="text"/> and amount	• 44		00
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	73,183	00
	46	Nonrefundable renter's credit. See instructions	• 46		00
	47	Add line 40 through line 46. These are your total credits	⊙ 47	73,183	00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	72,690	00

<b>Other Taxes</b>	61	Alternative minimum tax. Attach Schedule P (540)	• 61		00
	62	Mental Health Services Tax. See instructions	• 62	4,172	00
	63	Other taxes and credit recapture. See instructions	• 63		00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	76,862	00

Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

<b>Payments</b>	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
	73 Withholding (Form 592-B and/or 593). See instructions	• 73		00
	74 Excess SDI (or VPD) withheld. See instructions	• 74		00
	75 Earned Income Tax Credit (EITC)	• 75		00
	76 Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	101,940	00

**Use Tax** 91 Use Tax. Do not leave blank. See instructions • 91 0 00  
 If line 91 is zero, check if:  No use tax is owed.  
 You paid your use tax obligation directly to CDTFA.

<b>Overpaid Tax/ Tax Due</b>	92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	101,940	00
	93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		00
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	25,078	00
	95 Amount of line 94 you want applied to your 2018 estimated tax	• 95	24,848	00
	96 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





Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

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

Your name: DOUGLAS C. EMHOFF Your SSN or ITIN: \*\*\*-\*\*-\*\*\*\*

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Amount You Owe

Mail to: FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0001 111 [ ] .00 Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 [ ] .00 113 Underpayment of estimated tax. Check the box: [X] FTB 5805 attached [ ] FTB 5805F attached 113 [ 230 ] .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 [ 0 ] .00

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

Refund and Direct Deposit

Mail to: FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001 115 [ 0 ] .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number [ ] Type [ ] Checking [ ] Savings [ ] Account number [ ] 116 Direct deposit amount [ ] .00

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

Routing number [ ] Type [ ] Checking [ ] Savings [ ] Account number [ ] 117 Direct deposit amount [ ] .00

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

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

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

Sign Here

Your email address. Enter only one email address. [ ] Preferred phone number [ ]

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

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

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

Joint tax return? (See instructions)

Firm's address [ ] FEIN [ ]

Do you want to allow another person to discuss this tax return with us? See instructions [X] Yes [ ] No Telephone Number [ ]

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 *	<input checked="" type="radio"/> ***-**-****	<input checked="" type="radio"/> ***-**-****
b. Employer identification number (EIN)	<input checked="" type="radio"/> **-*****	<input checked="" type="radio"/> **-*****
c. Employer's name	<input checked="" type="radio"/> STATE OF CALIFORNIA	<input checked="" type="radio"/> UNITED STATE SENATE
Address	<input checked="" type="radio"/> P O BOX 942850	<input checked="" type="radio"/> RM SH 127 HART OFFICE BLDG
City	<input checked="" type="radio"/> SACRAMENTO	<input checked="" type="radio"/> WASHINGTON
State	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> DC
ZIP code	<input checked="" type="radio"/> 94250-5878	<input checked="" type="radio"/> 20510
e. Employee's first name *	<input checked="" type="radio"/> KAMALA	<input checked="" type="radio"/> KAMALA
Middle initial *	<input checked="" type="radio"/> D	<input checked="" type="radio"/> D
Last name *	<input checked="" type="radio"/> HARRIS	<input checked="" type="radio"/> HARRIS
Suffix *	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f. Employee address *	<input checked="" type="radio"/>	<input checked="" type="radio"/>
City *	<input checked="" type="radio"/>	<input checked="" type="radio"/>
State *	<input checked="" type="radio"/>	<input checked="" type="radio"/>
ZIP code *	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 13,311.	<input checked="" type="radio"/> 158,426.
2. Federal income tax withheld	<input checked="" type="radio"/> 2,907.	<input checked="" type="radio"/> 27,909.
3. Social security wages	<input checked="" type="radio"/> 14,512.	<input checked="" type="radio"/> 127,200.
4. Social security tax withheld	<input checked="" type="radio"/> 900.	<input checked="" type="radio"/> 7,886.
6. Medicare tax withheld	<input checked="" type="radio"/> 210.	<input checked="" type="radio"/> 2,421.



W-2 Information		1st W-2		2nd W-2		
7. Social security tips	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
8. Allocated tips (not included in box 1)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
10. Dependent care benefits	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
11. Nonqualified plans	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
12. Codes and amounts		Codes	Amounts	Codes	Amounts	
12a.	<input type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="1,661."/>	<input type="radio"/>	<input type="text" value="8,526."/>	
12b.	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text" value="5,283."/>	
12c.	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	
12d.	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="radio"/>	<input type="checkbox"/> Statutory employee		
	<input type="radio"/>	<input checked="" type="checkbox"/> Retirement plan	<input type="radio"/>	<input checked="" type="checkbox"/> Retirement plan		
	<input type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input type="radio"/>	<input type="checkbox"/> Third-party sick pay		
14. SDI, VPDI, or CA SDI (from box 14 or 19)	<input type="radio"/>	Type	Amount	<input type="radio"/>	Type	Amount
	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
15. State and employer's state ID number	<input type="radio"/>	State	Employer's state ID number	<input type="radio"/>	State	Employer's state ID number
	<input type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="80040397"/>	<input type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="805-0703-1"/>
16. State wages, tips, etc.	<input type="radio"/>	<input type="text" value="13,311."/>	<input type="radio"/>	<input type="text" value="158,426."/>		
17. State income tax	<input type="radio"/>	<input type="text" value="994."/>	<input type="radio"/>	<input type="text" value="9,994."/>		





2017

California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

\*\*\*-\*\*-\*\*\*\*

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions	C Additions
<b>Section A - Income</b>				
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7 171,737.		
8	Taxable interest (b) 740.	8(a) 1,123.	1.	
9	Ordinary dividends. See instrs. (b) 1,086.	9(a) 1,243.		740.
10	Taxable refunds, credits, offsets of state and local income taxes	10 16,208.	16,208.	
11	Alimony received	11		
12	Business income or (loss)	12		
13	Capital gain or (loss). See instructions	13 49,592.		
14	Other gains or (losses)	14		
15	IRA distributions. See inst. (a)	15(b)		
16	Pensions and annuities. See inst. (a) 795,263.	16(b)		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17 1,306,984.		2,675.
18	Farm income or (loss)	18		
19	Unemployment compensation	19		
20	Social security benefits (a)	20(b)		
21	Other income.			
	a California lottery winnings e NOL from FTB 3805Z, 3806, 3807, or 3809		a	
	b Disaster loss deduction from FTB 3805V f Other (describe):		b	
	c Federal NOL (Form 1040, line 21)		c	
	d NOL deduction from FTB 3805V		d	
			e	
			f	
22	<b>Total.</b> 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.
<b>Section B - Adjustments to Income</b>				
23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and 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 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 columns A, B, and C	36 79,187.	2,267.	
37	<b>Total.</b> 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	<input checked="" type="radio"/> 38	<input type="text" value="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 <b>only</b> ). See instructions	<input checked="" type="radio"/> 39	<input type="text" value="105,623."/>
40	Subtract line 39 from line 38	<input checked="" type="radio"/> 40	<input type="text" value="105,523."/>
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/>	<input checked="" type="radio"/> 41	<input type="text"/>
42	Combine line 40 and line 41	<input checked="" type="radio"/> 42	<input type="text" value="105,523."/>
43	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>		
	Single or married/RDP filing separately		\$187,203
	Head of household		\$280,808
	Married/RDP filing jointly or qualifying widow(er)		\$374,411
	<b>No.</b> Transfer the amount on line 42 to line 43.		
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	<input checked="" type="radio"/> 43	<input type="text" value="LIMIT"/>
44	<b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>		
	Single or married/RDP filing separately. See instructions		\$4,236
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$8,472
	<b>Transfer the amount on line 44 to Form 540, line 18</b>	<input checked="" type="radio"/> 44	<input type="text" value="39,926."/>





TAXABLE YEAR  
**2017**

# Alternative Minimum Tax and Credit Limitations - Residents

CALIFORNIA SCHEDULE  
**P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

\*\*\*-\*\*-\*\*\*\*

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

<b>1</b>	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	<b>1</b>	00
<b>2</b>	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 37	<input checked="" type="radio"/> <b>2</b>	00
<b>3</b>	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/> <b>3</b>	57,606.00
<b>4</b>	Certain interest on a home mortgage <b>not</b> used to buy, build, or improve your home. See instructions	<input checked="" type="radio"/> <b>4</b>	00
<b>5</b>	Miscellaneous itemized deductions. See instructions	<input checked="" type="radio"/> <b>5</b>	00
<b>6</b>	Refund of personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/> <b>6</b>	( 00)
<b>Do not</b> include your state income tax refund on this line.			
<b>7</b>	Investment interest expense adjustment. See instructions	<input checked="" type="radio"/> <b>7</b>	00
<b>8</b>	Post-1986 depreciation. See instructions	<input checked="" type="radio"/> <b>8</b>	-43.00
<b>9</b>	Adjusted gain or loss. See instructions	<input checked="" type="radio"/> <b>9</b>	-78.00
<b>10</b>	Incentive stock options and California qualified stock options (CQSOs). See instructions	<input checked="" type="radio"/> <b>10</b>	00
<b>11</b>	Passive activities adjustment. See instructions	<input checked="" type="radio"/> <b>11</b>	00
<b>12</b>	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 2a	<input checked="" type="radio"/> <b>12</b>	00
<b>13</b>	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.		
<b>a</b>	Circulation expenditures	<input checked="" type="radio"/>	00
<b>b</b>	Depletion	<input checked="" type="radio"/>	00
<b>c</b>	Installment sales	<input checked="" type="radio"/>	00
<b>d</b>	Intangible drilling costs	<input checked="" type="radio"/>	00
<b>e</b>	Long-term contracts	<input checked="" type="radio"/>	00
<b>f</b>	Loss limitations	<input checked="" type="radio"/>	00
<b>g</b>	Mining costs	<input checked="" type="radio"/>	00
<b>h</b>	Patron's adjustment	<input checked="" type="radio"/>	00
<b>i</b>	Pollution control facilities	<input checked="" type="radio"/>	00
<b>j</b>	Research and experimental	<input checked="" type="radio"/>	00
<b>k</b>	Tax shelter farm activities	<input checked="" type="radio"/>	00
<b>l</b>	Related adjustments	<input checked="" type="radio"/>	00
		<input checked="" type="radio"/> <b>13</b>	00
<b>14</b>	Total Adjustments and Preferences. Combine line 1 through line 13	<input checked="" type="radio"/> <b>14</b>	57,485.00
<b>15</b>	Enter taxable income from Form 540, line 19. See instructions	<input checked="" type="radio"/> <b>15</b>	1,417,247.00
<b>16</b>	Net operating loss (NOL) deductions from Schedule CA (540), line 21b, line 21d, and line 21e, column B. Enter as a positive amt	<input checked="" type="radio"/> <b>16</b>	00
<b>17</b>	AMTI exclusion. See instructions	<input checked="" type="radio"/> <b>17</b>	( 00)
<b>18</b>	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	<input checked="" type="radio"/> <b>18</b>	( 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
<b>19</b>	Combine line 14 through line 18	<input checked="" type="radio"/> <b>19</b>	1,409,135.00
<b>20</b>	Alternative minimum tax NOL deduction. See instructions	<input checked="" type="radio"/> <b>20</b>	00
<b>21</b>	<b>Alternative Minimum Taxable Income.</b> Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$355,690, see instructions)	<input checked="" type="radio"/> <b>21</b>	1,409,135.00

**Part II Alternative Minimum Tax (AMT)**

<b>22</b>	<b>Exemption Amount.</b> (If this schedule is for a certain child under age 24, see instructions.)		
	<b>If your filing status is:</b>	<b>And line 21 is not over:</b>	<b>Enter on line 22:</b>
	Single or head of household	\$258,168	\$68,846
	Married/RDP filing jointly or qualifying widow(er)	\$344,225	\$91,793
	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.		
		} <b>STMT 4</b>	<input checked="" type="radio"/> <b>22</b> 0.00
<b>23</b>	Subtract line 22 from line 21. If zero or less, enter -0-	<b>23</b>	1,409,135.00
<b>24</b>	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	<input checked="" type="radio"/> <b>24</b>	98,639.00
<b>25</b>	Regular tax before credits from Form 540, line 31	<input checked="" type="radio"/> <b>25</b>	145,873.00
<b>26</b>	<b>Alternative Minimum Tax.</b> Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2018, enter amount from line 26 on the 2018 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	<input checked="" type="radio"/> <b>26</b>	0.00

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

1 Enter the amount from Form 540, line 35  1 **145,873.00**  
 2 Enter the tentative minimum tax from Side 1, Part II, line 24  2 **98,639.00**

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A - Credits that reduce excess tax.</b>				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits	3		<input checked="" type="radio"/> 47,234.	
<b>A1 Credits that reduce excess tax and have no carryover provisions.</b>				
4 Code: 162 Prison inmate labor credit (FTB 3507)	4	<input type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506)	5	<input type="radio"/>		
<b>A2 Credits that reduce excess tax and have carryover provisions.</b>				
6 Code: <input type="radio"/> ___ Credit Name: _____	6	<input type="radio"/>		<input type="radio"/>
7 Code: <input type="radio"/> ___ Credit Name: _____	7	<input type="radio"/>		<input type="radio"/>
8 Code: <input type="radio"/> ___ Credit Name: _____	8	<input type="radio"/>		<input type="radio"/>
9 Code: <input type="radio"/> ___ Credit Name: _____	9	<input type="radio"/>		<input type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax	10	<input checked="" type="radio"/>		<input type="radio"/>
<b>Section B - Credits that may reduce tax below tentative minimum tax.</b>				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)	11		<input checked="" type="radio"/> 145,873.	
<b>B1 Credits that reduce net tax and have no carryover provisions.</b>				
12 Code: 170 Credit for joint custody head of household	12	<input type="radio"/>		
13 Code: 173 Credit for dependent parent	13	<input type="radio"/>		
14 Code: 163 Credit for senior head of household	14	<input type="radio"/>		
15 Nonrefundable renter's credit	15	<input type="radio"/>		
<b>B2 Credits that reduce net tax and have carryover provisions.</b>				
16 Code: <input checked="" type="radio"/> 233 Credit Name: <b>CA COMPETES</b>	16	4,087. <input type="radio"/>	4,087. <input type="radio"/>	141,786. <input type="radio"/>
17 Code: <input checked="" type="radio"/> 176 Credit Name: <b>E/Z HIRE/USE</b>	17	22,593. <input type="radio"/>	22,593. <input type="radio"/>	119,193. <input type="radio"/>
18 Code: <input type="radio"/> ___ Credit Name: _____	18	<input type="radio"/>		<input type="radio"/>
19 Code: <input type="radio"/> ___ Credit Name: _____	19	<input type="radio"/>		<input type="radio"/>
<b>B3 Other state tax credit.</b>				
20 Code: 187 Other state tax credit	20	46,503. <input type="radio"/>	46,503. <input type="radio"/>	72,690. <input type="radio"/>
<b>Section C - Credits that may reduce alternative minimum tax.</b>				
21 Enter your alternative minimum tax from Side 1, Part II, line 26	21		<input type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d)	22	<input type="radio"/>		<input type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	23	<input type="radio"/>		<input type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61	24		<input type="radio"/>	





**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 3,396.	<input checked="" type="radio"/> 3,396.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>3,396.</b>	<input checked="" type="radio"/> <b>3,396.</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	3,396.00
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0023
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	274.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> AZ	<input checked="" type="radio"/> 7	88.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	3,396.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	3,396.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	88.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/> 12	88.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 4,285.	<input checked="" type="radio"/> 4,285.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 4,285.	<input checked="" type="radio"/> 4,285.

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

2 California tax liability	<input checked="" type="radio"/>	2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3	4,285.00
4 California adjusted gross income	<input checked="" type="radio"/>	4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5	.0029
6 Multiply line 2 by line 5	<input checked="" type="radio"/>	6	346.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> CT	<input checked="" type="radio"/>	7	300.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8	4,285.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/>	9	4,285.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11	300.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/>	12	300.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	3,462.	3,462.
<input checked="" type="radio"/> DLA PIPER LLP	2,227.	2,227.
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>5,689.</b>	<b>5,689.</b>

**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 income taxable by California. Enter the amount from Part I, line 1, column (b)	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	6	465.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> 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	10	1.0000
11 Multiply line 7 by line 10	11	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**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 7,789.	<input checked="" type="radio"/> 7,789.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 7,789.	<input checked="" type="radio"/> 7,789.

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

2 California tax liability	<input checked="" type="radio"/>	2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3	7,789.00
4 California adjusted gross income	<input checked="" type="radio"/>	4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5	.0053
6 Multiply line 2 by line 5	<input checked="" type="radio"/>	6	632.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> GA	<input checked="" type="radio"/>	7	467.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8	7,789.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/>	9	7,789.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11	467.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/>	12	467.00



**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> INTEREST AND DIVIDENDS	17.	17.
<input checked="" type="radio"/> DLA PIPER LLP	29,804.	29,804.
<input checked="" type="radio"/> DLA PIPER LLP	9.	9.
<b>1</b> Total double-taxed income	<input checked="" type="radio"/> 29,830.	<input checked="" type="radio"/> 29,830.

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

<b>2</b> California tax liability	<input checked="" type="radio"/>	<b>2</b>	119,193.00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	<b>3</b>	29,830.00
<b>4</b> California adjusted gross income	<input checked="" type="radio"/>	<b>4</b>	1,457,173.00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>5</b>	.0205
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/>	<b>6</b>	2,443.00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> IL	<input checked="" type="radio"/>	<b>7</b>	1,200.00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	<b>8</b>	29,830.00
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/>	<b>9</b>	27,563.00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>10</b>	1.0000
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/>	<b>11</b>	1,200.00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/>	<b>12</b>	1,200.00

**2017**

**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
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 799.	<input checked="" type="radio"/> 799.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>799.</b>	<input checked="" type="radio"/> <b>799.</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	799.00
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0005
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	60.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> IA	<input checked="" type="radio"/> 7	71.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	799.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	799.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	71.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/> 12	60.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> <b>VENABLE LLP</b>	<input checked="" type="radio"/> <b>291,704.</b>	<input checked="" type="radio"/> <b>291,704.</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>291,704.</b>	<input checked="" type="radio"/> <b>291,704.</b>

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

<b>2</b> California tax liability	<input checked="" type="radio"/> <b>2</b>	<b>119,193.00</b>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	<b>291,704.00</b>
<b>4</b> California adjusted gross income	<input checked="" type="radio"/> <b>4</b>	<b>1,457,173.00</b>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	<b>.2002</b>
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	<b>23,862.00</b>
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> <b>MD</b>	<input checked="" type="radio"/> <b>7</b>	<b>21,878.00</b>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	<b>291,704.00</b>
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/> <b>9</b>	<b>291,704.00</b>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	<b>1.0000</b>
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	<b>21,878.00</b>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> <b>12</b>	<b>21,878.00</b>

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 11,120.	<input checked="" type="radio"/> 11,120.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 11,120.	<input checked="" type="radio"/> 11,120.

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

2 California tax liability	<input checked="" type="radio"/>	2 119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3 11,120.00
4 California adjusted gross income	<input checked="" type="radio"/>	4 1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5 .0076
6 Multiply line 2 by line 5	<input checked="" type="radio"/>	6 906.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> MA	<input checked="" type="radio"/>	7 1,215.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8 11,120.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/>	9 11,120.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10 1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11 1,215.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/>	12 906.00



**2017 Other State Tax Credit**

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Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> <b>VENABLE LLP</b>	<input checked="" type="radio"/> <b>6,435.</b>	<input checked="" type="radio"/> <b>6,435.</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>6,435.</b>	<input checked="" type="radio"/> <b>6,435.</b>

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

<b>2</b> California tax liability	<input checked="" type="radio"/>	<b>2</b>	<b>119,193.00</b>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	<b>3</b>	<b>6,435.00</b>
<b>4</b> California adjusted gross income	<input checked="" type="radio"/>	<b>4</b>	<b>1,457,173.00</b>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>5</b>	<b>.0044</b>
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/>	<b>6</b>	<b>524.00</b>
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> <u>MN</u>	<input checked="" type="radio"/>	<b>7</b>	<b>634.00</b>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	<b>8</b>	<b>6,435.00</b>
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/>	<b>9</b>	<b>6,435.00</b>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>10</b>	<b>1.0000</b>
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/>	<b>11</b>	<b>634.00</b>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/>	<b>12</b>	<b>524.00</b>

**2017 Other State Tax Credit**

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Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 3,394.	<input checked="" type="radio"/> 3,394.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>3,394.</b>	<input checked="" type="radio"/> <b>3,394.</b>

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

2 California tax liability	<input checked="" type="radio"/>	2 119,193.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3 3,394.00
4 California adjusted gross income	<input checked="" type="radio"/>	4 1,457,173.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5 .0023
6 Multiply line 2 by line 5	<input checked="" type="radio"/>	6 274.00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> NJ	<input checked="" type="radio"/>	7 304.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8 3,394.00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/>	9 3,394.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10 1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11 304.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/>	12 274.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	<input checked="" type="radio"/> 151,422.	<input checked="" type="radio"/> 151,422.
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 42,284.	<input checked="" type="radio"/> 42,284.
<input checked="" type="radio"/> DLA PIPER LLP - NY MCTMT	<input checked="" type="radio"/> 44,703.	<input checked="" type="radio"/> 44,703.
<b>1</b> Total double-taxed income	<input checked="" type="radio"/> 238,409.	<input checked="" type="radio"/> 238,409.

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

<b>2</b> California tax liability	<input checked="" type="radio"/>	<b>2</b>	119,193.00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	<b>3</b>	238,409.00
<b>4</b> California adjusted gross income	<input checked="" type="radio"/>	<b>4</b>	1,457,173.00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>5</b>	.1636
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/>	<b>6</b>	19,500.00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> NY	<input checked="" type="radio"/>	<b>7</b>	17,236.00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	<b>8</b>	238,409.00
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/>	<b>9</b>	238,409.00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	<b>10</b>	1.0000
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/>	<b>11</b>	17,236.00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/>	<b>12</b>	17,236.00

**2017**

**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
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 1,376.	<input checked="" type="radio"/> 1,376.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 1,376.	<input checked="" type="radio"/> 1,376.

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

<b>2</b> California tax liability	<input checked="" type="radio"/> <b>2</b>	119,193.00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	1,376.00
<b>4</b> California adjusted gross income	<input checked="" type="radio"/> <b>4</b>	1,457,173.00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	.0009
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	107.00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> NC	<input checked="" type="radio"/> <b>7</b>	76.00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	1,376.00
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/> <b>9</b>	1,376.00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	1.0000
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	76.00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> <b>12</b>	76.00



**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	599.	599.
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>599.</b>	<b>599.</b>

**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 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) <input checked="" type="radio"/> OH	7	30.00
8 Double-taxed income taxable by other state. Enter the amount from Part 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	10	1.0000
11 Multiply line 7 by line 10	11	30.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	12	30.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 7,794.	<input checked="" type="radio"/> 7,794.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 7,794.	<input checked="" type="radio"/> 7,794.

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

<b>2</b> California tax liability	<input checked="" type="radio"/> <b>2</b>	119,193.00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	7,794.00
<b>4</b> California adjusted gross income	<input checked="" type="radio"/> <b>4</b>	1,457,173.00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	.0053
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	632.00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> PA	<input checked="" type="radio"/> <b>7</b>	239.00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	7,794.00
<b>9</b> Adjusted gross income taxable by other state	<input checked="" type="radio"/> <b>9</b>	7,794.00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	1.0000
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	239.00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> <b>12</b>	239.00

**2017 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	44,356.	44,356.
<input checked="" type="radio"/> DLA PIPER LLP	5,254.	5,254.
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>49,610.</b>	<b>49,610.</b>

**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 income taxable by California. Enter the amount from Part I, line 1, column (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) <input checked="" type="radio"/> VA	7	2,850.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (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 Code 187	12	2,850.00

Attach to your California tax return.

Name(s) as shown on your California tax return  <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>  Name of credit owner. See instructions.  <b>SAME</b>	<input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> CA Corporation no. <input type="checkbox"/> FEIN ***-**-**** California Secretary of State file number  <input type="checkbox"/> CA Corporation no. <input type="checkbox"/> FEIN California Secretary of State file number
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**Part I Credit Earned.** See Instructions.

1a Agreement number: _____ Credit earned ..... Does the credit earned in line 1a include the achievement of milestones from more than one year? .....	1a	<input type="checkbox"/> Yes <input type="checkbox"/> No	00
1b Agreement number: _____ Credit earned ..... Does the credit earned in line 1b include the achievement of milestones from more than one year? .....	1b	<input type="checkbox"/> Yes <input type="checkbox"/> No	00
2 Total credit earned in 2017. Add line 1a and line 1b .....	2		00

**Part II Available Credit**

3 Credit amount from Part I, line 2. See instructions .....	3		00
4 Pass-through California Competes Tax Credit from Schedule K-1 (100S, 541, 565, or 568). See instr. ....	4		00
4a Agreement number for the pass-through California Competes Tax Credit: _____			
5 Current year credit. Add line 3 and line 4 .....	5		00
5a S Corporation enter 1/3 of the amount of Line 5 .....	5a		00
6 Credit carryover from prior year(s). See instructions .....	6	4,087.	00
7 Total available California Competes Tax Credit. Add line 5 and line 6. S corporations see instructions .....	7	4,087.	00
8a Credit claimed. Enter the amount of the credit claimed from Part IV, line 11, column (d) on this form. See instructions. (Do not include any assigned credit claimed on form FTB 3544A.) .....	8a	4,087.	00
b Total credit assigned. Enter the total amount from form FTB 3544, column (g). If you are not a corporation, enter -0-. See instructions .....	8b		00
9 Credit carryover available for future years. Add line 8a and line 8b, subtract the result from line 7 .....	9		00

**Part III Credit Recapture**

10 Credit recapture. See instructions .....	10		00
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**Part IV Credit Claimed**

	(a) Agreement number	(b) Year credit earned	(c) Credit amount available for use	(d) Credit claimed	(e) Credit carryover
11					
	Total credit claimed .....				



# Enterprise Zone Deduction and Credit Summary

Attach to your California tax return.

Name(s) as shown on your California tax return

SSN or ITIN  CA Corporation no.  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  Partnership  
 Exempt organization  Limited liability company  Limited 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:

[REDACTED]

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 code, see instructions ... **541110**

F. Total number of employees in the EZ ..... **39**

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:

- 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) ..... **1b 00**  
 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 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, line 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 I Computation of Credit Limitations.** See instructions.

1	Trade or business income. <b>Individuals:</b> Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input checked="" type="radio"/>	1	96,409,468.00
2	<b>Corporations:</b> Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions		2	
3	Multiply line 1 by line 2		3	96,409,468.00
4	Enter the EZ NOL deduction from Worksheet III, line 26, column (c)		4	00
5	EZ taxable income. Subtract line 4 from line 3	<input checked="" type="radio"/>	5	96,409,468.00
6	<b>a</b> Compute the amount of tax due using the amount on line 5. See instructions	<input checked="" type="radio"/>	6a	11,829,916.00
	<b>b</b> Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions		6b	145,873.00
7	Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input checked="" type="radio"/>	7	145,873.00

**Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts.** 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 sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input checked="" type="radio"/> 145,873.	<input checked="" type="radio"/> 1,734.	
	B	<input checked="" type="radio"/> 1,734.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,734.	<input checked="" type="radio"/> 1,734.		<input checked="" type="radio"/>
9 Sales or use tax credit carryover	A				<input checked="" type="radio"/>	<input checked="" type="radio"/>	
	B		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Part III Limitation of Credits for S corporations Only.** See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Sales or use tax credit carryover			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Part IV 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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Sales or use tax credit carryover		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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

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 California	(b) Total within an EZ	(c) Percentage within an EZ column (b) ÷ column (a)
<b>PROPERTY FACTOR</b>			
<b>1</b> 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 .....			
<b>Total property values</b> .....			
<b>PAYROLL FACTOR</b>			
<b>2</b> Employees' wages, salaries, commissions, and other compensation related to business income included in the tax return.			
<b>Total payroll</b> .....			
<b>3</b> Total percentage - sum of the percentages in column (c) ...			
<b>4</b> Average apportionment percentage - 1/2 of line 3. Enter here and on form FTB 3805Z, Side 1, line 2 .....			

Name of the enterprise zone business  
**DLA PIPER LLP**

**Section B** Income or Loss Apportionment

**Part I** Individual Income and Expense Items. 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, column (c) .....			

**Part II** Pass-Through Income or Loss. See instructions.

(a) Name of entity	(b) Distributive or pro-rata share of business income or loss apportioned to the EZ from Schedule K-1 (100S, 541, 565, or 568) including capital gains and losses
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 instructions.

	(a) Business income or loss	(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 gain or loss	(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 (c) .....			
14 Total. Add line 3, line 10, and line 13, column (c), and line 5, column (b) .....			96,409,468.



Enterprise Zone Deduction and Credit Summary

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:

- [X] Individual [ ] Estate [ ] Trust [ ] C corporation [ ] S corporation [ ] Partnership [ ] Exempt organization [ ] Limited liability company [ ] Limited 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 code, 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 ... 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:

- 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) ... 1b 00
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, line 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 I Computation of Credit Limitations.** See instructions.

1	Trade or business income. <b>Individuals:</b> Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input checked="" type="radio"/>	1	96,409,468.00
2	<b>Corporations:</b> Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions		2	
3	Multiply line 1 by line 2		3	96,409,468.00
4	Enter the EZ NOL deduction from Worksheet III, line 26, column (c)		4	00
5	EZ taxable income. Subtract line 4 from line 3	<input checked="" type="radio"/>	5	96,409,468.00
6	<b>a</b> Compute the amount of tax due using the amount on line 5. See instructions	<input checked="" type="radio"/>	6a	11,829,916.00
	<b>b</b> Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions		6b	145,873.00
7	Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input checked="" type="radio"/>	7	145,873.00

**Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts.** 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 sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input checked="" type="radio"/> 145,873.	<input checked="" type="radio"/> 20,859.	
	B	<input checked="" type="radio"/> 20,859.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 20,859.	<input checked="" type="radio"/> 20,859.		<input checked="" type="radio"/>
9 Sales or use tax credit carryover	A				<input type="radio"/>	<input type="radio"/>	
	B		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

**Part III Limitation of Credits for S corporations Only.** See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Sales or use tax credit carryover			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Part IV 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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Sales or use tax credit carryover		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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

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 California	(b) Total within an EZ	(c) Percentage within an EZ column (b) ÷ column (a)
<b>PROPERTY FACTOR</b>			
<b>1</b> 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 .....			
<b>Total property values</b> .....			
<b>PAYROLL FACTOR</b>			
<b>2</b> Employees' wages, salaries, commissions, and other compensation related to business income included in the tax return.			
<b>Total payroll</b> .....			
<b>3</b> Total percentage - sum of the percentages in column (c) ...			
<b>4</b> Average apportionment percentage - 1/2 of line 3. Enter here and on form FTB 3805Z, Side 1, line 2 .....			

Name of the enterprise zone business  
**DLA PIPER LLP**

**Section B** Income or Loss Apportionment

**Part I** Individual Income and Expense Items. 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, column (c) .....			

**Part II** Pass-Through Income or Loss. See instructions.

(a) Name of entity	(b) Distributive or pro-rata share of business income or loss apportioned to the EZ from Schedule K-1 (100S, 541, 565, or 568) including capital gains and losses
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 instructions.

	(a) Business income or loss	(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 gain or loss	(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 (c) .....			
14 Total. Add line 3, line 10, and line 13, column (c), and line 5, column (b) .....			96,409,468.



# Underpayment of Estimated Tax by Individuals and Fiduciaries

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 & 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 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 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 2017 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 ..... 1  Yes  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 ..... 2  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? ..... 3  Yes  No

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.

4/15/17  \$  ; 6/15/17  \$  ; 9/15/17  \$  ; 1/15/18  \$  .

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



**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2017 tax after credits. See instructions .....	1	<input type="text" value="76,862.00"/>
2	Multiply line 1 by 90% (.90) .....	2	<input type="text" value="69,176.00"/>
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions .....	3	<input type="text" value="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. <b>Do not</b> file form FTB 5805 .....	4	<input type="text" value="65,874.00"/>
5	Enter the tax shown on your 2016 tax return. <b>See instructions.</b> (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	<input type="text" value="79,812.00"/>
6	Required annual payment. Enter the <b>smaller</b> 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	<input type="text" value="69,176.00"/>

**Short Method**

**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 (page 4).

7	Enter the amount, if any, from Part II, line 3 above .....	7	<input type="text" value="00"/>												
8	Enter the total amount, if any, of estimated tax payments you made .....	8	<input type="text" value="00"/>												
9	Add line 7 and line 8 .....	9	<input type="text" value="00"/>												
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 .....	10	<input type="text" value="00"/>												
11	Multiply line 10 by .02828493 .....	11	<input type="text" value="00"/>												
12	<ul style="list-style-type: none"> <li>● If the amount on line 10 was paid <b>on or after</b> 4/15/18, enter -0-</li> <li>● If the amount on line 10 was paid <b>before</b> 4/15/18, enter the result of the following computation:</li> </ul> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: right;">Amount on</td> <td></td> <td style="text-align: right;">Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">line 10</td> <td style="text-align: center;">X</td> <td style="text-align: right;">before 4/15/18</td> <td style="text-align: center;">X</td> <td style="text-align: right;">.00011</td> <td></td> </tr> </table>	Amount on		Number of days paid				line 10	X	before 4/15/18	X	.00011		12	<input type="text" value="00"/>
Amount on		Number of days paid													
line 10	X	before 4/15/18	X	.00011											
13	<b>PENALTY.</b> 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." ►	<input checked="" type="radio"/> 13	<input type="text" value="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.

**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.

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: 2/28/17, 4/30/17, 7/31/17, and 11/30/17. Fiscal year filers must adjust dates accordingly.

	(a) 1/1/17 to 3/31/17	(b) 1/1/17 to 5/31/17	(c) 1/1/17 to 8/31/17	(d) 1/1/17 to 12/31/17
<b>1</b> 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				
<b>2</b> Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2				
<b>4</b> 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				
<b>5</b> Annualization amounts	4	2.4	1.5	1
<b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
<b>7</b> Enter your standard deduction from your 2017 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions				
<b>8</b> Enter line 6 or line 7, whichever is larger				
<b>9</b> Subtract line 8 from line 3				
<b>10</b> 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 or Trusts, see instructions				
<b>11</b> Enter the total amount of exemption credits from your 2017 Form 540, line 32 or Form 541, line 22. If you filed a Long Form 540NR, see instructions				
<b>12</b> Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I in the instructions				
<b>13</b> Enter the total credit amount from your 2017 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see instructions				
<b>14 a</b> Subtract line 13 from line 12. If zero or less, enter -0-				
<b>14 b</b> Enter the alternative minimum tax and mental health tax				
<b>14 c</b> Add line 14a and line 14b				
<b>14 d</b> Enter the excess SDI from Form 540, line 74 or Long Form 540NR, line 84				
<b>14 e</b> Subtract line 14d from line 14c. If zero or less, enter -0-				
<b>15</b> Applicable percentage	27%	63%	63%	90%
<b>16</b> Multiply line 14e by line 15				
<b>Complete Line 17 through Line 23 of each column before you go to the next column.</b>				
<b>17</b> Enter the combined amounts shown on line 23 from all preceding columns				
<b>18</b> Subtract line 17 from line 16. If zero or less, enter -0-				
<b>19</b> 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				
<b>20</b> Enter the amount from line 22 from the preceding column				
<b>21</b> Add line 19 and line 20				
<b>22</b> Subtract line 18 from line 21. If zero or less, enter -0-				
<b>23</b> 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	⊙	⊙	⊙	⊙

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.

**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18
1 <b>Required Installments.</b> 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.
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>					
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.
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0- .....	7		0.	0.	
8 <b>Underpayment.</b> 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
<b>April 15, 2017 - April 15, 2018</b>		Days:	Days:	Days:	Days:
10 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/18, whichever is earlier .....	10	<b>SEE ATTACHED WORKSHEET</b>			
11 Underpayment      Number of on line 8      X      days on line 10      X      .04 (see instructions)      365 .....	11	\$	\$	\$	\$
12 <b>PENALTY.</b> Add 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 44, and check the box on that line .....	12	\$      230.			





California	Exemption Credit - AGI Limitation Worksheet	2017
Name(s) as shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Social security number ***-**-****

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI ..... a 1,467,700.
- b. Enter the amount for your filing status on line b:
 

Single or married/RDP filing separate .....	\$187,203	}	.....	b	<u>374,411.</u>
Married/RDP filing joint or qualifying widow(er) .....	\$374,411				
Head of household .....	\$280,808				
- c. Subtract line b from line a ..... c 1,093,289.
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).  
**Note:** If the result 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 dollar amount from Form 540, line 7, line 8 and line 9 ..... h 228.
- i. Subtract line g from 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.
- l. Enter the dollar amount from Form 540, line 10 ..... l 353.
- m. Subtract line k from line l. 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
Name(s) as shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Social security number ***-**-****
1. Enter the amount from Schedule CA (540), line 42 or Schedule CA (540NR), line 42 .....		105,523.
2. Using California amounts, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses included on line 28 .....		
3. Subtract line 2 from line 1 .....		105,523.
<b>Note:</b> 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 below for your filing status: - Single or married/RDP filing separate, enter \$187,203 - Head of household, enter \$280,808 - Married/RDP filing joint or qualifying widow(er), enter \$374,411		374,411.
7. Subtract line 6 from line 5 .....		1,093,289.
<b>Note:</b> 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% (.06) .....		65,597.
9. Compare line 4 and line 8. Enter the smaller amount here .....		65,597.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 43		39,926.

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**2017 Income from Passthroughs**

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CA

VENABLE LLP

I.D. NUMBER: \*\*-\*\*\*\*\*

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	1,066,209
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NET INCOME (LOSS) FOR ENTITY	<u>1,066,209</u>
------------------------------	------------------

ACTIVITY INFORMATION:

VENABLE LLP

GUARANTEED PAYMENTS	123,336	
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UNREIMBURSED EXPENSES	-58,692	
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ORDINARY INCOME (LOSS)	1,001,565	
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TOTAL NONPASSIVE GAIN (LOSS)	<u><u>1,066,209</u></u>
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2017 Income from Passthroughs

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CA

DLA PIPER LLP  
I.D. NUMBER: \*\*-\*\*\*\*\*

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	243,450
NET INCOME (LOSS) FOR ENTITY	<u>243,450</u>

ACTIVITY INFORMATION:

DLA PIPER LLP

ORDINARY INCOME (LOSS)	243,596	
RENTAL REAL ESTATE INCOME (LOSS)	-146	
TOTAL NONPASSIVE GAIN (LOSS)	<u>          </u>	<u>243,450</u>

## Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **VENABLE LLP**EIN: **\*\* - \*\*\*\*\***

- |  |                                     |
|--|-------------------------------------|
| <p><b>1.</b> Your adjusted basis at the end of the prior year. Do not enter less than zero.<br/>Enter -0- if this is your first tax year .....</p> <p>Increases:</p>   | <p><b>1.</b> <u>1,669,171.</u></p>  |
| <p><b>2.</b> Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero) .....</p>   | <p><b>2.</b> <u>34,085.</u></p>     |
| <p><b>3.</b> 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) .....</p>   | <p><b>3.</b> <u>0.</u></p>          |
| <p><b>4.</b> 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 .....</p>  | <p><b>4.</b> <u>942,897.</u></p>    |
| <p><b>5.</b> Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities .....</p>  | <p><b>5.</b> <u>0.</u></p>          |
| <p><b>6.</b> 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 .....</p> <p>Decreases:</p>   | <p><b>6.</b> <u>0.</u></p>          |
| <p><b>7.</b> 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) .....</p>  | <p><b>7.</b> <u>1,406,301.</u></p>  |
| <p><b>Caution:</b> A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.</p>   |                                     |
| <p><b>8.</b> 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)) .....</p> | <p><b>8.</b> <u>0.</u></p>          |
| <p><b>9.</b> Your share of the partnership's nondeductible expenses that are not capital expenditures .....</p>  | <p><b>9.</b> <u>11,293.</u></p>     |
| <p><b>10.</b> 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 .....</p>  | <p><b>10.</b> <u>34,059.</u></p>    |
| <p><b>11.</b> 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 .....</p>  | <p><b>11.</b> <u>0.</u></p>         |
| <p><b>12.</b> 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-.) .....</p>  | <p><b>12.</b> <u>1,194,500.</u></p> |

**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 INTEREST INCOME - SUBTRACTION	STATEMENT	1
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
FROM K-1 - DLA PIPER LLP	0.	1.	-1.
TOTAL TO SCHEDULE CA (540), LINE 8B			-1.

CA SCHEDULE CA	ORDINARY DIVIDENDS - ADDITION	STATEMENT	2
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MERRILL LYNCH 15265	740.	0.	740.
TOTAL TO SCHEDULE CA (540), LINE 9C			740.

CA SCHEDULE CA	RENTS, ROYALTIES, PARTNERSHIPS, ETC...	STATEMENT	3
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
VENABLE LLP	1,066,209.	1,063,534.	2,675.
TOTAL TO SCHEDULE CA(540), LINE 17C			2,675.



## SCHEDULE 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 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$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 SCHEDULE P (540), PART II, LINE 22	

**ALTERNATIVE MINIMUM TAX**  
**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership**  
*(Keep for your records.)*

Name of Entity: **VENABLE LLP**

EIN: **\*\* - \*\*\*\*\***

<p><b>1.</b> 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 .....</p> <p>Increases:</p> <p><b>2.</b> Money and your adjusted basis in property contributed to the partnership less  the associated liabilities (but not less than zero) .....</p> <p><b>3.</b> 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) .....</p> <p><b>4.</b> 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 .....</p> <p><b>5.</b> Any gain recognized this year on contributions of property. Do not include gain from  transfer of liabilities .....</p> <p><b>6.</b> 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 .....</p> <p>Decreases:</p> <p><b>7.</b> 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) .....</p> <p><b>Caution:</b> A distribution may be taxable if the amount exceeds your adjusted basis of  your partnership interest immediately before the distribution.</p> <p><b>8.</b> 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)) .....</p> <p><b>9.</b> Your share of the partnership's nondeductible expenses that are not capital  expenditures .....</p> <p><b>10.</b> 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 .....</p> <p><b>11.</b> 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 .....</p> <p><b>12.</b> 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-.) .....</p> <p><b>Caution:</b> 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.</p>	<p><b>1.</b> <u>1,382,479.</u></p> <p><b>2.</b> <u>34,085.</u></p> <p><b>3.</b> <u>0.</u></p> <p><b>4.</b> <u>942,897.</u></p> <p><b>5.</b> <u>0.</u></p> <p><b>6.</b> <u>0.</u></p> <p><b>7.</b> <u>1,406,301.</u></p> <p><b>8.</b> <u>0.</u></p> <p><b>9.</b> <u>11,293.</u></p> <p><b>10.</b> <u>34,107.</u></p> <p><b>11.</b> <u>0.</u></p> <p><b>12.</b> <u>907,760.</u></p>
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# 2017 TAX RETURN FILING INSTRUCTIONS

## ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

<b>Prepared for</b>	DOUGLAS C. EMHOFF & KAMALA D. HARRIS [REDACTED]
<b>Prepared by</b>	[REDACTED]
<b>Amount of tax</b>	Total tax \$ 1,200 Less: payments and credits \$ 1,306 Plus: interest and penalties \$ 0 <b>OVERPAYMENT</b> \$ 106
<b>Overpayment</b>	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 106
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD, IL 62719-0001
<b>Return must be mailed on or before</b>	OCTOBER 15, 2018
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

Tax Payment Worksheet for Your Records

Table with 7 rows for tax calculation. Line 1: Enter the total income... 0. Line 2: Enter your Illinois Income Tax withheld... 0. Line 3: Enter your Illinois estimated payments... 0. Line 4: Enter any tax payment made for tax year 2017... 0. Line 5: Enter the estimated allowable credits... 0. Line 6: Total tax payments and credits... 0. Line 7: Tentative tax due - Subtract Line 6 from Line 1... 0.

STOP Do not file Form IL-505-I if no payment is due or if you make this payment electronically or by credit card. STOP

IL-505-I (R-12/17)
749021 02-02-18

Return only the bottom portion with your payment.

Illinois Department of Revenue

IL-505-I 2017 ID: 2BX

Automatic Extension Payment for Individuals

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

\*\*\*-\*\*-\*\*\*\* 4 EMHO

EMHO

\*\*\*-\*\*-\*\*\*\* 2

Your Social Security number

Spouse's Social Security number

STOP Do not file this form if no payment is due or you pay electronically or by credit card.

For calendar year ending 12/17 or fiscal year ending

Month and year

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

[Redacted address]

\$ 0.00

Tentative tax due (Whole dollars only)

Make your check or money order payable to and mail to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005

Daytime phone number



\*\*\*\*\*

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

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\*\*\*-\*\*-\*\*\*\*

DOUGLAS C. EMHOFF  
KAMALA D. HARRIS

C Filing status (see instructions)

Single or head of household  Married filing jointly  Married filing separately  Widowed

<b>Step 2:</b>	<b>1</b>	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	(Whole dollars only)	<b>1</b>	<u>1,467,700</u> .00
<b>Income</b>	<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.		<b>2</b>	<u>740</u> .00
	<b>3</b>	Other additions. <b>Attach</b> Schedule M.		<b>3</b>	<u>          </u> .00
	<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.		<b>4</b>	<u>1,468,440</u> .00

<b>Step 3:</b>	<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.		<b>5</b>	<u>          </u> .00
<b>Base</b>	<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040, Line 10.		<b>6</b>	<u>          </u> .00
<b>Income</b>	<b>7</b>	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>		<b>7</b>	<u>16,209</u> .00
	<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.		<b>8</b>	<u>16,209</u> .00
	<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.		<b>9</b>	<u>1,452,231</u> .00

**Step 4: See instructions before completing Step 4.**

<b>Exemptions</b>	<b>10 a</b>	Number of exemptions from your federal return.	<u>      </u> x \$2,175	<b>a</b>	<u>          </u> .00
	<b>b</b>	If someone can claim you as a dependent, see instructions.	<u>      </u> x \$2,175	<b>b</b>	<u>          </u> .00
	<b>c</b>	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>      </u> x \$1,000	<b>c</b>	<u>          </u> .00
	<b>d</b>	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>      </u> x \$1,000	<b>d</b>	<u>          </u> .00
		<b>Exemption allowance.</b> Add Lines a through d.	<b>LIMITED</b>	<b>10</b>	<u>          </u> 0 .00

<b>Step 5:</b>	<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.		<b>11</b>	<u>          </u> .00
<b>Net</b>	<b>12</b>	<b>Nonresidents and part-year residents:</b> Check the box that applies to you during 2017 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Sch. NR. <b>Attach</b> Sch. NR.		<b>12</b>	<u>27,563</u> .00

<b>Step 6:</b>	<b>13</b>	<b>Residents:</b> Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. <b>Attach</b> Schedule SA. <input type="checkbox"/>		<b>13</b>	<u>1,200</u> .00
<b>Tax</b>	<b>14</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.		<b>14</b>	<u>          </u> .00
	<b>15</b>	<b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.		<b>15</b>	<u>1,200</u> .00

<b>Step 7:</b>	<b>16</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.		<b>16</b>	<u>          </u> .00
<b>Tax After</b>	<b>17</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.		<b>17</b>	<u>          </u> .00
<b>Non-</b>	<b>18</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.		<b>18</b>	<u>          </u> .00
<b>refundable</b>	<b>19</b>	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		<b>19</b>	<u>          </u> .00
<b>Credits</b>	<b>20</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.		<b>20</b>	<u>1,200</u> .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



	<b>21</b>	Tax after nonrefundable credits from Page 1, Line 20.	<b>21</b>	<u>1,200</u> .00
<b>Step 8:</b>	<b>22</b>	Household employment tax. See instructions.	<b>22</b>	<u>          </u> .00
<b>Other</b>	<b>23</b>	Use tax on internet, mail order, or other out-of-state purchases from		
<b>Taxes</b>		UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	<b>23</b>	<u>0</u> .00
	<b>24</b>	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	<b>24</b>	<u>          </u> .00
	<b>25</b>	<b>Total Tax.</b> Add Lines 21, 22, 23, and 24.	<b>25</b>	<u>1,200</u> .00

<b>Step 9:</b>	<b>26</b>	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	<b>26</b>	<u>          </u> .00
<b>Payments</b>	<b>27</b>	Estimated payments from Forms IL-1040-ES and IL-505-I,		
<b>and</b>		including any overpayment applied from a prior year return.	<b>27</b>	<u>          </u> .00
<b>Refundable</b>	<b>28</b>	Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>28</b>	<u>1,306</u> .00
<b>Credit</b>	<b>29</b>	Earned Income Credit from Schedule IL-EIC. <b>Attach</b> Schedule IL-EIC.	<b>29</b>	<u>          </u> .00
	<b>30</b>	<b>Total payments and refundable credit.</b> Add Lines 26 through 29.	<b>30</b>	<u>1,306</u> .00

<b>Step 10:</b>	<b>31</b>	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	<b>31</b>	<u>106</u> .00
<b>Total</b>	<b>32</b>	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	<b>32</b>	<u>          </u> .00

**Step 11: Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

<b>Underpayment of Estimated Tax Penalty and Donations</b>	<b>33</b>	Late-payment penalty for underpayment of estimated tax	<b>33</b>	<u>          </u> .00
	<b>a</b>	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	<b>b</b>	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	<b>c</b>	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.	<input type="checkbox"/>	
	<b>d</b>	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
	<b>34</b>	Voluntary charitable donations. <b>Attach</b> Schedule G.	<b>34</b>	<u>          </u> .00
	<b>35</b>	<b>Total penalty and donations.</b> Add Lines 33 and 34.	<b>35</b>	<u>          </u> .00

**Step 12: Refund**

<b>36</b>	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your <b>overpayment</b> .	<b>36</b>	<u>106</u> .00
<b>37</b>	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	<b>37</b>	<u>106</u> .00
<b>38</b>	I choose to receive my refund by		
<b>a</b>	<input type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
	Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
	Account number _____		
<b>b</b>	<input type="checkbox"/> <b>Illinois Individual Income Tax refund debit card</b>		
<b>c</b>	<input checked="" type="checkbox"/> <b>paper check</b>		
<b>39</b>	Amount to be <b>credited forward</b> . Subtract Line 37 from Line 36. See instructions.	<b>39</b>	<u>          </u> .00

**Step 13: Amount You Owe**

<b>40</b>	If you have an amount on Line 32, add Lines 32 and 35. - <b>or</b> - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	<b>40</b>	<u>          </u> .00
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**Step 14:** If this is a joint return, both you and your spouse must sign below.  
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> self-employed <input type="checkbox"/> Paid Preparer's PTIN	<input type="checkbox"/> Check if <input type="checkbox"/>
	Firm's name ▶	Firm's FEIN ▶	Firm's phone ▶	***-*****	
	Firm's address ▶				
<b>Third Party Designee</b>	Designee's name (please print)	Designee's phone number	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step		

**ID: 2BX** If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001 If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

**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**

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

\*\*\* - \*\* - \*\*\*\*

Your name as shown on Form IL-1040

Your Social Security number

**Step 2: Figure your additions for Form IL-1040, Line 3**

Enter the amount of

(Whole dollars only)

<b>1</b>	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	<b>1</b>	_____	.00
<b>2</b>	Distributive share of additions you received from a partnership, S corporation, trust, or estate. <b>Attach</b> Illinois Schedule K-1-P or Schedule K-1-T.	<b>2</b>	_____	.00
<b>3</b>	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	<b>3</b>	_____	.00
<b>4</b>	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.)	<b>4</b>	_____	.00
<b>5</b>	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. <b>Attach</b> Form IL-4562.	<b>5</b>	_____	.00
<b>6</b>	Business expense recapture (nonresidents only).	<b>6</b>	_____	.00
<b>7</b>	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.	<b>7</b>	_____	.00
<b>8</b>	Student-Assistance Contribution Credit taken on Schedule 1299-C.	<b>8</b>	_____	.00
<b>9</b>	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded.	<b>9</b>	_____	.00
<b>10</b>	Income attributable to domestic production activities under IRC Section 199. <b>Attach</b> Page 1 of federal Form 1040.	<b>10</b>	_____	.00
<b>11</b>	Other income - Identify each item. _____	<b>11</b>	_____	.00
<b>12</b>	<b>Total Additions.</b> Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	<b>12</b>	_____	.00

**Step 3: Figure your subtractions for Form IL-1040, Line 7**

Enter the amount of

<b>13</b>	Contributions made to the following college savings plans:			
<b>a</b>	"Bright Start" College Savings Pool	<b>13a</b>	_____	.00
<b>b</b>	"College Illinois" Prepaid Tuition Program	<b>13b</b>	_____	.00
<b>c</b>	"Bright Directions" College Savings Pool	<b>13c</b>	_____	.00
<b>14</b>	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.) <b>Attach</b> Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. <b>SEE STATEMENT 1</b>	<b>14</b>	_____	1 .00
<b>15</b>	Restoration of amounts held under claim of right under IRC Section 1341.	<b>15</b>	_____	.00
<b>16</b>	Contributions to a job training project.	<b>16</b>	_____	.00
<b>17</b>	Expenses related to federal credits or federally tax-exempt income.	<b>17</b>	_____	.00
<b>18</b>	Interest earned on investments through the Home Ownership Made Easy Program.	<b>18</b>	_____	.00
<b>19</b>	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. <b>Attach</b> Form IL-4562.	<b>19</b>	_____	.00
Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:				
<b>20</b>	Military pay earned. <b>Attach</b> military W-2.	<b>20</b>	_____	.00
<b>21</b>	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040. <b>Attach</b> a copy of federal Form 1040A or 1040, Schedule B, if required federally.	<b>21</b>	_____	.00
<b>22</b>	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. <b>Attach</b> Schedule F and required federal forms.	<b>22</b>	_____	.00
<b>23</b>	River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. <b>Attach</b> Schedule 1299-C.	<b>23</b>	_____	.00
<b>24</b>	Add Lines 13a through 23 and enter the amount here and on Page 2, Line 25.	<b>24</b>	_____	1 .00



**Step 3: Continued**

<b>25</b>	Enter the amount from Page 1, Line 24.	<b>25</b>	<u>1</u>	<u>.00</u>
<b>26</b>	Recovery of items previously deducted on federal Form 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). <b>Attach</b> a copy of federal Form 1040, Page 1, and required federal forms.	<b>26</b>	<u>16,208</u>	<u>.00</u>
<b>27</b>	Ridesharing money and other benefits.	<b>27</b>		<u>.00</u>
<b>28</b>	Payment of life insurance, endowment, or annuity benefits received.	<b>28</b>		<u>.00</u>
<b>29</b>	Lloyd's plan of operation income if reported on your behalf on Form IL-1065.	<b>29</b>		<u>.00</u>
<b>30</b>	Income from Illinois pre-need funeral, burial, and cemetery trusts.	<b>30</b>		<u>.00</u>
<b>31</b>	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act.	<b>31</b>		<u>.00</u>
<b>32</b>	Reparations or other amounts received as a victim of persecution by Nazi Germany.	<b>32</b>		<u>.00</u>
<b>33</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.			
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>33a</b>		<u>.00</u>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>33b</b>		<u>.00</u>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>33c</b>		<u>.00</u>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>33d</b>		<u>.00</u>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>33e</b>		<u>.00</u>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>33f</b>		<u>.00</u>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>33g</b>		<u>.00</u>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>33h</b>		<u>.00</u>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>33i</b>		<u>.00</u>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>33j</b>		<u>.00</u>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>33k</b>		<u>.00</u>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>33l</b>		<u>.00</u>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>33m</b>		<u>.00</u>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>33n</b>		<u>.00</u>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>33o</b>		<u>.00</u>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>33p</b>		<u>.00</u>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>33q</b>		<u>.00</u>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>33r</b>		<u>.00</u>
<b>s</b>	Illinois Urban Development Authority bonds	<b>33s</b>		<u>.00</u>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>33t</b>		<u>.00</u>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>33u</b>		<u>.00</u>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>33v</b>		<u>.00</u>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>33w</b>		<u>.00</u>
<b>x</b>	Export Development Act of 1983 bonds	<b>33x</b>		<u>.00</u>
<b>34</b>	Interest on the following non-U.S. government bonds.			
<b>a</b>	Bonds issued by the government of Guam	<b>34a</b>		<u>.00</u>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>34b</b>		<u>.00</u>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>34c</b>		<u>.00</u>
<b>d</b>	Bonds issued by the government of American Samoa	<b>34d</b>		<u>.00</u>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>34e</b>		<u>.00</u>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>34f</b>		<u>.00</u>
<b>35</b>	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.	<b>35</b>		<u>.00</u>
<b>36</b>	Railroad sick pay and unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>36</b>		<u>.00</u>
<b>37</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>37</b>		<u>.00</u>
<b>38</b>	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.	<b>38</b>		<u>.00</u>
<b>39</b>	<b>Total Subtractions.</b> Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	<b>39</b>	<u>16,209</u>	<u>.00</u>





DOUGLAS C. EMHOFF & KAMALA  
 Your name as shown on your Form IL-1040

\*\*\* - \*\* - \*\*\*\*  
 Your Social Security number

**Step 1: Provide the following information**

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes     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      /      /      I lived in      State from      /      /      to      /      /
  - b My spouse lived in **Illinois** from      /      /      to      /      /     , and      State from      /      /      to      /      /
- 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
- 4 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
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5</u> 171,737 .00	<u>    </u> .00
<b>6</b> Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6</u> 1,123 .00	<u>17</u> .00
<b>7</b> Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7</u> 1,243 .00	<u>    </u> .00
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8</u> 16,208 .00	<u>    </u> .00
<b>9</b> Alimony received (federal Form 1040, Line 11)	<u>9</u> .00	<u>    </u> .00
<b>10</b> Business income or loss (federal Form 1040, Line 12)	<u>10</u> .00	<u>    </u> .00
<b>11</b> Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11</u> 49,592 .00	<u>9</u> .00
<b>12</b> Other gains or losses (federal Form 1040, Line 14)	<u>12</u> .00	<u>    </u> .00
<b>13</b> Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13</u> .00	<u>    </u> .00
<b>14</b> Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14</u> .00	<u>    </u> .00
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17) <b>SEE STATEMENT 2</b>	<u>15</u> 1,306,984 .00	<u>29,804</u> .00
<b>16</b> Farm income or loss (federal Form 1040, Line 18)	<u>16</u> .00	<u>    </u> .00
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17</u> .00	<u>    </u> .00
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18</u> .00	<u>    </u> .00
<b>19</b> Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>    </u> .00
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<u>20</u>	<u>29,830</u> .00



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		<b>21</b> 29,830 .00
	<b>22</b> Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	<b>22</b> .00	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	<b>23</b> .00	.00
	<b>24</b> Health savings account deduction (federal Form 1040, Line 25)	<b>24</b> 2,267 .00	2,267 .00
	<b>25</b> Moving expenses (federal Form 1040, Line 26)	<b>25</b> .00	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040, Line 27)	<b>26</b> 26,332 .00	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	<b>27</b> 44,151 .00	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040, Line 29)	<b>28</b> 6,437 .00	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040, Line 30)	<b>29</b> .00	.00
	<b>30</b> Alimony paid (federal Form 1040, Line 31a)	<b>30</b> .00	.00
	<b>31</b> IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	<b>31</b> .00	.00
	<b>32</b> Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	<b>32</b> .00	.00
	<b>33</b> Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	<b>33</b> .00	.00
	<b>34</b> Domestic production activities deduction (federal Form 1040, Line 35)	<b>34</b> .00	.00
	<b>35</b> Other adjustments (see instructions)	<b>35</b> .00	.00
	<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b> .00	2,267 .00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 1,467,700 .00	
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b> .00	27,563 .00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b> 740 .00	.00
	<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b> .00	.00
	<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b> .00	27,563 .00
	<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b> .00	.00
	<b>43</b> Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	<b>43</b> .00	.00
	<b>44</b> Other subtractions (Form IL-1040, Line 7) <b>SEE STATEMENT 3</b>	<b>44</b> 16,209 .00	.00
	<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b> .00	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your <b>Illinois base income</b> . Enter this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	<b>46</b> →	27,563 .00
	<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b> 1,452,231 .00	
	<b>48</b> Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b> .019	
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b> 0 .00	
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b> .00	0 .00
	<b>51</b> Subtract Line 50 from Line 46. This is your Illinois net income.	<b>51</b> .00	27,563 .00
	<b>52</b> 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 schedule here <b>and</b> on your Form IL-1040, Line 13. This is your <b>tax</b> .	<b>52</b> →	1,200 .00



IL SCHEDULE M	OTHER SUBTRACTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
U.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC			1.
TOTAL INCLUDED IN SCHEDULE M, LINE 14			1.

IL SCHEDULE NR	RENTS, ROYALTIES, AND PASSTHROUGHS	STATEMENT	2
DESCRIPTION	TAXPAYER	SPOUSE	
DLA PIPER LLP	29,804.		0.
TOTAL TO SCHEDULE NR, LINE 15, COLUMN B	29,804.		0.

IL SCHEDULE NR	OTHER SUBTRACTIONS	STATEMENT	3
DESCRIPTION	FORM IL-1040 TOTAL	ILLINOIS PORTION	
U.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC	1.		0.
OTHER STATE AND LOCAL TAXABLE REFUNDS	16,208.		0.
TOTAL TO SCHEDULE NR, LINE 44	16,209.		0.

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

Your first name and initial: DOUGLAS C. Last name: EMHOFF Your social security number: \*\*\*-\*\*-\*\*\*\*

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind If joint return, spouse's first name and initial: KAMALA D. Last name: HARRIS Spouse's social security number: \*\*\*-\*\*-\*\*\*\*

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)  Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign. (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and check here

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: ELLA R EMHOFF, \*\*\*-\*\*-\*\*\*\*, DAUGHTER, [ ], [ ], [ ]

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

Your signature: [Redacted] Date: [Redacted] Your occupation: ATTORNEY If the IRS sent you an Identity Protection PIN, enter it here: [Redacted] Spouse's signature: [Redacted] Date: [Redacted] Spouse's occupation: SENATOR If the IRS sent you an Identity Protection PIN, enter it here: [Redacted]

Paid Preparer Use Only Preparer's name: [Redacted] Preparer's signature: [Redacted] PTIN: [Redacted] Firm's EIN: \*\*\*-\*\*\*\* Firm's name: [Redacted] Phone no.: [Redacted] Firm's address: [Redacted] Check if:  3rd Party Designee  Self-employed

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	<b>1</b>	157,352.
	<b>2a</b>	Tax-exempt interest		<b>2b</b>	2,288.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>3a</b>	Qualified dividends	8.	<b>3b</b>	8.
	<b>4a</b>	IRAs, pensions, and annuities		<b>4b</b>	
	<b>5a</b>	Social security benefits		<b>5b</b>	
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	1,884,319.	<b>6</b>	2,043,967.
	<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	1,889,156.
	<b>8</b>	Standard deduction or itemized deductions (from Schedule A)		<b>8</b>	70,839.
	<b>9</b>	Qualified business income deduction (see instructions)		<b>9</b>	
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	1,818,317.
	<b>11</b>	<b>a</b> Tax (see inst) 611,965. (check if any from: 1 Form(s) 8814 2 Form 4972 3 )		<b>11</b>	611,965.
		<b>b</b> Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		<b>12</b>	316.
	<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Sch. 3 and check here <input checked="" type="checkbox"/>		<b>13</b>	611,649.
	<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	85,962.
	<b>14</b>	Other taxes. Attach Schedule 4		<b>15</b>	697,611.
	<b>15</b>	Total tax. Add lines 13 and 14		<b>16</b>	23,426.
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	540,000.
	<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863 Add any amount from Schedule 5	540,000.	<b>18</b>	563,426.
	<b>18</b>	Add lines 16 and 17. These are your total payments		<b>19</b>	
	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		<b>20a</b>	
Refund Direct deposit? See instructions.	<b>20a</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			
		<b>b</b> Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number <input type="text"/>				
	<b>21</b>	Amount of line 19 you want applied to your 2019 estimated tax		<b>21</b>	
	<b>22</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		<b>22</b>	134,185.
Amount You Owe	<b>23</b>	Estimated tax penalty (see instructions)		<b>23</b>	0.

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

**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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

<b>Additional Income</b>		<b>1-9b</b>		<b>STATEMENT 3</b>		<b>1-9b STATEMENT 5</b>	
	10	Taxable refunds, credits, or offsets of state and local income taxes			<b>STATEMENT 4</b>		<b>14,622.</b>
	11	Alimony received					
	12	Business income or (loss). Attach Schedule C or C-EZ					<b>320,125.</b>
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>					<b>1,257.</b>
	14	Other gains or (losses). Attach Form 4797					
	15a	Reserved					
	16a	Reserved					
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					<b>1,548,315.</b>
	18	Farm income or (loss). Attach Schedule F					
	19	Unemployment compensation					
	20a	Reserved					
	21	Other income. List type and amount					
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23					<b>1,884,319.</b>
<b>Adjustments to Income</b>	23	Educator expenses		<b>23</b>			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		<b>24</b>			
	25	Health savings account deduction. Attach Form 8889		<b>25</b>			
	26	Moving expenses for members of the Armed Forces. Attach Form 3903		<b>26</b>			
	27	Deductible part of self-employment tax. Attach Schedule SE		<b>27</b>		<b>33,188.</b>	
	28	Self-employed SEP, SIMPLE, and qualified plans		<b>28</b>		<b>120,000.</b>	
	29	Self-employed health insurance deduction		<b>29</b>		<b>1,623.</b>	
	30	Penalty on early withdrawal of savings		<b>30</b>			
	31a	Alimony paid <b>b</b> Recipient's SSN		<b>31a</b>			
	32	IRA deduction		<b>32</b>			
	33	Student loan interest deduction		<b>33</b>			
	34	Reserved		<b>34</b>			
	35	Reserved		<b>35</b>			
	36	Add lines 23 through 35		<b>36</b>			<b>154,811.</b>

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 2  
(Form 1040)**

**Tax**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **02**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

<b>Tax</b>	<b>38-44</b>	Reserved .....	<b>38-44</b>	
	<b>45</b>	Alternative minimum tax. Attach Form 6251 .....	<b>45</b>	0.
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962 .....	<b>46</b>	
	<b>47</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 11 .....	<b>47</b>	0.

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

Schedule 2 (Form 1040) 2018

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

<b>Nonrefundable</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>48</b>	
<b>Credits</b>	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 .....	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>51</b>	
	<b>52</b>	Reserved .....	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 .....	<b>53</b>	
	<b>54</b>	Other credits from Form a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	<b>54</b>	<b>316.</b>
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12 .....	<b>55</b>	<b>316.</b>

LHA **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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE .....	<b>57</b>	<b>66,374.</b>
	<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required .....	<b>59</b>	
	<b>60 a</b>	Household employment taxes. Attach Schedule H .....	<b>60a</b>	<b>4,585.</b>
	<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required .....	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) .....	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) <b>SEE STATEMENT 7</b>	<b>62</b>	<b>15,003.</b>
	<b>63</b>	Section 965 net tax liability installment from Form 965-A ..... <b>63</b>		
	<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 .....	<b>64</b>	<b>85,962.</b>

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](http://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

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

<b>Other</b>	<b>65</b>	Reserved .....	<b>65</b>	
<b>Payments</b>	<b>66</b>	2018 estimated tax payments and amount applied from 2017 return <b>STMT 8</b> .....	<b>66</b>	<b>540,000.</b>
<b>and</b>	<b>67 a</b>	Reserved .....	<b>67a</b>	
<b>Refundable</b>	<b>b</b>	Reserved .....	<b>67b</b>	
<b>Credits</b>	<b>68-69</b>	Reserved .....	<b>68-69</b>	
	<b>70</b>	Net premium tax credit. Attach Form 8962 .....	<b>70</b>	
	<b>71</b>	Amount paid with request for extension to file (see instructions) .....	<b>71</b>	
	<b>72</b>	Excess social security and tier 1 RRTA tax withheld .....	<b>72</b>	
	<b>73</b>	Credit for federal tax on fuels. Attach Form 4136 .....	<b>73</b>	
	<b>74</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> .....	<b>74</b>	
	<b>75</b>	Add the amounts in the far right column. These are your total <b>other payments and refundable credits</b> . Enter here and include on Form 1040, line 17 .....	<b>75</b>	<b>540,000.</b>

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

Schedule 5 (Form 1040) 2018

**SCHEDULE 6  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Foreign Address and Third Party Designee**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **05A**

Name(s) shown on Form 1040

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\* - \*\* - \*\*\*\*

**Foreign  
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party  
Designee**

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

**Yes.** Complete below.

**No**

Designee's  
name ▶

Phone  
no. ▶

Personal identification number  
(PIN) ▶

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

**Schedule 6 (Form 1040) 2018**

**Child Tax Credit and Credit for Other Dependents Worksheet** *(keep for your records)*

Name(s): First <b>DOUGLAS C. &amp; KAMALA D.</b>	Last <b>EMHOFF</b>	Your SSN <b>***-**-****</b>
---	-----------------------	--------------------------------

**Part 1**

1. Number of qualifying children under age 17 with the required 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 required social security number: 1 X \$500. Enter the result. 2 \_\_\_\_\_ 500.
3. Add lines 1 and 2 3 \_\_\_\_\_ 500.
4. Enter the amount from Form 1040, line 7 or Form 1040NR, line 37. 4 1,889,156.
5. **1040 filers:** Enter the total of any-
  - Exclusion of income from Puerto Rico, and
  - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.} ..... 5 \_\_\_\_\_ 0.
- 1040NR filers:** Enter -0-.
6. Add lines 4 and 5. Enter the total. 6 1,889,156.
7. Enter the amount shown below for your filing status.
  - Married filing jointly - \$400,000
  - All other filing statuses - \$200,000} ..... 7 400,000.
8. Is the amount on line 6 more than the amount on line 7?
  - No.** Leave line 8 blank. Enter -0- on line 9.
  - 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?
  - 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.
  - Yes.** Subtract line 9 from line 3. Enter the result. 10 \_\_\_\_\_

**Part 2**

11. 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.\* } ... 12 \_\_\_\_\_
13. Subtract line 12 from line 11 13 \_\_\_\_\_
14. Are you claiming any of the following credits?
  - 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} ..... 14 \_\_\_\_\_
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.
  - Yes.** Enter the amount from line 15.} **This is your child tax credit and credit for other dependents.** ..... 16 \_\_\_\_\_

\* Also include amounts from:  
 Form 5695, line 30  
 Form 8910, line 15  
 Form 8936, line 23  
 Schedule R, line 22

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

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

Name(s) shown on tax return

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Identifying number

\*\*\* - \*\* - \*\*\*\*

## 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 owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. <b>Don't file Form 2210</b> (but if box E in Part II applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You <b>must</b> file Form 2210. Does box B, C, or D in Part II apply?
No		
<b>Don't file Form 2210.</b> 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 <b>don't file Form 2210.</b>	No	You <b>must</b> figure your penalty.
		Yes
		You <b>aren't</b> 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 <b>file only page 1 of Form 2210.</b>

### Part I Required Annual Payment

1 Enter your 2018 tax after credits from Form 1040, line 13 (see instructions if not filing Form 1040) .....	1	611,649.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment 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, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	4	697,611.
5 Multiply line 4 by 90% (0.90) .....	5	627,850.
6 Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions) .....	6	23,426.
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b> .....	7	674,185.
8 Maximum required annual payment based on prior year's tax (see instructions) .....	8	564,237.
9 <b>Required annual payment.</b> Enter the <b>smaller</b> 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 below applies.
- 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.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210.**

- A  You request a **waiver** (see instructions) of your entire penalty due to tax reform or other reasons. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty. **80% WAIVER**
- B  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C  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 AI and file Form 2210.
- D  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.
- E  You filed or are filing a joint return for either 2017 or 2018, 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).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2018)

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

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19	
<b>18</b> 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.
<b>19</b> 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. <b>Don't file Form 2210 unless you checked a box in Part II</b> <b>Complete lines 20 through 26 of one column before going to line 20 of the next column.</b>	19	115,857.	105,857.	155,857.	185,855.
<b>20</b> Enter the amount, if any, from line 26 in the previous column .....	20				
<b>21</b> Add lines 19 and 20 .....	21		105,857.	155,857.	185,855.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column .....	22		25,202.	60,404.	45,606.
<b>23</b> 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.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- .....	24		0.	0.	
<b>25</b> 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.
<b>26</b> 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.)

<b>27</b> 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. <b>Don't file Form 2210 unless you checked a box in Part II</b> .....	AMOUNT WAIVED - \$	1,764.	27	0.
--	--------------------	--------	----	----

Form 2210 (2018)

SEE ATTACHED WORKSHEET



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
▶ Attach to Form 1040.

**2018**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

\*\*\*-\*\*-\*\*\*\*

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) <b>SEE STATEMENT 12</b>	1	2,688.
	2	Enter amount from Form 1040, line 7 <b>21,889,156.</b>		
	3	Multiply line 2 by 7.5% (0.075)	3	141,687.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
<b>Taxes You Paid</b>	5	State and local taxes.		
	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 <b>SEE STATEMENT 10</b> <input type="checkbox"/>	5a	201,715.
	b	State and local real estate taxes (see instructions)	5b	23,278.
	c	State and local personal property taxes	5c	447.
	d	Add lines 5a through 5c	5d	225,440.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6	Other taxes. List type and amount	6	
	7	Add lines 5e and 6	7	10,000.
<b>Interest You Paid</b>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098	8a	33,580.
	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 address	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	
	d	Reserved	8d	
	e	Add lines 8a through 8c	8e	33,580.
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	33,580.
<b>Gifts to Charity</b>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	27,259. STMT 11
	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12	
	13	Carryover from prior year	13	
	14	Add lines 11 through 13	14	27,259.
<b>Casualty and Theft Losses</b>	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
<b>Other Itemized Deductions</b>	16	Other - from list in instructions. List type and amount	16	
<b>Total Itemized Deductions</b>	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17	70,839.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		



**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](http://www.irs.gov/ScheduleB) for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**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 ▶

MERRILL LYNCH 15265

WELLS FARGO 0247

FROM K-1 - DLA PIPER LLP

**Amount**

83.

173.

2,032.

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 form.

**2** Add the amounts on line 1

2

2,288.

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

**4** 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**

**Ordinary Dividends**

**5** List name of payer ▶  
FROM K-1 - DLA PIPER LLP

8.

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 1040, line 3b ▶

6

8.

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

**Part III**

**Foreign Accounts and Trusts**

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

Yes No

**7a** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions .....  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements .....

X

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

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

X

827501 10-24-18

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

Schedule B (Form 1040) 2018

# 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
A	MERRILL LYNCH 15265	83.							
B									
C	WELLS FARGO 0247	173.							
D									
E									
F									
G	FROM K-1 - DLA PIPER LLP	2,032.						8.	8.
H									
I									
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
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

**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](http://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**

Name of proprietor

**KAMALA D. HARRIS**

Social security number (SSN)

\*\*\*-\*\*-\*\*\*\*

**A** Principal business or profession, including product or service (see instructions)  
**WRITER**

**B** Enter code from instructions  
**711510**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2018, check here  Yes  No

**I** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)  Yes  No

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

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	<b>732,500.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>732,500.</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>732,500.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>732,500.</b>

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>	<b>412,375.</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>18</b>	<b>412,375.</b>	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>19</b> Tentative profit or (loss). Subtract line 18 from line 7	<b>19</b>	<b>320,125.</b>	<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>20</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>20</b>		<b>b</b> <b>Reserved for future use</b>	<b>27b</b>	
<b>21</b> <b>Net profit or (loss).</b> Subtract line 20 from line 19. ● If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . ● If a loss, you <b>must</b> go to line 32.	<b>21</b>	<b>320,125.</b>			
<b>22</b> 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 <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . ● If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>22</b>				
	<b>32a</b>	<input type="checkbox"/> All investment is at risk.			
	<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.			

**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](http://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

**2018**

Attachment  
Sequence No. **12**

Name(s) shown on return

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

Your social security number

\*\*\*-\*\*-\*\*\*\*

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 ..... <b>SEE STATEMENT 13</b> .....				<b>5</b> 136.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . 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 .....				<b>7</b> 136.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 ..... <b>SEE STATEMENT 14</b> .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b> 1,121.
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2 .....				<b>15</b> 1,121.

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

Schedule D (Form 1040) 2018

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, 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.</li> </ul> <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p> <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b>(see instructions), enter the amount, if any, from line 7 of that worksheet .....</p> <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....</p> <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p> <p><b>21</b> If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } .....</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p> </p>	<p><b>16</b></p> <p><b>18</b></p> <p><b>19</b></p> <p><b>21</b></p>	<p>1,257.</p> <p>( )</p>
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**Qualified Dividends and Capital Gain Tax Worksheet - Line 11a**

Keep for Your Records

Name(s) shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Your SSN <b>***-**-****</b>
--	--------------------------------

**Before you begin:**

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

1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet .....	1.	<u>1,818,317.</u>	
2. Enter the amount from Form 1040, line 3a* .....	2.	<u>8.</u>	
3. Are you filing Schedule D?*			
<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	} ... 3.	<u>1,121.</u>	
<input type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.			
4. Add lines 2 and 3 .....	4.	<u>1,129.</u>	
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- ...	5.	<u>0.</u>	
6. Subtract line 5 from line 4. If zero or less, enter -0- .....	6.	<u>1,129.</u>	
7. Subtract line 6 from line 1. If zero or less, enter -0- .....	7.	<u>1,817,188.</u>	
8. Enter:			
\$ 38,600 if single or married filing separately,			
\$ 77,200 if married filing jointly or qualifying widow(er),	} .....	<u>77,200.</u>	
\$ 51,700 if head of household.			
9. Enter the smaller of line 1 or line 8 .....	9.	<u>77,200.</u>	
10. Enter the smaller of line 7 or line 9 .....	10.	<u>77,200.</u>	
11. Subtract line 10 from line 9. This amount is taxed at 0% .....	11.	<u>0.</u>	
12. Enter the smaller of line 1 or line 6 .....	12.	<u>1,129.</u>	
13. Enter the amount from line 11 .....	13.	<u>0.</u>	
14. Subtract line 13 from line 12 .....	14.	<u>1,129.</u>	
15. Enter:			
\$ 425,800 if single,			
\$ 239,500 if married filing separately,	} .....	<u>479,000.</u>	
\$ 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 .....	16.	<u>479,000.</u>	
17. Add lines 7 and 11 .....	17.	<u>1,817,188.</u>	
18. Subtract line 17 from line 16. If zero or less, enter -0- .....	18.	<u>0.</u>	
19. Enter the smaller of line 14 or line 18 .....	19.	<u>0.</u>	
20. Multiply line 19 by 15% (0.15) .....	20.	<u>0.</u>	
21. Add lines 11 and 19 .....	21.	<u>0.</u>	
22. Subtract line 21 from line 12 .....	22.	<u>1,129.</u>	
23. Multiply line 22 by 20% (0.20) .....	23.	<u>226.</u>	
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet .....	24.	<u>611,739.</u>	
25. Add lines 20, 23, and 24 .....	25.	<u>611,965.</u>	
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	26.	<u>612,156.</u>	
27. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet .....	27.	<u>611,965.</u>	

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

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 (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

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

<b>28</b>	<b>(a) Name</b>	<b>(b) Enter P for partnership, S for S corporation</b>	<b>(c) Check if foreign partnership</b>	<b>(d) Employer identification number</b>	<b>(e) Check if basis computation is required</b>	<b>(f) Check if any amount is not at risk</b>
<b>A</b>	DLA PIPER LLP	P		**-*****		
<b>B</b>	UNREIMBURSED EXPENSES	P		**-*****		
<b>C</b>	VENABLE LLP	P		**-*****		
<b>D</b>						

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
<b>(g) Passive loss allowed (attach Form 8582 if required)</b>	<b>(h) Passive income from Schedule K-1</b>	<b>(i) Nonpassive loss from Schedule K-1</b>	<b>(j) Section 179 expense deduction from Form 4562</b>	<b>(k) Nonpassive income from Schedule K-1</b>
<b>A</b>				1,382,299.
<b>B</b>		36,933.		
<b>C</b>				202,949.
<b>D</b>				
<b>29a Totals</b>				1,585,248.
<b>b Totals</b>		36,933.		
<b>30</b>	Add columns (h) and (k) of line 29a			<b>30</b> 1,585,248.
<b>31</b>	Add columns (g), (i), and (j) of line 29b			<b>31</b> ( 36,933.)
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31			<b>32</b> 1,548,315.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	<b>(a) Name</b>	<b>(b) Employer identification number</b>
<b>A</b>		
<b>B</b>		

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

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

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

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> 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	<b>41</b>	1,548,315.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> 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	<b>43</b>	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

**SCHEDULE E**

Name DOUGLAS C. EMHOFF

SSN/EIN \*\*\*-\*\*-\*\*\*\*

Passthrough VENABLE LLP - VENABLE 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
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....	202,949.							
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) .....	202,949.							202,949.
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) .....	202,949.							202,949.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								



**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

2018

**SCHEDULE E**

Name DOUGLAS C. EMHOFF

SSN/EIN \*\*\*\_\*\*\_\*\*\*\*

Passthrough VENABLE LLP - VENABLE 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
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
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 .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

**2018**

**SCHEDULE E**

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
<b>SCHEDULE E, PAGE 2</b>								
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.
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....	136.							136.
Net long-term cap. gain (loss) .....	1,121.							1,121.
Section 1256 contracts & straddles ...								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....	7,739.							7,739.
Deductions related to portfolio income								
Other .....								

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

**2018**

**SCHEDULE E**

**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
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....	2,032.							2,032.
Interest from U.S. bonds .....								
Ordinary dividends .....	8.							8.
Qualified dividends .....	8.							8.
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....	25.							25.
Adjusted gain or loss .....	-167.							-167.
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
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 (99)

**Self-Employment Tax**

▶ Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 17

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

Social security number of person with self-employment income

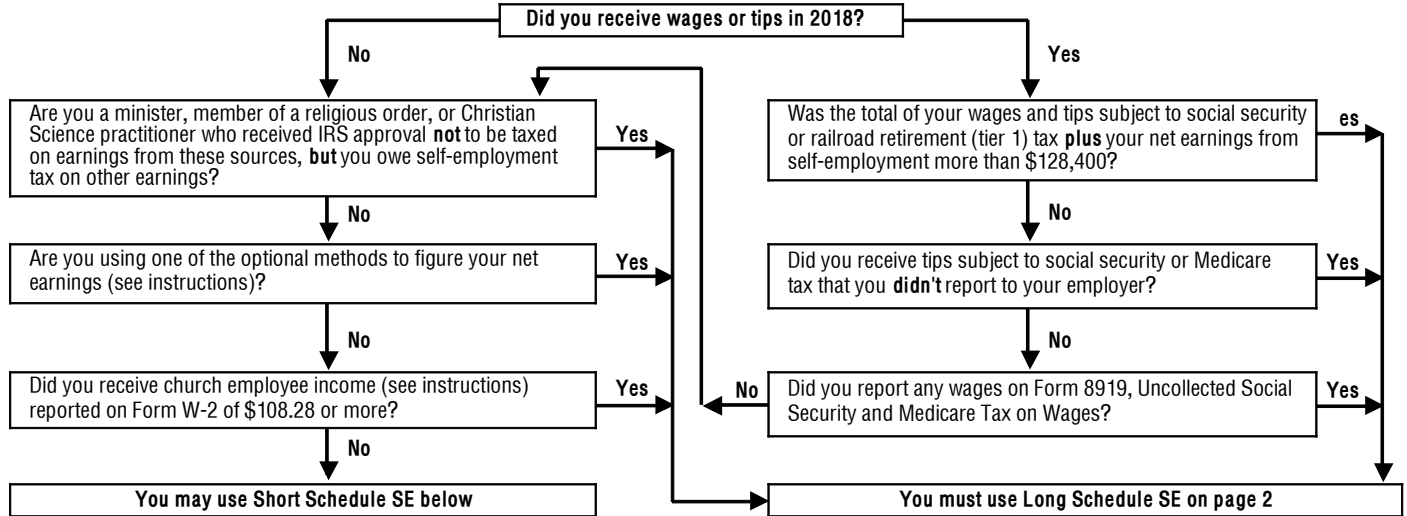
DOUGLAS C. EMHOFF

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**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</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	<b>1b</b>	
<b>2</b> 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	<b>2</b>	1,563,741.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	1,563,741.
<b>4</b> 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	<b>4</b>	1,444,115.
<b>5 Self-employment tax.</b> 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	<b>5</b>	57,801.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	<b>6</b>	28,901.

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

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**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 church employee income.

<p><b>A</b> If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>		
<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	
<b>1b</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	
<b>2</b>	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. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) <b>SEE STATEMENT 16</b>	320,125.
<b>3</b>	Combine lines 1a, 1b, and 2	320,125.
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	295,635.
<b>4b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
<b>4c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue	295,635.
<b>5a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income	
<b>5b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	
<b>6</b>	Add lines 4c and 5b	295,635.
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	128,400.00
<b>8a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11	128,400.
<b>8b</b>	Unreported tips subject to social security tax (from Form 4137, line 10)	
<b>8c</b>	Wages subject to social security tax (from Form 8919, line 10)	
<b>8d</b>	Add lines 8a, 8b, and 8c	
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	
<b>11</b>	Multiply line 6 by 2.9% (0.029)	8,573.
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b>	8,573.
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27</b>	4,287.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$7,920, or (b) your net farm profits<sup>2</sup> were less than \$5,717.

<b>14</b>	Maximum income for optional methods	5,280.00
<b>15</b>	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$5,280. Also include this amount on line 4b above	

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$5,717 and also less than 72.189% of your gross nonfarm income<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b>	Subtract line 15 from line 14	
<b>17</b>	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.  
<sup>2</sup> 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.

<sup>3</sup> 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.  
<sup>4</sup> 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.

**Foreign Tax Credit**  
 (Individual, Estate, or Trust)

**2018**

Attachment  
 Sequence No. **19**

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

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Identifying number as shown on page 1 of your tax return  
**\*\*\*-\*\*-\*\*\*\***

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.

- a  Section 951A income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
 b  Foreign branch income    d  General category income    f  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.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:	4,135.			1a 4,135.
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) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) <b>SEE STATEMENT 17</b>	137,382.			
3 Pro rata share of other deductions <b>not definitely related:</b>				
a Certain itemized deductions or standard deduction	10,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	10,000.			
d Gross foreign source income	4,135.			
e Gross income from all sources	4,142,783.			
f Divide line 3d by line 3e	.000998121			
g Multiply line 3c by line 3f	10.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	137,392.			6 137,392.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -133,257.

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		In foreign currency			In U.S. dollars				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends		
A								33.	33.
B									
C									
<b>8 Add lines A through C, column (u). Enter the total here and on line 9, page 2</b>									8 33.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	33.	
<b>10</b> Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	33.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		33.
<b>15</b> 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 .....	<b>15</b>	-133,257.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>	133,257.	
<b>17</b> 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.) .....	<b>17</b>		
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	<b>18</b>		
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		
<b>22</b> Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV .....	<b>22</b>		0.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		0.
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a .....	<b>33</b>		0.

**General Business Credit**

▶ Go to [www.irs.gov/Form3800](http://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.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

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**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 .....	1	316.
2	Passive activity credits from line 2 of all Parts III with box B checked ..... <b>2</b>		
3	Enter the applicable passive activity credits allowed for 2018. See instructions .....	3	
4	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	
6	Add lines 1, 3, 4, and 5 .....	6	316.

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>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</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return .....</li> <li>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 .....</li> </ul>	7	611,965.
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11 .....</li> <li>Corporations. Enter -0- .....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 ...</li> </ul>	8	
9	Add lines 7 and 8 .....	9	611,965.
10a	Foreign tax credit .....	10a	
b	Certain allowable credits (see instructions) .....	10b	
c	Add lines 10a and 10b .....	10c	
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 .....	11	611,965.
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- .....	12	611,965.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions .....	13	146,741.
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9 .....</li> <li>Corporations. Enter -0- .....</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 .....</li> </ul>	14	503,883.
15	Enter the greater of line 13 or line 14 .....	15	503,883.
16	Subtract line 15 from line 11. If zero or less, enter -0- .....	16	108,082.
17	Enter the <b>smaller</b> of line 6 or line 16 .....	17	316.
<b>C corporations:</b> 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)



**Part II Allowable Credit** (continued)

**Note:** 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	Passive activity credit from line 3 of all Parts III with box B checked .....	23	
24	Enter the applicable passive activity credit allowed for 2018. See instructions .....	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	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 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	
35	Carryback of business credit from 2019. 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 <b>smaller</b> of line 29 or line 36 .....	37	
38	<b>Credit allowed for the current year.</b> 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. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 .....</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c .....</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b .....</li> </ul>	38	316.

Name(s) shown on return

Identifying number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I 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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468) .....	1a	
b Reserved .....	1b	
c Increasing research activities (Form 6765) .....	1c	
d Low-income housing (Form 8586, Part I only) .....	1d	
e 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	** - * * * * *
l Biodiesel and renewable diesel fuels (attach Form 8864) .....	1l	316.
m Low sulfur diesel fuel production (Form 8896) .....	1m	
n Distilled spirits (Form 8906) .....	1n	
o Nonconventional source fuel (carryforward only) .....	1o	
p 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	
y 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	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I .....	<b>2</b>	<b>316.</b>
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II .....	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) .....	<b>4a</b>	
b Work opportunity (Form 5884) .....	<b>4b</b>	
c Biofuel producer (Form 6478) .....	<b>4c</b>	
d Low-income housing (Form 8586, Part II) .....	<b>4d</b>	
e Renewable electricity, refined coal, and Indian coal production (Form 8835) .....	<b>4e</b>	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) .....	<b>4f</b>	
g Qualified railroad track maintenance (Form 8900) .....	<b>4g</b>	
h Small employer health insurance premiums (Form 8941) .....	<b>4h</b>	
i Increasing research activities (Form 6765) .....	<b>4i</b>	
j Employer credit for paid family and medical leave (Form 8994) .....	<b>4j</b>	
z Other .....	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II .....	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .....	<b>6</b>	<b>316.</b>

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

Your social security number

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

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**Part I Alternative Minimum Taxable Income**

<b>1</b>	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 negative amount.)	<b>1</b>	1,818,317.
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	<b>2a</b>	10,000.
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	<b>2b</b>	-14,622.
<b>c</b>	Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction	<b>2f</b>	
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax	<b>2g</b>	
<b>h</b>	Qualified small business stock, see instructions	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>2k</b>	-167.
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) <b>STMT 18</b>	<b>2l</b>	25.
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>2m</b>	
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT)	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income)	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT)	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT)	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987	<b>2s</b>	
<b>t</b>	Intangible drilling costs preference	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	<b>4</b>	1,813,553.

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. (If you were under age 24 at the end of 2018, see instructions.) <b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b> Single or head of household ... \$500,000 ... \$70,300 Married filing jointly or qualifying widow(er) ... 1,000,000 ... 109,400 Married filing separately ... 500,000 ... 54,700 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	0.
<b>6</b>	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, and 11, and go to line 10	<b>6</b>	1,813,553.
<b>7</b>	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>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 amount from line 40 here.</li> <li><b>All others:</b> 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.</li> </ul>	<b>7</b>	503,883.
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7	<b>9</b>	503,883.
<b>10</b>	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 line (see instructions)	<b>10</b>	611,965.
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	<b>11</b>	0.

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

Form 6251 (2018)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 4 columns: Line number, Description, Line number, and Amount. Rows include calculations for capital gains tax, such as 'Enter the amount from Form 6251, line 6...' and 'Subtract line 16 from line 12...'. Final amounts are shown on lines 38, 39, and 40.





ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2018

Attachment Sequence No. 19

Form 1116

Department of the Treasury Internal Revenue Service (99)

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

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

Name: DOUGLAS C. EMHOFF & KAMALA D. HARRIS  
 Identifying number as shown on page 1 of your tax return: \*\*\*-\*\*-\*\*\*\*

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.

- a  Section 951A income
- c  Passive category income
- e  Section 901(j) income
- g  Lump-sum distributions
- b  Foreign branch income
- d  General category income
- f  Certain income re-sourced by treaty

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.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>i</b> Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES			
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	4,135.			1a 4,135.
<b>b</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)				<input type="checkbox"/>
<b>Deductions and losses (Caution: See instructions):</b>				
<b>2</b> Expenses definitely related to the income on line 1a (attach statement)	137,382.			
<b>3</b> Pro rata share of other deductions not definitely related:				
<b>a</b> Certain itemized deductions or standard deduction				
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b				
<b>d</b> Gross foreign source income	4,135.			
<b>e</b> Gross income from all sources	4,127,994.			
<b>f</b> Divide line 3d by line 3e	.001001697			
<b>g</b> Multiply line 3c by line 3f				
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	137,382.			6 137,382.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -133,247.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		In foreign currency			In U.S. dollars				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends		
A								33.	33.
B									
C									
<b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2								8	33.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2018)

**ALTERNATIVE MINIMUM TAX**

**Part III Figuring the Credit**

<b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	33.	
<b>10</b> Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10 .....	<b>11</b>	33.	
<b>12</b> Reduction in foreign taxes .....	<b>12</b>		
<b>13</b> Taxes reclassified under high tax kickout .....	<b>13</b>		
<b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		33.
<b>15</b> 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 .....	<b>15</b>	-133,247.	
<b>16</b> Adjustments to line 15 .....	<b>16</b>	133,247.	
<b>17</b> 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.) .....	<b>17</b>		
<b>18</b> <b>Individuals:</b> Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	<b>18</b>		
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		
<b>20</b> <b>Individuals:</b> Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	<b>20</b>		
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		
<b>22</b> Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV .....	<b>22</b>		0.

**Part IV Summary of Credits From Separate Parts III**

<b>23</b> Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b> Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b> Credit for taxes on general category income .....	<b>26</b>		
<b>27</b> Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b> Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b> Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b> Add lines 23 through 29 .....	<b>30</b>		
<b>31</b> Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		0.
<b>32</b> Reduction of credit for international boycott operations .....	<b>32</b>		
<b>33</b> Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a .....	<b>33</b>		0.



**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](http://www.irs.gov/ScheduleH) for instructions and the latest information.**

OMB No. 1545-1971

**2018**

Attachment  
Sequence No. **44**

Name of employer

DOUGLAS C. EMHOFF

Social security number

\*\*\*-\*\*-\*\*\*\*

Employer identification number

\*\*-\*\*\*\*\*

Calendar 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.

**B** 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.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1</b>	Total cash wages subject to social security tax .....	<b>1</b>	29,693.		
<b>2</b>	Social security tax. Multiply line 1 by 12.4% (0.124) .....			<b>2</b>	3,682.
<b>3</b>	Total cash wages subject to Medicare tax .....	<b>3</b>	29,693.		
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029).....			<b>4</b>	861.
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding .....	<b>5</b>			
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....			<b>6</b>	
<b>7</b>	Federal income tax withheld, if any .....			<b>7</b>	
<b>8</b>	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 .....	<b>8</b>			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 employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

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

Schedule H (Form 1040) 2018

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No." .....	<input checked="" type="checkbox"/>	
<b>11</b> Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions .....	<input checked="" type="checkbox"/>	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<input checked="" type="checkbox"/>	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions .....	CA		
<b>14</b> Contributions paid to your state unemployment fund .....	14		
<b>15</b> Total cash wages subject to FUTA tax .....	0% RATE	15	7,000.
<b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 .....		16	42.

**Section B**

**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

<b>18</b> Totals .....	18		
<b>19</b> Add columns (g) and (h) of line 18 .....	19		
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions) .....	20		
<b>21</b> Multiply line 20 by 6.0% (0.060) .....	21		
<b>22</b> Multiply line 20 by 5.4% (0.054) .....	22		
<b>23</b> Enter the <b>smaller</b> of line 19 or line 22 .....	23		
(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) .....	<input type="checkbox"/>	23	
<b>24</b> FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 .....	24		

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....	25	4,543.
<b>26</b> Add line 16 (or line 24) and line 25 .....	26	4,585.

**27** Are you required to file Form 1040?  
 **Yes. Stop.** Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. **Don't** complete Part IV below.  
 **No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_  
 City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

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.

**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.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) .....	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) .....	<b>2</b>		
<b>3</b>	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter .....	<b>3</b>		6,900.
<b>4</b>	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 .....	<b>4</b>		
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- .....	<b>5</b>		6,900.
<b>6</b>	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 amount to enter .....	<b>6</b>		6,900.
<b>7</b>	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 (see instructions) .....	<b>7</b>		
<b>8</b>	Add lines 6 and 7 .....	<b>8</b>		6,900.
<b>9</b>	Employer contributions made to your HSAs for 2018 .....	<b>9</b>		
<b>10</b>	Qualified HSA funding distributions .....	<b>10</b>		
<b>11</b>	Add lines 9 and 10 .....	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- .....	<b>12</b>		6,900.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 .....	<b>13</b>		
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II 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.

<b>14a</b>	Total distributions you received in 2018 from all HSAs (see instructions) .....	<b>14a</b>		425.
<b>b</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) .....	<b>14b</b>		
<b>c</b>	Subtract line 14b from line 14a .....	<b>14c</b>		425.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) .....	<b>15</b>		425.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	<b>16</b>		0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here .....		<input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (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 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 .....	<b>17b</b>		

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

**Part III** **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.

<b>18</b> Last-month rule .....	<b>18</b>	
<b>19</b> Qualified HSA funding distribution .....	<b>19</b>	
<b>20</b> <b>Total income.</b> 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 .....	<b>20</b>	
<b>21</b> <b>Additional tax.</b> 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 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box .....	<b>21</b>	

# Additional Medicare Tax

## 2018

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](http://www.irs.gov/Form8959) for instructions and the latest information.

Attachment  
Sequence No. **71**

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

Your social security number  
\*\*\*-\*\*-\*\*\*\*

### Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 .....	1	166,052.		
2 Unreported tips from Form 4137, line 6 .....	2			
3 Wages from Form 8919, line 6 .....	3			
4 Add lines 1 through 3 .....	4	166,052.		
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 .....	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 here and go to Part II .....	7			

### Part 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 -0- (Form 1040-PR and Form 1040-SS filers, see instructions) .....	8	1,739,750.		
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 .....	9	250,000.		
10 Enter the amount from line 4 .....	10	166,052.		
11 Subtract line 10 from line 9. If zero or less, enter -0- .....	11	83,948.		
12 Subtract line 11 from line 8. If zero or less, enter -0- .....	12			1,655,802.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13			14,902.

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

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

### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V .....	18			14,902.
--	----	--	--	---------

### Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 .....	19	2,408.		
20 Enter the amount from line 1 .....	20	166,052.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	2,408.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) .....	24			

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

## 2018

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return: **DOUGLAS C. EMHOFF & KAMALA D. HARRIS**      Your social security number or EIN: **\*\*\*-\*\*-\*\*\*\***

<b>Part I Investment Income</b>			
<input type="checkbox"/> Section 6013(g) election (see instructions)			
<input type="checkbox"/> Section 6013(h) election (see instructions)			
<input type="checkbox"/> Regulations section 1.1411-10(g) election (see instructions)			
<b>1</b>	Taxable interest (see instructions) .....	<b>1</b>	2,288.
<b>2</b>	Ordinary dividends (see instructions) .....	<b>2</b>	8.
<b>3</b>	Annuities (see instructions) .....	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>	1,548,315.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) <b>STATEMENT 19</b> .....	<b>4b</b>	-1,548,315.
<b>c</b>	Combine lines 4a and 4b .....	<b>4c</b>	0.
<b>5a</b>	Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>	1,257.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c .....	<b>5d</b>	1,257.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) .....	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions) <b>SEE STATEMENT 20</b> .....	<b>7</b>	530.
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	<b>8</b>	4,083.

<b>Part II Investment Expenses Allocable to Investment Income and Modifications</b>			
<b>9a</b>	Investment interest expenses (see instructions) .....	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions) .....	<b>9b</b>	1,418.
<b>c</b>	Miscellaneous investment expenses (see instructions) .....	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c .....	<b>9d</b>	1,418.
<b>10</b>	Additional modifications (see instructions) .....	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 .....	<b>11</b>	1,418.

<b>Part III Tax Computation</b>			
<b>12</b>	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- .....	<b>12</b>	2,665.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) .....	<b>13</b>	1,889,156.
<b>14</b>	Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	1,639,156.
<b>16</b>	Enter the smaller of line 12 or line 15 .....	<b>16</b>	2,665.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>17</b>	101.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) .....	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) .....	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c .....	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>21</b>	

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

**Line 7 - Deduction Recoveries Worksheet**

**CALIFORNIA**

*Keep for Your Records*

<p>1. Enter total amount of recovery included in gross income ..... 1. <u>202.</u></p> <ul style="list-style-type: none"> <li>• Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.</li> <li>• 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.</li> </ul>	<p>1. <u>202.</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center; font-weight: bold;">CAUTION</div> <span style="margin-left: 10px;"><i>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.</i></span>	
<p>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. <u>0.</u></p>	<p>2. <u>0.</u></p>
<p>3. Total amount of recovery (add lines 1 and 2) ..... 3. <u>202.</u></p>	<p>3. <u>202.</u></p>
<p>4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%.) ..... 4. <u>.036241614</u></p>	<p>4. <u>.036241614</u></p>
<p>5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) ..... 5. <u>7.</u></p>	<p>5. <u>7.</u></p>

**Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL**

<p>6. Multiply line 5 by 0.038 ..... 6. <u>0.</u></p>	<p>6. <u>0.</u></p>
<p>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 year's Form 8960, line 8 minus line 11) ..... 7. <u>49,746.</u></p>	<p>7. <u>49,746.</u></p>
<p>8. Add the amount of line 5 to line 7 ..... 8. <u>49,753.</u></p>	<p>8. <u>49,753.</u></p>
<p>9. 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 ..... 9. <u>1,891.</u></p>	<p>9. <u>1,891.</u></p>
<p>10. Enter the NIIT reported for the year of the deduction ..... 10. <u>1,890.</u></p>	<p>10. <u>1,890.</u></p>
<p>11. Subtract line 10 from line 9 ..... 11. <u>1.</u></p>	<p>11. <u>1.</u></p>
<p>12. Enter the smaller of line 6 or line 11 ..... 12. <u>0.</u></p>	<p>12. <u>0.</u></p>
<p>13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 ..... <b>AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.</b> ..... 13. <u>7.</u></p>	<p>13. <u>7.</u></p>

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

<p>14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) ..... 14. _____</p>	<p>14. _____</p>
<p>15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) ..... 15. _____</p>	<p>15. _____</p>
<p>16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 ..... 16. _____</p>	<p>16. _____</p>

**Line 7 - Deduction Recoveries Worksheet**

**CALIFORNIA**

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<p>1. Enter total amount of recovery included in gross income .....</p> <ul style="list-style-type: none"> <li>• Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.</li> <li>• 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.</li> </ul>	1.	<p><u>14,420.</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;"><b>CAUTION</b></div> <span style="margin-left: 10px;"><i>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.</i></span>		
<p>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 .....</p>	2.	<p><u>0.</u></p>
<p>3. Total amount of recovery (add lines 1 and 2) .....</p>	3.	<p><u>14,420.</u></p>
<p>4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and non-investment income, enter 100%.) .....</p>	4.	<p><u>.036241614</u></p>
<p>5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) .....</p>	5.	<p><u>523.</u></p>

**Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL**

<p>6. Multiply line 5 by 0.038 .....</p>	6.	<p><u>20.</u></p>
<p>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 year's Form 8960, line 8 minus line 11) .....</p>	7.	<p><u>49,746.</u></p>
<p>8. Add the amount of line 5 to line 7 .....</p>	8.	<p><u>50,269.</u></p>
<p>9. 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 .....</p>	9.	<p><u>1,910.</u></p>
<p>10. Enter the NIIT reported for the year of the deduction .....</p>	10.	<p><u>1,890.</u></p>
<p>11. Subtract line 10 from line 9 .....</p>	11.	<p><u>20.</u></p>
<p>12. Enter the smaller of line 6 or line 11 .....</p>	12.	<p><u>20.</u></p>
<p>13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7 .....</p>	13.	<p><u>523.</u></p>

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

<p>14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) .....</p>	14.	<p>_____</p>
<p>15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) .....</p>	15.	<p>_____</p>
<p>16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 .....</p>	16.	<p>_____</p>



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

Keep for Your Records

**Part III - Deductions Properly Allocable to Investment Income (Individuals Only)**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) ..... **2.** 1,418.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 ..... **4.** 1,418.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... **5.** 70,839.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense		N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))		N/A
(c)	Medical Expenses		N/A
(d)	Gambling Losses		N/A
(e)	Total of lines 6(a) through 6(d)	<b>6e.</b>	<u>N/A</u>

7. Subtract line 6e from line 5 ..... **7.** 70,839.

8. Enter the lesser of line 7 or line 4 ..... **8.** 1,418.

**TIP** This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

**Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)**

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
<b>Miscellaneous Itemized Deductions properly allocable to investment income:</b>				
1.	(a)	N/A	X	N/A
	(b)	N/A	X	N/A
2.	State, local, and foreign income taxes	1,418.	X	1.0000
<b>Itemized Deductions Included on Line 3 of Part III:</b>				
3.	(a)		X	
	(b)		X	

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

CALIFORNIA

Name(s) <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Your social security number or EIN ***-**-****
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**Part 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) .....		<b>1</b>	2,288.
2 Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a) .....		<b>2</b>	8.
3 Annuities from nonqualified plans .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5) .....	4a		1,548,315.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	4b		-1,548,315.
c Combine lines 4a and 4b .....		<b>4c</b>	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		1,257.
b Net gain or loss from disposition of property that is not subject to net investment income tax .....	5b		
c Adjustment from disposition of partnership interest or S corporation stock .....	5c		
d Combine lines 5a through 5c .....		<b>5d</b>	1,257.
6 Changes in investment income for certain CFCs and PFICs .....		<b>6</b>	
7 Other modifications to investment income .....		<b>7</b>	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	3,553.

**Part II State Income Tax Pro-ration for 2018 Income Tax Payments**

9 State total income .....		<b>9</b>	1,874,534.
10 State income tax payments for 2018 .....	<b>SEE STATEMENT 21</b>		105,349.
11 2018 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....		<b>11</b>	200.

**Part III State Income Tax Pro-ration for 2017 Estimate Payments Made in 2018**

12 State estimate payments for 2017 .....		<b>12</b>	
13 Percent of state income taxes attributable to investment income for 2017 .....		<b>13</b>	.036242
14 2017 state estimate payments attributable to investment income. Line 12 times line 13 .....		<b>14</b>	

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2018**

15 Balance of prior years tax plus extension payments paid in 2018 .....		<b>15</b>	45,000.
16 Percent of state income taxes attributable to investment income for 2017 .....		<b>16</b>	.036242
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....		<b>17</b>	1,631.

**Part V Reduction of State Tax Deduction**

18 Reduction of state tax deduction .....		<b>18</b>	( 11,396 )
19 Percent of state income taxes attributable to investment income for 2017 .....		<b>19</b>	.036242
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....		<b>20</b>	( 413 )

**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, line 2 .....		<b>21</b>	1,418.
--	--	-----------	--------

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DOUGLAS C. EMHOFF</b>	Social security number <b>***-**-****</b>	Business in which expenses were incurred <b>PARTNERSHIP EXPENSES</b>
---------------------------------------	--	---

**Part I Business Expenses and Reimbursements**

<b>STEP 1 Enter Your Expenses</b>		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1	13,336.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 22</b> .....	4	21,147.		
5 Meals expenses .....	5			4,900.
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	34,483.		4,900.

**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**

7 Enter amounts that were <b>not</b> 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**

8 Subtract line 7 from line 6 .....	8	34,483.		4,900.
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: Multiply by 80% (.80) instead of 50%) .....	9	34,483.		2,450.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10			36,933.

<b>Part II Vehicle Expenses</b>			(a) Vehicle <b>1</b>	(b) Vehicle
<b>Section A. - General Information</b>				
11	Enter the date vehicle was placed in service .....	11	12/01/17	
12	Total miles vehicle was driven during 2018 .....	12	5,700 miles	miles
13	Business miles included on line 12 .....	13	3,640 miles	miles
14	Percent of business use. Divide line 13 by line 12 .....	14	63.86 %	%
15	Average daily roundtrip commuting distance .....	15		miles
16	Commuting miles included on line 12 .....	16		miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	2,060 miles	miles
18	Was your vehicle available for personal use during off-duty hours? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Section B. - Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
----	--	----	--

<b>Section C. - Actual Expenses</b>			(a) Vehicle <b>1</b>	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	STMT 23 5,544.	
24a	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.	

**Section D. - Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(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 <b>smaller</b> 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	



2018 DEPRECIATION AND AMORTIZATION REPORT

PARTNERSHIP EXPENSES

FORM 2106/SBE- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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		HY19B	1,498.		1,498.		0.		1,498.	1,498.	0.
	MACHINERY & EQUIPMENT														
1	I PHONE	07/01/11	200DB	5.00		HY17	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.

**Depreciation and Amortization**  
 (Including Information on Listed Property)

**2018**

▶ Attach to your tax return. FORM 2106/SBE- 1

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
 Sequence No. 179

Name(s) shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	Business or activity to which this form relates <b>PARTNERSHIP EXPENSES</b>	Identifying number <b>***-**-****</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	1,000,000.															
2 Total cost of section 179 property placed in service (see instructions) .....	2	1,498.															
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,500,000.															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	0.															
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	1,000,000.															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:30%;">(c) Elected cost</th> </tr> <tr> <td>IPAD</td> <td style="text-align: right;">1,498.</td> <td style="text-align: right;">1,498.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	IPAD	1,498.	1,498.									
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost															
IPAD	1,498.	1,498.															
7 Listed property. Enter the amount from line 29 .....	7																
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	1,498.															
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	1,498.															
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 .....	10																
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	1,000,000.															
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	1,498.															
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 .....	▶ 13																

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

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

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

**Section A**

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

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

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

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

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	1,498.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

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 support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and depreciation.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44



## Form 1116

## U.S. and Foreign Source Income Summary

NAME			
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.	1,257.	
Business/Profession	732,500.	732,500.	
Rent/Royalty			
State/Local Refunds	14,622.	14,622.	
Partnership/S Corporation	SEE STATEMENT 25	3,230,621.	4,135.
Trust/Estate			
Other Income			
Gross Income	<u>4,142,783.</u>	<u>4,138,648.</u>	<u>4,135.</u>
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>4,142,783.</u>	<u>4,138,648.</u>	<u>4,135.</u>
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	<u>2,253,627.</u>	<u>2,116,245.</u>	<u>137,382.</u>
Adjusted Gross Income	<u>1,889,156.</u>	<u>2,022,403.</u>	<u>-133,247.</u>
Less Itemized Deductions:			
Specifically Allocated	27,259.	27,259.	
Home Mortgage Interest	33,580.	33,580.	
Other Interest			
Ratably Allocated	10,000.	9,990.	10.
Total Adjustments to Adjusted Gross Income	<u>70,839.</u>	<u>70,829.</u>	<u>10.</u>
Taxable Income	<u>1,818,317.</u>	<u>1,951,574.</u>	<u>-133,257.</u>

**Form 1116**

**Allocation of Itemized Deductions**

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

\*\*\*-\*\*-\*\*\*\*

	Total Itemized Deductions	Form 1116		
		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 .....				
<b>Total Itemized Deductions .....</b>	<b>70,839.</b>	<b>60,839.</b>		<b>10,000.</b>

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 available years to be carried to next year						33.

	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					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

\*\*\*-\*\*-\*\*\*\*

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 carried to next year						33.

	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					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					



**SELF-EMPLOYED RETIREMENT PLAN  
COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR  
FEDERAL 1040**

DOUGLAS C. EMHOFF

\*\*\*-\*\*-\*\*\*\*

<b>1. DEFINED CONTRIBUTIONS</b>		
a. Employer contributions made to the plan(s) for the sole proprietor or partner .....	61,000.	
b. Less amount allocated to insurance .....		
c. Net contributions, line 1a minus line 1b .....	61,000.	
d. Earned income of the sole proprietor or partner .....	1,534,840.	
e. Applicable percentage of line d <b>LIMITED TO MAXIMUM CONTRIBUTION</b> .....	55,000.	
f. Elective deferrals and catch-up contributions .....	6,000.	
g. Elective deferrals designed as Roth contributions .....		
h. Allowable deduction, lesser of (line 1c or line 1e) plus line f minus line g .....		61,000.
i. Excess contribution .....		
<b>2. DEFINED BENEFIT - Deductible contributions</b> .....		
<b>3. Total deductible contributions. Add line 1h and line 2</b> .....		<b>61,000.</b>



SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2017	2016	2015
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	202.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	202.		
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	25,816.		
LESS: TAX PAID IN FOLLOWING YEAR	11,396.		
NET TAX REFUNDS CALIFORNIA	14,420.		
TOTAL NET TAX REFUNDS	14,622.		



SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT		
		2017	2016	2015
	NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	14,622.		
	LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1	NET REFUNDS FOR RECALCULATION	14,622.		
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	209,760.		
3	DEDUCTION NOT SUBJ TO PHASEOUT			
4	NET REFUNDS FROM LINE 1	14,622.		
5	LINE 2 MINUS LINES 3 AND 4	195,138.		
6	MULT LN 5 BY APPL SEC. 68 PCT	156,110.		
7	PRIOR YEAR AGI	1,463,335.		
8	ITEM. DED. PHASEOUT THRESHOLD	313,800.		
9	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	1,149,535.		
10	MULT LN 9 BY APPL SEC. 68 PCT	34,486.		
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	160,652.		
12	ITEM DED. NOT SUBJ TO PHASEOUT			
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS	160,652.		
13B	PRIOR YR. STD. DED. AVAILABLE	12,700.		
14	PRIOR YR. ALLOWABLE ITEM. DED.	175,274.		
15	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	14,622.		
16	TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	14,622.		
17	ALLOWABLE PRIOR YR. ITEM. DED.	175,274.		
18	PRIOR YEAR STD. DED. AVAILABLE	12,700.		
19	SUBTRACT LINE 18 FROM LINE 17	162,574.		
20	LESSER OF LINE 16 OR LINE 19	14,622.		
21	PRIOR YEAR TAXABLE INCOME	1,288,061.		
22	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			14,622.
	STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015			
	TOTAL TO SCHEDULE 1, LINE 10			14,622.

SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 5

	2017	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	CALIFORNIA		
STATE TAX PAID IN FOLLOW YEAR	45,000.		
	<u>          </u> X	25,816. =	<u>          </u> 11,396.
TOTAL STATE TAX PAID 2017	101,940.		<u>          </u>

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SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 6

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DOUGLAS C. EMHOFF

DLA PIPER LLP

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS		1,623.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED		1,360,792.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	1,563,741.	
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.

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SCHEDULE 4 OTHER TAXES STATEMENT 7

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DESCRIPTION	AMOUNT
FROM FORM 8959	14,902.
FROM FORM 8960	101.
TOTAL TO SCHEDULE 4, LINE 62	15,003.





CSUN FOUNDATION	2,000.	
HOWARD UNIVERISTY	5,000.	
PUBLIC COUNSEL	1,000.	
PARSONS SCHOOL OF DESIGN	1,000.	
BET TZEDEK	2,500.	
WIKIPEDIA	20.	
SOUTH CENTRAL SCHOLARS	1,500.	
FROM K-1 - DLA PIPER LLP	7,106.	
FROM K-1 - DLA PIPER LLP		633.
SUBTOTALS	26,626.	633.
TOTAL TO SCHEDULE A, LINE 11		27,259.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 12

DESCRIPTION	AMOUNT
DOCTORS, DENTISTS, ETC.	2,688.
TOTAL TO SCHEDULE A, LINE 1	2,688.

SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES 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 LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES 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		202,949.	
DLA PIPER LLP		1,360,792.	
TOTAL TO SCHEDULE SE, LINE 2		1,563,741.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	16
DESCRIPTION		AMOUNT	
WRITER		320,125.	
TOTAL TO SCHEDULE SE, LINE 2		320,125.	

FORM 1116	EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME	STATEMENT	17
DESCRIPTION	COUNTRY	AMOUNT	
DLA PIPER LLP	OTHER COUNTRIES	2,838.	
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	OTHER COUNTRIES	1,451.	
KEOGH/SEP CONTRIBUTIONS	OTHER COUNTRIES	107,260.	
SELF-EMPLOYMENT TAX DEDUCTION	OTHER COUNTRIES	25,833.	
TOTAL TO FORM 1116, PART I, LINE 2		137,382.	

FORM 6251	DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986	STATEMENT	18
DESCRIPTION		AMOUNT	
FROM K-1 - DLA PIPER LLP		25.	
TOTAL TO FORM 6251, LINE 2L		25.	

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 19
VENABLE LLP		-202,949.
DLA PIPER LLP		-1,345,366.
AMOUNT TO FORM 8960, LINE 4B		-1,548,315.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 20
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	7.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	523.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	530.	530.
AMOUNT TO FORM 8960, LINE 7		530.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 21
CALIFORNIA		
DESCRIPTION		AMOUNT
UNITED STATE SENATE ESTIMATE OR PRIOR YEAR OVERPAYMENT		9,750.
		95,599.
TOTAL TO STATE FORM 8960, LINE 10		105,349.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 22
PARTNERSHIP EXPENSES		
DESCRIPTION		AMOUNT
INTEREST - VENABLE K-1		4,180.
PROFESSIONAL FEES		2,000.
TRAVEL		8,320.
MCTMT		807.
CELL PHONE		1,794.
INTERNET		1,668.
DUES & SUBSCRIPTIONS		400.
OFFICE EXPENSE		480.
DEPRECIATION		1,498.
TOTAL TO FORM 2106/SBE, PART I, LINE 4		21,147.



STATEMENT SBE	TOTAL GROSS VEHICLE EXPENSES	STATEMENT	23
PARTNERSHIP EXPENSES			
VEHICLE NUMBER 1			
GASOLINE AND OIL	1,596.		
REPAIRS	460.		
INSURANCE	2,988.		
MISCELLANEOUS	500.		
TOTAL TO STATEMENT SBE, PART II, LINE 23			5,544.

FORM 4562	PART I - BUSINESS INCOME	STATEMENT	24
INCOME TYPE		AMOUNT	
WAGES			157,352.
SCHEDULE C			320,125.
PARTNERSHIPS			1,563,741.
SECTION 179 EXPENSE			1,498.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11			2,042,716.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME	STATEMENT	25
DESCRIPTION		AMOUNT	
DLA PIPER LLP			4,135.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME			4,135.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	STATEMENT	26
DESCRIPTION		INCOME	LOSS
VENABLE LLP		202,949.	
DLA PIPER LLP		3,031,807.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS		3,234,756.	

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Your name

DOUGLAS C. EMHOFF

Your SSN or ITIN

\*\*\*-\*\*-\*\*\*\*

Spouse's/RDP's name

KAMALA D. HARRIS

Spouse's/RDP's SSN or ITIN

\*\*\*-\*\*-\*\*\*\*

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income, 2 Amount You Owe, 3 Refund or No Amount Due.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize [redacted] ERO firm name to enter my PIN [redacted] Do not enter all zeros

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

[ ] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature > \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date > 04/09/2019

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

[ ] I authorize [redacted] ERO firm name to enter my PIN [redacted] Do not enter all zeros

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

[X] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature > Date > 04/09/2019

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature > Date >

**2019 California Estimated Tax Worksheet** Keep this worksheet for your records.

**1 Residents:** Enter your estimated 2019 California AGI. Nonresidents and part-year residents: Enter your estimated 2019 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:  
 \$4,401 single or married/RDP filing separately  
 \$8,802 married/RDP filing jointly, head of household, or qualifying widow(er) ..... **2b** \_\_\_\_\_

**c** Enter the amount from line 2a or line 2b, whichever applies ..... **2c** \_\_\_\_\_

**3** Subtract line 2c from line 1 ..... **3** \_\_\_\_\_

**4** Tax. Figure your tax on the amount on line 3 using the 2018 tax table for Form 540, or Long Form 540NR. Also include any tax from form FTB 3800, Tax Computation for Certain 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 residents:**

**a** Enter your estimated 2019 California taxable income from Schedule CA (540NR), Part IV, line 5 ..... **5a** \_\_\_\_\_

**b** Compute the CA Tax Rate:  $\frac{\text{Tax on total taxable income from line 4}}{\text{Total taxable income from line 3}}$  ..... **5b** \_\_\_\_\_

**c** Multiply the amount on line 5a by the CA Tax Rate on line 5b ..... **5c** \_\_\_\_\_

**6 a Residents:** Enter the exemption credit amount from the 2018 instructions for Form 540 ..... **6a** \_\_\_\_\_

**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 ..... **6b** \_\_\_\_\_

**7 Nonresidents:** CA prorated exemption credits. Multiply the total exemption credit amount by line 6b ..... **7** \_\_\_\_\_

**8 Residents:** Subtract line 6a from line 4. **Nonresidents or part-year residents:** Subtract line 7 from line 5c ..... **8** \_\_\_\_\_

**9** Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts ..... **9** \_\_\_\_\_

**10** Add line 8 and line 9 ..... **10** \_\_\_\_\_

**11** Credits for joint custody head of household, dependent parent, senior head of household, and child and dependent care expenses ..... **11** \_\_\_\_\_

**Nonresidents and part-year residents:** For the child and dependent care expenses credit, use the amount from your 2018 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2018 credit amount by the ratio on line 6b.

**12** Subtract line 11 from line 10 ..... **12** \_\_\_\_\_

**13** Other credits (such as other state tax credit). See the 2018 instructions for Form 540, or Long Form 540NR ..... **13** \_\_\_\_\_

**14** Subtract line 13 from line 12 ..... **14** \_\_\_\_\_

**15** Interest on deferred tax from installment obligations under IRC Sections 453 or 453A ..... **15** \_\_\_\_\_

**16** Alternative Minimum Tax. See Schedule P (540 or 540NR) ..... **16** \_\_\_\_\_

**17** Mental Health Services Tax Worksheet, line E (on page 2 of these instructions) ..... **17** \_\_\_\_\_

**18** 2019 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero ..... **18** \_\_\_\_\_

**19 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 2018 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 2018 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.) ..... **19f** \_\_\_\_\_

**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 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 2019 estimated tax (line 18).

**20** California income tax withheld and estimated to be withheld during 2019 (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 ..... **ADJUSTED TO:** **21** 158,240

**22 Installment amount.** Multiply the amount on line 21 by 30%. Enter the results on the 1st and 4th installments of your Forms 540-ES. Multiply the amount 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 at an uneven rate during the year, see Annualization Option in the instructions under paragraph D.

**Record of Estimated Tax Payments**

Payment form number	(a) Date	(b) Web Pay/Credit card and confirmation number	(c) Amount paid	(d) 2018 overpayment applied	(e) Total amount paid and credited add (c) and (d)
1	04/15/19		\$ 44,945	\$ 2,525	\$ 47,470
2	06/17/19		63,300		63,300
3	09/16/19				
4	01/15/20		47,470		47,470
<b>Total</b>			<b>\$ 155,715</b>	<b>\$ 2,525</b>	<b>\$ 158,240</b>

2018

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

\*\*\*\_\*\*\_\*\*\*\* EMHO \*\*\*\_\*\*\_\*\*\*\*
DOUGLAS C EMHOFF
KAMALA D HARRIS

18 PBA 711510

A
R
RP

\*\*\_\*\*\*\*\* \*\*\_\*\*\*\*\*

Filing Status section with checkboxes for Single, Head of household, Married/RDP filing jointly, Married/RDP filing separately, and dependent status.

Exemptions section including dependent information (First Name, Last Name, SSN, relationship) and total exemption amount calculation.

Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

<b>Taxable Income</b>	12	State wages from your Form(s) W-2, box 16	• 12	157,352	00
	13	Enter federal adjusted gross income from Form 1040, line 7	⊙ 13	1,889,156	00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B	• 14	14,622	00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1,874,534	00
	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C	• 16		00
	17	California adjusted gross income. Combine line 15 and line 16	• 17	1,874,534	00
	18	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; OR Your California <b>standard deduction</b> 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 <b>taxable income</b> . If less than zero, enter -0-	⊙ 19	1,857,621	00

<b>Tax</b>	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	• 31	198,929	00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions	⊙ 32	0	00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	⊙ 33	198,929	00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	• 34		00
	35	Add line 33 and line 34	⊙ 35	198,929	00

<b>Special Credits</b>	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40		00
	43	Enter credit name <b>OTHER STATE</b> code • <b>187</b> and amount	• 43	54,817	00
	44	Enter credit name code • and amount	• 44		00
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45		00
	46	Nonrefundable renter's credit. See instructions	• 46		00
	47	Add line 40 through line 46. These are your total credits	⊙ 47	54,817	00
48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	144,112	00	

<b>Other Taxes</b>	61	Alternative minimum tax. Attach Schedule P (540)	• 61		00
	62	Mental Health Services Tax. See instructions	• 62	8,576	00
	63	Other taxes and credit recapture. See instructions	• 63		00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	152,688	00



Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

<b>Payments</b>	71 California income tax withheld. See instructions	• 71	9,750	00
	72 2018 CA estimated tax and other payments. See instructions	• 72	145,599	00
	73 Withholding (Form 592-B and/or 593). See instructions	• 73		00
	74 Excess SDI (or VPD) withheld. See instructions	• 74		00
	75 Earned Income Tax Credit (EITC)	• 75		00
	76 Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	155,349	00

<b>Use Tax</b>	91 Use Tax. Do not leave blank. See instructions	• 91	0	00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

<b>Overpaid Tax/ Tax Due</b>	92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	155,349	00
	93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		00
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	2,661	00
	95 Amount of line 94 you want applied to your 2019 estimated tax	• 95	2,525	00
	96 Overpaid tax available this year. Subtract line 95 from line 94	• 96	136	00
	97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		00

		Code	Amount
<b>Contributions</b>	California Seniors Special Fund. See instructions	• 400	
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	



Your name: **DOUGLAS C. EMHOFF** Your SSN or ITIN: **\*\*\*-\*\*-\*\*\*\***

		Code	Amount
Contributions	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	
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	
<b>110</b> Add code 400 through code 443. This is your total contribution .....	● <b>110</b>	.00	

Your name: DOUGLAS C. EMHOFF Your SSN or ITIN: \*\*\*-\*\*-\*\*\*\*

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Amount You Owe

Mail to: FRANCHISE TAX BOARD

PO BOX 942867

SACRAMENTO CA 94267-0001

111

Input field for amount due

Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax. Check the box: [X] FTB 5805 attached [ ] FTB 5805F attached 113 136.00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 0.00

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

Input field for refund amount

Refund and Direct Deposit

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

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

Form for direct deposit authorization with fields for routing number, type (Checking/Savings), account number, and direct deposit amount.

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

Form for direct deposit authorization with fields for routing number, type (Checking/Savings), account number, and direct deposit amount.

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

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

Signature lines for taxpayer, date, and spouse/RDP.

Sign Here

Fields for email address and preferred phone number.

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

Field for paid preparer's signature.

Joint tax return? (See instructions)

Fields for firm's name and PTIN.

Fields for firm's address and FEIN.

Fields for consent to discuss return and Third Party Designee's name and telephone number.



2018

# 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 *	<input checked="" type="radio"/> ***-**-****	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> **-*****	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> UNITED STATE SENATE	<input type="radio"/>
Address	<input checked="" type="radio"/> RM SH 127 HART OFFICE BLDG	<input type="radio"/>
City	<input checked="" type="radio"/> WASHINGTON	<input type="radio"/>
State	<input checked="" type="radio"/> DC	<input type="radio"/>
ZIP code	<input checked="" type="radio"/> 20510	<input type="radio"/>
e. Employee's first name *	<input checked="" type="radio"/> KAMALA	<input type="radio"/>
Middle initial *	<input checked="" type="radio"/> D	<input type="radio"/>
Last name *	<input checked="" type="radio"/> HARRIS	<input type="radio"/>
Suffix *	<input type="radio"/>	<input type="radio"/>
f. Employee address *	<input checked="" type="radio"/> [REDACTED]	<input type="radio"/>
City *	<input checked="" type="radio"/> [REDACTED]	<input type="radio"/>
State *	<input checked="" type="radio"/> [REDACTED]	<input type="radio"/>
ZIP code *	<input checked="" type="radio"/> [REDACTED]	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 157,352	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 23,426	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 128,400	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 7,961	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 2,408	<input type="radio"/>

W-2 Information		1st W-2		2nd W-2		
7. Social security tips	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
8. Allocated tips (not included in box 1)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
10. Dependent care benefits	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
11. Nonqualified plans	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
12. Codes and amounts		Codes	Amounts	Codes	Amounts	
12a.	<input type="radio"/>	<input type="text" value="D"/>	<input type="text" value="8,700"/>	<input type="radio"/>	<input type="text"/>	
12b.	<input type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="5,961"/>	<input type="radio"/>	<input type="text"/>	
12c.	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	
12d.	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="radio"/>	<input type="checkbox"/> Statutory employee		
	<input type="radio"/>	<input checked="" type="checkbox"/> Retirement plan	<input type="radio"/>	<input type="checkbox"/> Retirement plan		
	<input type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input type="radio"/>	<input type="checkbox"/> Third-party sick pay		
14. SDI, VPDI, or CA SDI (from box 14 or 19)	<input type="radio"/>	Type	Amount	<input type="radio"/>	Type	Amount
	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
15. State and employer's state ID number	<input type="radio"/>	State	Employer's state ID number	<input type="radio"/>	State	Employer's state ID number
	<input type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="805-0703-1"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
16. State wages, tips, etc.	<input type="radio"/>	<input type="text" value="157,352"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	
17. State income tax	<input type="radio"/>	<input type="text" value="9,750"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	



TAXABLE YEAR

**2018**

**California Adjustments - Residents**

SCHEDULE

**CA (540)**

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

Name(s) as shown on tax return

SSN or ITIN

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

\*\*\*-\*\*-\*\*\*\*

**Part I Income Adjustment Schedule**

**Section A - Income**

from federal Form 1040

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions	C Additions
<b>1</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C ..... <b>1</b>	<input checked="" type="radio"/> 157,352	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b> Taxable interest (a) <input checked="" type="radio"/> ..... <b>2(b)</b>	<input checked="" type="radio"/> 2,288	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Ordinary dividends. See instr. (a) <input checked="" type="radio"/> ..... <b>3(b)</b>	<input checked="" type="radio"/> 8	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> IRAs, pensions, and annuities. (a) <input checked="" type="radio"/> ..... <b>4(b)</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Social security benefits. (a) <input checked="" type="radio"/> ..... <b>5(b)</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Section B - Additional Income**

from federal Schedule 1 (Form 1040)

<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes ..... <b>10</b>	<input checked="" type="radio"/> 14,622	<input checked="" type="radio"/> 14,622	<input checked="" type="radio"/>
<b>11</b> Alimony received ..... <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Business income or (loss) ..... <b>12</b>	<input checked="" type="radio"/> 320,125	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Capital gain or (loss). See instructions ..... <b>13</b>	<input checked="" type="radio"/> 1,257	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Other gains or (losses) ..... <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15a</b> Reserved ..... <b>15(b)</b>			
<b>16a</b> Reserved ..... <b>16(b)</b>			
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. ..... <b>17</b>	<input checked="" type="radio"/> 1,548,315	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Farm income or (loss) ..... <b>18</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> Unemployment compensation ..... <b>19</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20a</b> Reserved ..... <b>20(b)</b>			
<b>21</b> Other income. a California lottery winnings <b>e</b> NOL from FTB 3805Z, 3806, 3807, or 3809 b Disaster loss deduction from FTB 3805V Federal NOL (federal Schedule 1 (Form 1040), line 21) <input checked="" type="radio"/> <b>f</b> Other (describe): c d e f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>22 Total.</b> Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C <b>22</b>	<input checked="" type="radio"/> 2,043,967	<input checked="" type="radio"/> 14,622	<input checked="" type="radio"/>

**Section C - Adjustments to Income**

from federal Schedule 1 (Form 1040)

<b>23</b> Educator expenses ..... <b>23</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials ..... <b>24</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>25</b> Health savings account deduction ..... <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Moving expenses. Attach federal Form 3903. See instr ..... <b>26</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>27</b> Deductible part of self-employment tax ..... <b>27</b>	<input checked="" type="radio"/> 33,188	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>28</b> Self-employed SEP, SIMPLE, and qualified plans ..... <b>28</b>	<input checked="" type="radio"/> 120,000	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>29</b> Self-employed health insurance deduction ..... <b>29</b>	<input checked="" type="radio"/> 1,623	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>30</b> Penalty on early withdrawal of savings ..... <b>30</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>31a</b> Alimony paid. (b) Recipient's SSN <input checked="" type="radio"/> Last name <input checked="" type="radio"/> ..... <b>31a</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>32</b> IRA deduction ..... <b>32</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>33</b> Student loan interest deduction ..... <b>33</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>34</b> Reserved ..... <b>34</b>			
<b>35</b> Reserved ..... <b>35</b>			
<b>36</b> Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions ..... <b>36</b>	<input checked="" type="radio"/> 154,811	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>37 Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions ..... <b>37</b>	<input checked="" type="radio"/> 1,889,156	<input checked="" type="radio"/> 14,622	<input checked="" type="radio"/>



Part II Adjustments to Federal Itemized Deductions		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions	C Additions
Check the box if you did NOT itemize for federal but will itemize for California <input checked="" type="radio"/> <input type="checkbox"/>				
<b>Medical and Dental Expenses</b>				
1	Medical and dental expenses ... <input checked="" type="radio"/>	2,688		
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/>	1,889,156		
3	Multiply line 2 by 7.5% (0.075) ... <input checked="" type="radio"/>	141,687		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	0		
<b>Taxes You Paid</b>				
5a	State and local income tax or general sales taxes ... <input checked="" type="radio"/>	201,715	201,715	
5b	State and local real estate taxes ... <input checked="" type="radio"/>	23,278		
5c	State and local personal property taxes ... <input checked="" type="radio"/>	447		
5d	Add lines 5a through 5c ... <input checked="" type="radio"/>	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 Enter the difference from line 5d and line 5e, col A in line 5e, col. C ... <input checked="" type="radio"/>	10,000	201,715	215,440
6	Other taxes. List type <input checked="" type="radio"/>			
7	Add lines 5e and 6 ... <input checked="" type="radio"/>	10,000	201,715	215,440
<b>Interest You Paid</b>				
8a	Home mortgage interest and points reported to you on Form 1098 ... <input checked="" type="radio"/>	33,580		
8b	Home mortgage interest not reported to you on Form 1098 ... <input checked="" type="radio"/>			
8c	Points not reported to you on Form 1098 ... <input checked="" type="radio"/>			
8d	Reserved ... <input checked="" type="radio"/>			
8e	Add lines 8a through 8c ... <input checked="" type="radio"/>	33,580		
9	Investment interest ... <input checked="" type="radio"/>			
10	Add lines 8e and 9 ... <input checked="" type="radio"/>	33,580		
<b>Gifts to Charity</b>				
11	Gifts by cash or check ... <input checked="" type="radio"/>	27,259		
12	Other than by cash or check ... <input checked="" type="radio"/>			
13	Carryover from prior year ... <input checked="" type="radio"/>			
14	Add lines 11 through 13 ... <input checked="" type="radio"/>	27,259		
<b>Casualty and Theft Losses</b>				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions ... <input checked="" type="radio"/>			
<b>Other Itemized Deductions</b>				
16	Other-from list in federal instructions ... <input checked="" type="radio"/>			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C ... <input checked="" type="radio"/>	70,839	201,715	215,440
18	<b>Total Adjustments to Federal Itemized Deductions.</b> Combine line 17 column A less column B plus column C ... <input checked="" type="radio"/>			84,564

**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions .....  19

20 Tax preparation fees .....  20 4,885

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

22 Add lines 19 through 21 .....  22 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 .....  25 0

26 **Total Itemized Deductions.** Add line 18 and line 25 .....  26 84,564

27 Other adjustments. See instructions. Specify .....  27

28 Combine line 26 and line 27 .....  28 84,564

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately ..... \$194,504

Head of household ..... \$291,760

Married/RDP filing jointly or qualifying widow(er) ..... \$389,013

No. Transfer the amount on line 28 to line 29. **LIMITED**

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 .....  29 16,913

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

Single or married/RDP filing separately. See instructions ..... \$4,401

Married/RDP filing jointly, head of household, or qualifying widow(er) ... \$8,802

Transfer the amount on line 30 to Form 540, line 18 .....  30 16,913





**Alternative Minimum Tax and  
Credit Limitations - Residents**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

**DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

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

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1		00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 7	<input checked="" type="radio"/> 2		00
3	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/> 3	23,725	00
4	Certain interest on a home mortgage <b>not</b> used to buy, build, or improve your home. See instructions	<input checked="" type="radio"/> 4		00
5	Miscellaneous itemized deductions. See instructions	<input checked="" type="radio"/> 5		00
6	Refund of personal property taxes and real property taxes. See instructions <b>Do not</b> include your state income tax refund on this line.	<input checked="" type="radio"/> 6 (		00)
7	Investment interest expense adjustment. See instructions	<input checked="" type="radio"/> 7		00
8	Post-1986 depreciation. See instructions	<input checked="" type="radio"/> 8	25	00
9	Adjusted gain or loss. See instructions	<input checked="" type="radio"/> 9	-167	00
10	Incentive stock options and California qualified stock options (QSOs). See instructions	<input checked="" type="radio"/> 10		00
11	Passive activities adjustment. See instructions	<input checked="" type="radio"/> 11		00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input checked="" type="radio"/> 12		00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
	a Circulation expenditures <input checked="" type="radio"/>	00	g Mining costs <input checked="" type="radio"/>	00
	b Depletion <input checked="" type="radio"/>	00	h Patron's adjustment <input checked="" type="radio"/>	00
	c Installment sales <input checked="" type="radio"/>	00	i Pollution control facilities <input checked="" type="radio"/>	00
	d Intangible drilling costs <input checked="" type="radio"/>	00	j Research and experimental <input checked="" type="radio"/>	00
	e Long-term contracts <input checked="" type="radio"/>	00	k Tax shelter farm activities <input checked="" type="radio"/>	00
	f Loss limitations <input checked="" type="radio"/>	00	l Related adjustments <input checked="" type="radio"/>	00
		<input checked="" type="radio"/> 13		00
14	Total Adjustments and Preferences. Combine line 1 through line 13	<input checked="" type="radio"/> 14	23,583	00
15	Enter taxable income from Form 540, line 19. See instructions	<input checked="" type="radio"/> 15	1,857,621	00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, line 21b, line 21d, and line 21e, column B. Enter as a positive amount	<input checked="" type="radio"/> 16		00
17	AMTI exclusion. See instructions <b>SEE STATEMENT 2</b>	<input checked="" type="radio"/> 17 (	315,838	00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	<input checked="" type="radio"/> 18 (	67,651	00)
	Single or married/RDP filing separately		\$194,504	
	Married/RDP filing jointly or qualifying widow(er)		\$389,013	
	Head of household		\$291,760	
19	Combine line 14 through line 18	<input checked="" type="radio"/> 19	1,497,715	00
20	Alternative minimum tax NOL deduction. See instructions	<input checked="" type="radio"/> 20		00
21	<b>Alternative Minimum Taxable Income.</b> Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$369,562, see instructions)	<input checked="" type="radio"/> 21	1,497,715	00

**Part II Alternative Minimum Tax (AMT)**

22	<b>Exemption Amount.</b> (If this schedule is for a certain child under age 24, see instructions.)			
	<b>If your filing status is:</b>	<b>And line 21 is not over:</b>	<b>Enter on line 22:</b>	
	Single or head of household	\$268,237	\$71,531	} <b>STMT 1</b> <input checked="" type="radio"/> 22
	Married/RDP filing jointly or qualifying widow(er)	\$357,650	\$95,373	
	Married/RDP filing separately	\$178,822	\$47,685	
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
23	Subtract line 22 from line 21. If zero or less, enter -0-	<input checked="" type="radio"/> 23	1,497,715	00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	<input checked="" type="radio"/> 24	104,840	00
25	Regular tax before credits from Form 540, line 31	<input checked="" type="radio"/> 25	198,929	00
26	<b>Alternative Minimum Tax.</b> Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2019, enter amount from line 26 on the 2019 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	<input checked="" type="radio"/> 26		0 00

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

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	198,929	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	104,840	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A - Credits that reduce excess tax.</b>				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 94,089	
<b>A1 Credits that reduce excess tax and have no carryover provisions.</b>				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input type="radio"/>		
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input type="radio"/>		
<b>A2 Credits that reduce excess tax and have carryover provisions.</b>				
6	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
7	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
8	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
9	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>		<input type="radio"/>
<b>Section B - Credits that may reduce tax below tentative minimum tax.</b>				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)		<input checked="" type="radio"/> 198,929	
<b>B1 Credits that reduce net tax and have no carryover provisions.</b>				
12	Code: 170 Credit for joint custody head of household	<input type="radio"/>		
13	Code: 173 Credit for dependent parent	<input type="radio"/>		
14	Code: 163 Credit for senior head of household	<input type="radio"/>		
15	Nonrefundable renter's credit	<input type="radio"/>		
<b>B2 Credits that reduce net tax and have carryover provisions.</b>				
16	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
17	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
18	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
19	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
<b>B3 Other state tax credit.</b>				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/> 54,817	<input checked="" type="radio"/> 54,817	<input checked="" type="radio"/> 144,112
<b>Section C - Credits that may reduce alternative minimum tax.</b>				
21	Enter your alternative minimum tax from Side 1, Part II, line 26		<input type="radio"/>	
22	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
23	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
24	Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61		<input type="radio"/>	





**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	16,860	16,860
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>16,860</b>	<b>16,860</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> AZ	7	437	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (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 Code 187	12	437	00



**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	539	539
<input checked="" type="radio"/> DLA PIPER LLP	14,716	14,716
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>15,255</b>	<b>15,255</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> DE	7	1,007	00
8 Double-taxed income taxable by other state. Enter the amount from Part 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	10	1.0000	
11 Multiply line 7 by line 10	11	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

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	45,862	45,862
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> 45,862	<input checked="" type="radio"/> 45,862

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929 <sup>00</sup>
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	45,862 <sup>00</sup>
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534 <sup>00</sup>
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0245
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	4,874 <sup>00</sup>
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> GA	<input checked="" type="radio"/> 7	2,752 <sup>00</sup>
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	45,862 <sup>00</sup>
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	45,862 <sup>00</sup>
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	2,752 <sup>00</sup>
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> 12	2,752 <sup>00</sup>

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 131,988	<input checked="" type="radio"/> 131,988
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>131,988</b>	<input checked="" type="radio"/> <b>131,988</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	131,988	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0704	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	14,005	00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> IL	<input checked="" type="radio"/> 7	6,533	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	131,988	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	131,988	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	6,533	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	<input checked="" type="radio"/> 12	6,533	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 1,187	<input checked="" type="radio"/> 1,187
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>1,187</b>	<input checked="" type="radio"/> <b>1,187</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929 <sup>00</sup>
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	1,187 <sup>00</sup>
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534 <sup>00</sup>
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0006
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	119 <sup>00</sup>
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> IA	<input checked="" type="radio"/> 7	39 <sup>00</sup>
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	1,187 <sup>00</sup>
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	1,187 <sup>00</sup>
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	39 <sup>00</sup>
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> 12	39 <sup>00</sup>



**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	47,010	47,010
<input checked="" type="radio"/> DLA PIPER LLP	83,283	83,283
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>130,293</b>	<b>130,293</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> MD	7	9,762	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (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 Code 187	12	9,762	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 63,837	<input checked="" type="radio"/> 63,837
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b> .....	<input checked="" type="radio"/> <b>63,837</b>	<input checked="" type="radio"/> <b>63,837</b>

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

<b>2</b> California tax liability .....	<input checked="" type="radio"/>	<b>2</b>	198,929	00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) .....	<input checked="" type="radio"/>	<b>3</b>	63,837	00
<b>4</b> California adjusted gross income .....	<input checked="" type="radio"/>	<b>4</b>	1,874,534	00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000 .....	<input checked="" type="radio"/>	<b>5</b>	.0341	
<b>6</b> Multiply line 2 by line 5 .....	<input checked="" type="radio"/>	<b>6</b>	6,783	00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> MA .....	<input checked="" type="radio"/>	<b>7</b>	3,256	00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) .....	<input checked="" type="radio"/>	<b>8</b>	63,837	00
<b>9</b> Adjusted gross income taxable by other state .....	<input checked="" type="radio"/>	<b>9</b>	63,837	00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000 .....	<input checked="" type="radio"/>	<b>10</b>	1.0000	
<b>11</b> Multiply line 7 by line 10 .....	<input checked="" type="radio"/>	<b>11</b>	3,256	00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> .....	<input checked="" type="radio"/>	<b>12</b>	3,256	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	6,885	6,885
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>6,885</b>	<b>6,885</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> 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 Code 187	12	678	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	19,595	19,595
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>19,595</b>	<b>19,595</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> NJ	7	1,758	00
8 Double-taxed income taxable by other state. Enter the amount from Part 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



**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	29,633	29,633
<input checked="" type="radio"/> DLA PIPER LLP	236,201	236,201
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>265,834</b>	<b>265,834</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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 abbreviation) <input checked="" type="radio"/> NY	7	24,254	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	265,834	00
9 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	10	1.0000	
11 Multiply line 7 by line 10	11	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

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	7,614	7,614
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>7,614</b>	<b>7,614</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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) <input checked="" type="radio"/> NC	7	419	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	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 Code 187	12	419	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 3,471	<input checked="" type="radio"/> 3,471
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>3,471</b>	<input checked="" type="radio"/> <b>3,471</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929 <sup>00</sup>
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	3,471 <sup>00</sup>
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534 <sup>00</sup>
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0019
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	378 <sup>00</sup>
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> OH	<input checked="" type="radio"/> 7	173 <sup>00</sup>
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	3,471 <sup>00</sup>
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	3,471 <sup>00</sup>
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	173 <sup>00</sup>
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> 12	173 <sup>00</sup>

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 44,194	<input checked="" type="radio"/> 44,194
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>44,194</b>	<input checked="" type="radio"/> <b>44,194</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929 <sup>00</sup>
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	44,194 <sup>00</sup>
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534 <sup>00</sup>
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0236
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	4,695 <sup>00</sup>
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> PA	<input checked="" type="radio"/> 7	1,357 <sup>00</sup>
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	44,194 <sup>00</sup>
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	44,194 <sup>00</sup>
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	1,357 <sup>00</sup>
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> 12	1,357 <sup>00</sup>



**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> VENABLE LLP	7,994	7,994
<input type="radio"/>		
<input type="radio"/>		
<b>1 Total double-taxed income</b>	<b>7,994</b>	<b>7,994</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions 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	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 abbreviation) <input checked="" type="radio"/> VA	7	460	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	7,994	00
9 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	10	1.0000	
11 Multiply line 7 by line 10	11	460	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187	12	460	00

**2018 Other State Tax Credit**

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

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
<b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>	***-**-****

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

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DLA PIPER LLP	<input checked="" type="radio"/> 33,619	<input checked="" type="radio"/> 33,619
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>33,619</b>	<input checked="" type="radio"/> <b>33,619</b>

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

2 California tax liability	<input checked="" type="radio"/> 2	198,929 <sup>00</sup>
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	33,619 <sup>00</sup>
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,874,534 <sup>00</sup>
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.0179
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	3,561 <sup>00</sup>
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> VI	<input checked="" type="radio"/> 7	1,932 <sup>00</sup>
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	33,619 <sup>00</sup>
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	33,619 <sup>00</sup>
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	1,932 <sup>00</sup>
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b>	<input checked="" type="radio"/> 12	1,932 <sup>00</sup>

Enterprise Zone Deduction and Credit Summary

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:

- [X] Individual [ ] Estate [ ] Trust [ ] C corporation [ ] S corporation [ ] Partnership [ ] Exempt organization [ ] Limited liability company [ ] Limited 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:

LOS ANGELES - EAST

E. Enter the Principal Business Activity Code of the EZ Business. For Long Beach EZ, enter SIC code, 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) 1a
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b) 1b
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

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, line 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 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) 3c



**Schedule Z Computation of Credit Limitations - Enterprise Zones**

**Part I Computation of Credit Limitations.** See instructions.

1	Trade or business income. <b>Individuals:</b> Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input checked="" type="radio"/>	1
2	<b>Corporations:</b> Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions		2
3	Multiply line 1 by line 2		3
4	Enter the EZ NOL deduction from Worksheet III, line 9, column (c)		4
5	EZ taxable income. Subtract line 4 from line 3	<input checked="" type="radio"/>	5
6	<b>a</b> Compute the amount of tax due using the amount on line 5. See instructions	<input checked="" type="radio"/>	6a
	<b>b</b> Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions		6b
			198,929
7	Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input checked="" type="radio"/>	7

**Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts.** 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 sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input checked="" type="radio"/>	<input checked="" type="radio"/>	
	B	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Sales or use tax credit carryover	A				<input checked="" type="radio"/>	<input checked="" type="radio"/>	
	B		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Part III Limitation of Credits for S corporations Only.** See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Sales or use tax credit carryover			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Part IV 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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Sales or use tax credit carryover		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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



Enterprise Zone Deduction and Credit Summary

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:

- [X] Individual [ ] Estate [ ] Trust [ ] C corporation [ ] S corporation [ ] Partnership [ ] Exempt organization [ ] Limited liability company [ ] Limited 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 code, 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) 1a
b Hiring credit recapture from Worksheet IA, Section B, line 2, column (b) 1b
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

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, line 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 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) 3c

**Schedule Z Computation of Credit Limitations - Enterprise Zones**

**Part I Computation of Credit Limitations.** See instructions.

1	Trade or business income. <b>Individuals:</b> Enter the amount from the Worksheet II, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations filing a combined report, enter the taxpayer's business income apportioned to California. See instructions for form FTB 3805Z, Part II	<input checked="" type="radio"/>	1
2	<b>Corporations:</b> Enter the average apportionment percentage from Worksheet II, Section A, line 4. See instructions		2
3	Multiply line 1 by line 2		3
4	Enter the EZ NOL deduction from Worksheet III, line 9, column (c)		4
5	EZ taxable income. Subtract line 4 from line 3	<input checked="" type="radio"/>	5
6	<b>a</b> Compute the amount of tax due using the amount on line 5. See instructions	<input checked="" type="radio"/>	6a
	<b>b</b> Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations and S corporations, see instructions		6b
			198,929
7	Enter the smaller of line 6a or line 6b. This is the limitation based on the EZ business income. Go to Part II, Part III, or Part IV. See instructions	<input checked="" type="radio"/>	7

**Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts.** 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 sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on EZ business income	(g) Credit used on Sch. P. Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
8 Hiring credit	A				<input checked="" type="radio"/>	<input checked="" type="radio"/>	
	B	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Sales or use tax credit carryover	A				<input checked="" type="radio"/>	<input checked="" type="radio"/>	
	B		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Part III Limitation of Credits for S corporations Only.** See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
10 Hiring credit	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Sales or use tax credit carryover			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Part IV 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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Sales or use tax credit carryover		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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



# Underpayment of Estimated Tax by Individuals and Fiduciaries

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 & 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 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 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 2018 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 ..... 1  Yes  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 ..... 2  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? ..... 3  Yes  No

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 E ..... 4  Yes  No



**Part 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. <b>Do not</b> 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. <b>Do not</b> file form FTB 5805 .....	4	142,938	00
5	Enter the tax shown on your 2017 tax return. <b>See instructions.</b> (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 <b>smaller</b> 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	00

**Short Method**

**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 (page 4).

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 .....	8		00												
9	Add line 7 and line 8 .....	9		00												
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 .....	10		00												
11	Multiply line 10 by .03103836 .....	11		00												
12	<ul style="list-style-type: none"> <li>● If the amount on line 10 was paid <b>on or after</b> 4/15/19, enter -0-</li> <li>● If the amount on line 10 was paid <b>before</b> 4/15/19, enter the result of the following computation:</li> </ul> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: right;">Amount on</td> <td></td> <td style="text-align: right;">Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">line 10</td> <td style="text-align: center;">X</td> <td style="text-align: right;">before 4/15/19</td> <td style="text-align: center;">X</td> <td style="text-align: right;">.00014</td> <td></td> </tr> </table>	Amount on		Number of days paid				line 10	X	before 4/15/19	X	.00014		12		00
Amount on		Number of days paid														
line 10	X	before 4/15/19	X	.00014												
13	<b>PENALTY.</b> 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." ►	<input checked="" type="radio"/> 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.

**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.

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.

	(a) 1/1/18 to 3/31/18	(b) 1/1/18 to 5/31/18	(c) 1/1/18 to 8/31/18	(d) 1/1/18 to 12/31/18
<b>1</b> 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				
<b>2</b> Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2				
<b>4</b> 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				
<b>5</b> Annualization amounts	4	2.4	1.5	1
<b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
<b>7</b> 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				
<b>8</b> Enter line 6 or line 7, whichever is larger				
<b>9</b> Subtract line 8 from line 3				
<b>10</b> 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 or Trusts, see instructions				
<b>11</b> 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				
<b>12</b> Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I in the instructions				
<b>13</b> Enter the total credit amount from your 2018 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see instructions				
<b>14 a</b> Subtract line 13 from line 12. If zero or less, enter -0-				
<b>14 b</b> Enter the alternative minimum tax and mental health tax				
<b>14 c</b> Add line 14a and line 14b				
<b>14 d</b> Enter the excess SDI from Form 540, line 74 or Long Form 540NR, line 84				
<b>14 e</b> Subtract line 14d from line 14c. If zero or less, enter -0-				
<b>15</b> Applicable percentage	27%	63%	63%	90%
<b>16</b> Multiply line 14e by line 15				
<b>Complete Line 17 through Line 23 of each column before you go to the next column.</b>				
<b>17</b> Enter the combined amounts shown on line 23 from all preceding columns				
<b>18</b> Subtract line 17 from line 16. If zero or less, enter -0-				
<b>19</b> 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				
<b>20</b> Enter the amount from line 22 from the preceding column				
<b>21</b> Add line 19 and line 20				
<b>22</b> Subtract line 18 from line 21. If zero or less, enter -0-				
<b>23</b> 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	⊙	⊙	⊙	⊙

**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.**

**Worksheet II Regular Method to Figure Your Underpayment and Penalty.**

Part I Figure Your Underpayment.		Payment Due Dates			
		(a) 4/15/18	(b) 6/15/18	(c) 9/15/18	(d) 1/15/19
1 <b>Required Installments.</b> 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
<b>COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.</b>					
3 Enter amount, if any, from line 9 of previous column ...	3		37,299	6,231	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 <b>Underpayment.</b> 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
9 <b>Overpayment.</b> 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
<b>April 15, 2018 - December 31, 2018</b>		Days:	Days:	Days:	
10 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				
11 Underpayment on line 8 X Number of 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
<b>January 1, 2019 - April 15, 2019</b>		Days:	Days:	Days:	Days:
12 Number of days from the date shown above line 12 to the date the amount on line 8 was paid or 04/15/19, whichever is earlier .....	12	<b>SEE ATTACHED WORKSHEET</b>			
13 Underpayment on line 8 X Number of 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 on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, and check the box on that line ..... **14 \$ 136**



California	Exemption Credit - AGI Limitation Worksheet	2018
Name(s) as shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Social security number ***-**-****

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI ..... a 1,889,156
- b. Enter the amount for your filing status on line b:
 

Single or married/RDP filing separate .....	\$194,504	}	.....	b	<u>389,013</u>
Married/RDP filing joint or qualifying widow(er) .....	\$389,013				
Head of household .....	\$291,760				
- c. Subtract line b from line a ..... c 1,500,143
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).  
**Note:** If the result 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 dollar amount from Form 540, line 7, line 8 and line 9 ..... h 236
- i. Subtract line g from 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 3,606
- l. Enter the dollar amount from Form 540, line 10 ..... l 367
- m. Subtract line k from line l. 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
Name(s) as shown on return <b>DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS</b>		Social security number ***-**-****
1. Enter the amount from Schedule CA (540), line 28 or Schedule CA (540NR), line 28 .....		84,564
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7) .....		
3. Subtract line 2 from line 1 .....		84,564
<b>Note:</b> 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 below for your filing status: - Single or married/RDP filing separate, enter \$194,504 - Head of household, enter \$291,760 - Married/RDP filing joint or qualifying widow(er), enter \$389,013		389,013
7. Subtract line 6 from line 5 .....		1,500,143
<b>Note:</b> If -0- or less, stop. 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% (.06) .....		90,009
9. Compare line 4 and line 8. Enter the smaller amount here .....		67,651
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		16,913

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**2018 Income from Passthroughs**

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CA

VENABLE LLP

I.D. NUMBER: \*\*-\*\*\*\*\*

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	202,949
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NET INCOME (LOSS) FOR ENTITY	<u>202,949</u>
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ACTIVITY INFORMATION:

VENABLE LLP

ORDINARY INCOME (LOSS)	202,949	
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TOTAL NONPASSIVE GAIN (LOSS)	<u>202,949</u>	<u>202,949</u>
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2018 Income from Passthroughs

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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 -36,933

ORDINARY INCOME (LOSS) 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 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.	1,186,395
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
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities .....	5.	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.	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
<b>Caution:</b> 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 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 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
<b>Caution:</b> 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.		

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SCHEDULE P	LINE 22 EXEMPTION WORKSHEET	STATEMENT	1
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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.
2. 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 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$178,822 IF MARRIED/RDP FILING SEPARATELY	357,650.
4. SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0-	1,140,065.
5. 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.
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 SCHEDULE P (540), PART II, LINE 22	

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CA SCHEDULE P	AMTI EXCLUSION	STATEMENT	2
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DESCRIPTION	AMOUNT
KAMALA D. HARRIS	315,838.
TOTAL TO SCHEDULE P, PART I, LINE 17	315,838.



**ALTERNATIVE MINIMUM TAX**  
**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership**  
*(Keep for your records.)*

Name of Entity: **VENABLE LLP**

EIN: **\*\* - \*\*\*\*\***

<b>1.</b> 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 .....	<b>1.</b>	<u>899,655</u>
Increases:		
<b>2.</b> Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero) .....	<b>2.</b>	<u>34,685</u>
<b>3.</b> 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) .....	<b>3.</b>	<u>0</u>
<b>4.</b> 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 .....	<b>4.</b>	<u>202,949</u>
<b>5.</b> Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities .....	<b>5.</b>	<u>0</u>
<b>6.</b> 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 .....	<b>6.</b>	<u>0</u>
Decreases:		
<b>7.</b> 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) .....	<b>7.</b>	<u>237,634</u>
<b>Caution:</b> A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.		
<b>8.</b> 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) .....	<b>8.</b>	<u>0</u>
<b>9.</b> Your share of the partnership's nondeductible expenses that are not capital expenditures .....	<b>9.</b>	<u>0</u>
<b>10.</b> 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 .....	<b>10.</b>	<u>0</u>
<b>11.</b> 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 .....	<b>11.</b>	<u>0</u>
<b>12.</b> Your share of the adjusted basis of charitable property contributions and foreign taxes paid or accrued .....	<b>12.</b>	<u>0</u>
<b>13.</b> 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-.) .....	<b>13.</b>	<u>899,655</u>
<b>Caution:</b> 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.		