

Review

#### Selected Account:New Era Alabama

Your application has been filed with the Alabama Medical Cannabis Commission.

Your reference code is **1645**.

File Date: 12/30/2022 8:14 AM

Your transaction ID is: 89091382
Transaction Token: 6c12415a-309a-4c4e-9ba2-125218f6f79d

f you do not receive email notifications, please check your spam folder.

You must print or save this page as a PDF as part of your redacted filing.

### **Request for Business Application Information**

**✓ Request Number**: 0494

### **General Applicant Information**

✓ Applicant Name: Kush Medicinal LLC ✓ Applying as: Business Entity Trade Name : (DBAs)

Number

 Identification
 : FEIN
 ✓ Federal Tax
 : 921030713
 ✓ Business Entity
 : Kush Medicinal LLC

 Number Type
 Identification
 Name

 ✓ Business Entity
 : Limited Liability Com
 ✓ Secretary of State : 001048881
 ✓ Federal Business : 424590

 Type
 pany
 Entity ID Number
 Code No

✓ Date of Qualification, Organization or Incorporation:
11/11/202
2

#### **Applicant Street Address**

VD

✓ Street: 8107 WYNLAKES BL Unit No / Apt No: ✓ City: MONTGOMERY

✓ County: 51-Montgomery ✓ State: Alabama ✓ Zip Code: 36117

✓ Address Verified?: Yes

### **Applicant Mailing Address**

 ✓ Street:
 8107 WYNLAKES BL
 Unit No / Apt No:
 ✓ City:
 MONTGOMERY

 VD

✓ State: Alabama ✓ Zip Code: 36117

✓ Address Verified?: Yes

Applicant Website: 

✓ Applicant Email : neweradispensary.nj

✓ Applicant Phone : 5515803647

Address @gmail.com Number

✓ Doy	you have a management service agreement in p	lace?.			No
	Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group?				
	es the applicant verify that it is: (1) at least 51% or minority group (as defined by 20-2A-51(b)), and up?				
Primary	y Contact Person				
<b>✓</b> Firs	t Name: Toral	<b>~</b>	Last Name: Patel	<b>~</b> 1	Fitle: COO
<b>✓</b> Pho	one Number: 2018503719	<b>~</b>	Email: aminreena01@gmai l.com		
<b>✓</b> Stre	eet: 9 AZALEA PL		Unit No / Apt No:	<b>~</b> (	City: PISCATAWAY
<b>✓</b> Stat	te: New Jersey	<b>~</b>	<b>Zip Code:</b> 08854		
<b>✓</b> Add	Iress Verified?: Yes				
License	e Information				
<b>✓</b> Lice	ense Type: Dispensary				
Facility	Information				
Facility	Information				
<b>✓</b> Fac	ility Type: Dispensary				
Physica	l Address				
<b>✓</b> Stre	eet: 2104 W POINT PKWY		Unit No / Apt No:	<b>~</b> (	City: OPELIKA
<b>✓</b> Cou	inty: 41-Lee	~	State: Alabama	<b>✓</b> 2	Zip Code: 36801
•	Iress : Yes ified?				
Facility	Information Questions				
	olicant's interest in property : Leases/Rents ere proposed facility is ated				
-	nis facility under : No struction?				

The number of days, if awarded a license, within which the Applicant : 180 reasonably projects it will commence operations at this facility The number of days, if awarded a license, within which the Applicant : 210 reasonably projects it will reach full capacity at this facility Does the applicant verify that this proposed facility will be in a permissible : Yes location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? ✓ Facility Type: Dispensary **Physical Address** Street: 2500 Central Parkway Unit No / Apt No: City: Montgomery County: 51-Montgomery State: Alabama Zip Code: 36106 Address : Yes Verified? **Facility Information Questions** ✓ Applicant's interest in property: Agreement Contingent on Receipt of L where proposed facility is located Is this facility under : No construction? The number of days, if awarded a license, within which the Applicant : 180 reasonably projects it will commence operations at this facility The number of days, if awarded a license, within which the Applicant : 210 reasonably projects it will reach full capacity at this facility Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? **Ownership of Applicant** Select type of record: Individual Does the individual have an ownership interest in the applicant? Individual Legal First : Rinaben Legal Middle : Rakesh Legal Last : Patel Name Name Name Suffix: Phone Number: 3345468901 Email Address: aminreena01@gmail.c Date of Birth: 03/20/1975 Social Security : ✓ Race/Ethnicity: Asian Number

<b>~</b>	Ownership : 43 Percentage of the Applicant	<b>~</b>	Role: Officer		
Resid	dence Address				
•	Street: 8107 WYNLAKES BLVD		Unit No / Apt No:	~	City: MONTGOMERY
<b>~</b>	State: Alabama	~	<b>Zip Code:</b> 36117		
<b>~</b>	Address : Yes Verified?				
•	Select type of record: Individual				
<b>~</b>	Does the individual have an : Yes ownership interest in the applicant?				
Indiv	idual				
<b>~</b>	Legal First : Mitalbahen Name	<b>~</b>	Legal Middle : Ramjibhai Name	<b>~</b>	Legal Last : Patel Name
	Suffix:	<b>~</b>	Phone Number: 3342337249	<b>~</b>	Email Address: patelmitalr01@gmail.c om
~	<b>Date of Birth:</b> 04/29/1975	<b>~</b>	Social Security :	<b>~</b>	Race/Ethnicity: Asian
<b>~</b>	Ownership : 51 Percentage of the Applicant	<b>~</b>	Role: Officer		
Resid	dence Address				
~	Street: 8832 PEMBERTON PAR K		Unit No / Apt No:	<b>~</b>	City: MONTGOMERY
<b>~</b>	State: Alabama	~	<b>Zip Code:</b> 36117		
<b>~</b>	Address : Yes Verified?				
•	Select type of record: Individual				
<b>~</b>	Does the individual have an : Yes ownership interest in the applicant?				
Indiv	idual				
~	Legal First : Toral Name	<b>~</b>	Legal Middle : Suryakant Name	<b>~</b>	Legal Last : Patel Name
	Suffix:	<b>~</b>	Phone Number: 5515803647	<b>~</b>	Email Address: toralpatel19@yahoo.co m
<b>~</b>	<b>Date of Birth:</b> 06/19/1986	<b>~</b>	Social Security : Number	<b>~</b>	Race/Ethnicity: Asian

<ul><li>Ownership : 5</li><li>Percentage of the Applicant</li></ul>	✓ Role: Officer	
Residence Address		
✓ Street: 9 AZALEA PL	Unit No / Apt No:	✓ City: PISCATAWAY
✓ State: New Jersey	✓ Zip Code: 08854	
✓ Address : Yes Verified?		
✓ Select type of record: Individual		
Does the individual have an : Yes ownership interest in the applicant?		
Individual		
✓ Legal First : Sergio Name	✓ Legal Middle : de Valdez Name	✓ Legal Last : Barraza-Ingstrom Name
Suffix:	<b>✔ Phone Number:</b> 2132986565	✓ Email Address: sergio@3ccannabis.co m
✓ Date of Birth: 11/22/1988	✓ Social Security Number	✓ Race/Ethnicity: Hispanic
<ul><li>Ownership : 0.5</li><li>Percentage of the Applicant</li></ul>	✓ Role: Officer	
Residence Address		
✓ Street: 6251 E 28TH ST	Unit No / Apt No:	✓ City: TUCSON
✓ State: Arizona	✓ <b>Zip Code:</b> 85711	
✓ Address : Yes Verified?		
Select type of record: Individual		
Does the individual have an : Yes ownership interest in the applicant?		
Individual		
✓ Legal First : Adam  Name	✓ Legal Middle : Michael Name	✓ Legal Last : Dalton Name
Suffix:	<b>✔ Phone Number:</b> 5205611198	✓ Email Address: adam.d@3ccannabis.c om
<b>✓ Date of Birth:</b> 12/12/1993	✓ Social Security: Number	✓ Race/Ethnicity: Caucasian

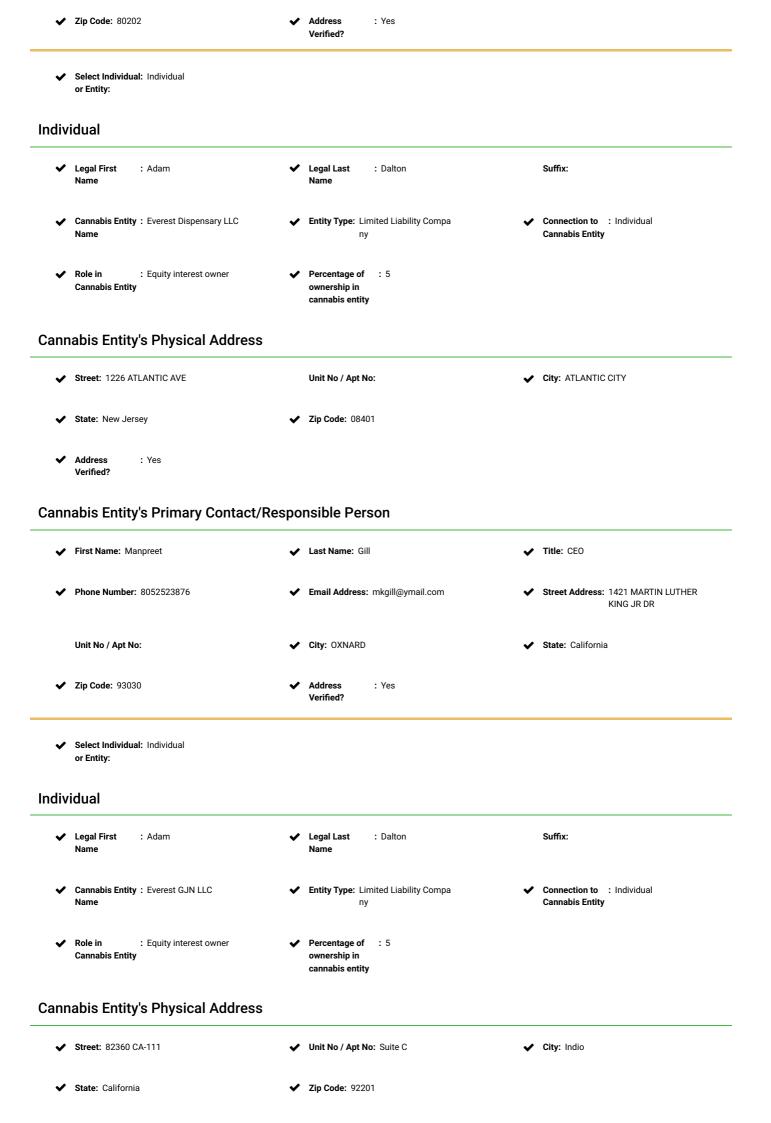
	Percentage of the Applicant		
Resid	dence Address		
~	Street: 236 S 3RD AVE	Unit No / Apt No:	✓ City: TUCSON
~	State: Arizona	<b>✓ Zip Code</b> : 85701	
•	Address : Yes Verified?		
Canr	nabis Industry Entities		
•	limited to, the cultivation, processing, package Alabama or any other jurisdiction? (1) an individual with an ownership interest in	l with an ownership interest in the applicant; or	
~	Select Individual: Individual or Entity:		
Indivi	idual		
<b>~</b>	Legal First : Toral Name	✓ Legal Last : Patel Name	Suffix:
~	Cannabis Entity: Silver Leaf Wellness LL Name C	✓ Entity Type: Limited Liability Compa ny	<ul> <li>Connection to : Individual Cannabis Entity</li> </ul>
<b>~</b>	Role in : Equity interest owner , Cannabis Entity Manager	✓ Percentage of : 31.7 ownership in cannabis entity	
Cann	abis Entity's Physical Addres	s	
~	<b>Street</b> : 1743 NJ - 27	Unit No / Apt No:	✓ City: Somerset
~	State: New Jersey	✓ <b>Zip Code:</b> 08873	
<b>~</b>	Address : Yes Verified?		
Cann	abis Entity's Primary Contact	/Responsible Person	
~	First Name: Jessy	✓ Last Name: Vikani	✓ Title: CEO
~	Phone Number: 2018503419	<b>✓ Email Address:</b> jessy.vikani@gmail.co m	✓ Street Address: 14 JIBSAIL DR
	Unit No / Apt No:	✓ City: BAYVILLE	✓ State: New Jersey

Select Individual: Individual or Entity:		
Individual		
✓ Legal First : Toral Name	✓ Legal Last : Patel Name	Suffix:
<ul> <li>Cannabis Entity: New Era Dispensary, LL</li> <li>Name</li> </ul>	Entity Type: Limited Liability Compa ny	✓ Connection to : Individual Cannabis Entity
✓ Role in : Equity interest owner , Cannabis Entity Manager	✓ Percentage of : 100 ownership in cannabis entity	
Cannabis Entity's Physical Address		
✓ Street: 80 County Rd 527	Unit No / Apt No:	✓ City: South Bound Brook
✓ State: New Jersey	✓ Zip Code: 08880	
✓ Address : Yes Verified?		
Cannabis Entity's Primary Contact/R	esponsible Person	
✓ First Name: Toral	✓ Last Name: Patel	✓ Title: CEO
<b>✔ Phone Number</b> : 5515803647	✓ Email Address: neweradispensary.nj@  gmail.com	✓ Street Address: 9 AZALEA PL
Unit No / Apt No:	✓ City: PISCATAWAY	✓ State: New Jersey
✓ Zip Code: 08854	✓ Address : Yes Verified?	
✓ Select Individual: Individual or Entity:		
Individual		
✓ Legal First : Sergio Name	✓ Legal Last : Barraza-Ingstrom Name	Suffix:
✓ Cannabis Entity: Med leaf LLC Name	Entity Type: Limited Liability Compa ny	✓ Connection to : Individual Cannabis Entity
✓ Role in : Equity interest owner Cannabis Entity	✓ Percentage of : 5 ownership in cannabis entity	
Cannabis Entity's Physical Address		
✓ Street: 201 PHILADELPHIA AV E	Unit No / Apt No:	✓ City: EGG HARBOR CY
✓ State: New Jersey	<b>✓ Zip Code:</b> 08215	
✓ Address : Yes Verified?		

#### ✓ First Name: Viraj ✓ Last Name: Vikani ✓ Title: CEO Phone Number: 2013778764 ✓ Email Address: medleafvk@gmail.com ✓ Street Address: 8614 KENNEDY BLVD Unit No / Apt No: City: NORTH BERGEN ✓ State: New Jersey ✓ Zip Code: 07047 Address : Yes Verified? ✓ Select Individual: Individual or Entity: Individual Legal First Legal Last : Barraza-Ingstrom Suffix: Name Name Cannabis Entity: The Green Queen LLC Entity Type: Limited Liability Compa Connection to : Individual **Cannabis Entity** Name Role in : Equity interest owner Percentage of : 10 **Cannabis Entity** ownership in cannabis entity Cannabis Entity's Physical Address Street: 101 NACO RD Unit No / Apt No: ✓ City: BISBEE State: Arizona Zip Code: 85603 Address : Yes Verified? Cannabis Entity's Primary Contact/Responsible Person First Name: Lina ✓ Last Name: Wong Shue ✓ Title: CEO Phone Number: 4076252917 ✓ Email Address: lwongshue@aol.com Street Address: 650 N ALAFAYA TRL City: ORLANDO Unit No / Apt No: ✓ State: Florida ✓ Zip Code: 32878 Address : Yes Verified? Select Individual: Individual or Entity: Individual Legal First Suffix: : Sergio Legal Last : Barraza-Ingstrom Name Name Cannabis Entity: Napa Green LLC ✓ Entity Type: Limited Liability Compa Connection to : Individual **Cannabis Entity** Name ny

Cannabis Entity's Primary Contact/Responsible Person

✓ Role in : Equity interest owner Cannabis Entity	<ul> <li>Percentage of : 10         ownership in         cannabis entity</li> </ul>			
Cannabis Entity's Physical Address				
✓ Street: 367 N MAIN ST	Unit No / Apt No:	✓ City: EAGAR		
✓ State: Arizona	<b>✓ Zip Code</b> : 85925			
✓ Address : Yes Verified?				
Cannabis Entity's Primary Contact/Re	esponsible Person			
✓ First Name: Anthony	✓ Last Name: Wong Shue Sr.	✓ Title: CEO		
<b>✔ Phone Number</b> : 4077392917	<b>✓ Email Address:</b> awongshue@gmail.co m	✓ Street Address: 650 N ALAFAYA TRL		
Unit No / Apt No:	✓ City: ORLANDO	✓ State: Florida		
✓ Zip Code: 32878	✓ Address : Yes Verified?			
✓ Select Individual: Individual or Entity:				
Individual				
✓ Legal First : Sergio  Name	✓ Legal Last : Barraza-Ingstrom  Name	Suffix:		
<ul> <li>Cannabis Entity: Golden Goods LLC</li> <li>Name</li> </ul>	✔ Entity Type: Limited Liability Compa  ny	✓ Connection to : Individual Cannabis Entity		
✓ Role in : Equity interest owner Cannabis Entity	<ul> <li>Percentage of : 10 ownership in cannabis entity</li> </ul>			
Cannabis Entity's Physical Address				
✓ Street: W Business Loop	Unit No / Apt No:	✓ City: Bowie		
✓ State: Arizona	✓ <b>Zip Code</b> : 85605			
✓ Address : Yes Verified?				
Cannabis Entity's Primary Contact/Responsible Person				
✓ First Name: Anthony	✓ Last Name: Wong Shue	✓ Title: CEO		
<b>✔ Phone Number</b> : 4074883411	<b>✓ Email Address:</b> wongshue28@gmail.co m	✓ Street Address: 1959 WEWATTA ST		
✓ Unit No / Apt No: UNIT 208	✔ City: DENVER	✓ State: Colorado		



Cannabis Entity's Primary Contact/Responsible Person				
✓ First Name: Manpreet	✓ Last Name: Gill	✓ Title: CEO		
<b>✔</b> Phone Number: 8052523876	<b>✓ Email Address:</b> mkgill@ymail.com	✓ Street Address: 1421 MARTIN LUTHER KING JR DR		
Unit No / Apt No:	✓ City: OXNARD	✓ State: California		
✓ <b>Zip Code</b> : 93030	✓ Address : Yes Verified?			
✓ Select Individual: Individual or Entity:				
Individual				
✓ Legal First : Adam Name	✓ Legal Last : Dalton Name	Suffix:		
<ul> <li>Cannabis Entity: Hillsborough AZ LLC</li> <li>Name</li> </ul>	✓ Entity Type: Limited Liability Compa ny	<ul> <li>Connection to : Individual Cannabis Entity</li> </ul>		
▼ Role in : Equity interest owner     Cannabis Entity	✓ Percentage of : 100 ownership in cannabis entity			
Cannabis Entity's Physical Address				
Street: 1150 CIRCULO MERCA DO	Unit No / Apt No:	City: RIO RICO		
✓ State: Arizona	✓ <b>Zip Code</b> : 85648			
✓ Address : Yes Verified?				
Cannabis Entity's Primary Contact/Re	sponsible Person			
✓ First Name: Adam	✓ Last Name: Dalton	✓ Title: CEO		
<b>✔ Phone Number:</b> 5205611198	Email Address: m.adamdalton@gmail. com	✓ Street Address: 236 S 3RD AVE		
Unit No / Apt No:	✓ City: TUCSON	✓ State: Arizona		
<b>✓ Zip Code</b> : 85701	✓ Address : Yes Verified?			
Questions and Attestations				

Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the : Yes

applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a

licensing board or commission, either in Alabama or any other jurisdiction?

Address

Verified?

: Yes

					certificate applied for	
•	Licensing Board : New Jersey Office of At or Commission torney General	<b>~</b>	Application Date: 12/30/2021	<b>~</b>	Issued Date: 01/03/2022	
~	Expiration Date: 01/31/2024					
~	Was any commercial license or certificate disclosed	abov	e denied, restricted, suspended, revoked, or non-renewe	d?:	No	
<b>~</b>		anna	ntity connected to any individual or entity with an owner bis or medical cannabis industry, licensed (i.e., a "licens n any other jurisdiction?	_		
~	Select One: Applicant	<b>~</b>	Name: Toral Patel	<b>~</b>	License Type: Medical Dispensary	
<b>~</b>	Licensing Board : Cannabis Regulatory C or Commission ommission	<b>~</b>	License Issued : 12/20/2020 Date	<b>~</b>	License : 12/20/2024 Expiration Date	
~	Select One: Applicant	<b>~</b>	Name: Sergio Barraza-Ingstro m	<b>~</b>	<b>License Type:</b> Cannabis Retail Dispen sary	
•	Licensing Board: Cannabis Regulatory C or Commission ommission	~	License Issued : 11/20/2022 Date	<b>~</b>	License : 11/20/2023 Expiration Date	
<b>~</b>	Select One: Applicant	<b>~</b>	Name: Adam Dalton	<b>~</b>	License Type: Cannabis Dispensary	
<b>~</b>	<b>Licensing Board :</b> Cannabis Regulatory C <b>or Commission</b> ommission	<b>~</b>	License Issued : 12/20/2022 Date	<b>~</b>	License : 12/20/2023 Expiration Date	
<b>~</b>	Select One: Applicant	<b>~</b>	Name: Toral Patel	<b>~</b>	<b>License Type:</b> Recreational Dispensar y	
~	Licensing Board : Cannabis Regulatory C or Commission ommission	<b>~</b>	License Issued : 09/20/2022 Date	<b>~</b>	License : 09/20/2023 Expiration Date	
During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of: NO the applicant or any entity affiliated with the applicant?						
✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law?						
<b>~</b>	✓ Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?:  No					
<b>~</b>	✓ Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?: No					

✓ Name: Toral Patel

✓ Commercial

: Physical Therapist

✓ Select One: Applicant

	<ul> <li>(1) an owner (directly or indirectly) of any financial or beneficial interest in</li> <li>(2) a creditor of the applicant;</li> <li>(3) a holder of any debt instrument issued by the applicant; or (4) a holder relationship with the applicant?</li> </ul>		
*	Is the spouse, parent or child of a public official of any unit of government: (1) an owner (directly or indirectly) of any financial or beneficial interest in applicant; (2) a creditor of the applicant; (3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationshifthe applicant?	the	
<b>~</b>	Has any owner, director, board member, or individual with a controlling inte arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bai misdemeanor, not including traffic violations, regardless of whether the off	il concerning any felony or controlled substance-related	
What i	s the applicant's anticipated or actual number of employees ions and during the first five calendar years thereafter?	(including all facilities) at the prospective commencement of	
<b>~</b>	Commencement : 48	✓ Year Two: 60	
<b>~</b>	Year Three: 72  ✓ Year Four: 84	✓ Year Five: 96	
<b>~</b>	Does the applicant verify that it has the ability to maintain adequate minim as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)?	um levels (\$2,000,000) of liability and casualty insurance, :Yes	
<b>~</b>	Does the applicant verify that each of its proposed dispensing sites is at le facility?	ast 1000 feet from any school, daycare, or childcare : Yes	
•	Does the applicant consent as required by § 20-2A-55(d), Code of Alabama searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama		
•	Does the applicant verify that neither it nor its leadership have any economunder the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended))	nic interest in any other license or applicant for license : Yes	
~	I attest that this application is truthful and complete based on the best ava	ilable information as of the date of filing.: Yes	
<b>~</b>	Signature: Toral Patel	✓ Signature Date: 12/30/2022	
Docı	uments		
~	Resume or Curriculum Vitae of Individuals with Ownership Interest:	0494_Exhibit 1_Resume or curriculum vitae of each individual with an ownership i	
~	Residency of Owners:	0494_Exhibit 2_Residency of Owners _1pdf (./api/documents/gNSi26ln0/downl	
<b>~</b>	Criminal Background Check:	0494_Exhibit 3_Criminal Background Check.pdf (./api/documents/U3HCUGWNc/	
~	Demonstration of Sufficient Capital:	0494_Exhibit 4 - Demonstration of Sufficient Capital.pdf (./api/documents/5NBBnl.	l

: No

✓ Is any public official of any unit of government:

✓ Financial Statements:	0494_Exhibit 5 - Financial Statements _1pdf (./api/documents/iA8TZ2760/down
✓ Tax Plan:	0494_Exhibit 6_Tax Plan.pdf (./api/documents/I8cksII0c/download)
✓ Business Formation Documents:	0494_Exhibit 7 - Business Formation Documents _1pdf (./api/documents/h01Hq
✓ Business License and Authorization of Local Jurisdictions:	0494_Exhibit 8 - Business License and Authorization of Local Authorities.pdf (./ap
✓ Business Plan:	0494_Exhibit 9 - Business Plan.pdf (./api/documents/FVZY7NKx_/download)
✓ Evidence of Business Relationship with other Licensees and Prospective Licensees:	0494_Exhibit 10_Evidence of Business Relationship with Other Licensees.pdf (./ap
Coordination of Information from Registered Certifying Physicians:	0494_Exhibit 11_Coordination of Information from Registered Certifying Physician
✔ Point-of-Sale Responsibilities:	0494_Exhibit 12_Point-of-Sale Responsibilities.pdf (./api/documents/hDF-wK-My/
✓ Confidentiality of Patient Information:	0494_Exhibit 13_Confidentiality of Patient Information.pdf (./api/documents/nYsb
✓ Money Handling and Taxes:	0494_Exhibit 14_Money Handling and Taxes.pdf (./api/documents/u9Suxayle/do
✓ Standard Operating Plan and Procedures:	0494_Exhibit 15_Standard Operating Plans and Procedures.pdf (./api/documents/
✓ Policies and Procedures Manual:	0494_Exhibit 16_Policies and Procedures Manual.pdf (./api/documents/r4MqN0y
✓ Receiving and Shipping Plan:	0494_Exhibit 17_Receiving and Shipping Plan.pdf (./api/documents/j4UZvgeRg/d
✓ Facilities:	0494_Exhibit 18 - Facilities.pdf (./api/documents/09uCjJnj1/download)
✓ Security Plan:	0494_Exhibit 19_Security Plans.pdf (./api/documents/pxv33K_zs/download)
✓ Personnel:	0494_Exhibit 20_Personnel.pdf (./api/documents/SDJLny0Xc/download)
✓ Business Leadership Credentials:	0494_Exhibit 21_Business Leadership Credentials.pdf (./api/documents/snv-aKD
✓ Employee Handbook:	0494_Exhibit 22_Employee Handbook.pdf (./api/documents/Ylu4hlTyM/download)
✓ Quality Control and Quality Assurance Plan:	0494_Exhibit 23_Quality Control_Quality Assurance Plan.pdf (./api/documents/0Z
✓ Contamination and Recall Plan:	0494_Exhibit 24_Contamination and Recall Plan.pdf (./api/documents/YKlLrazC7/
✓ Marketing and Advertising Plan:	0494_Exhibit 25_Marketing and Advertising Plan.pdf (./api/documents/LY6R1HAL
✓ Website and Social Media:	0494_Exhibit 26 - Website and Social Media.pdf (./api/documents/G3PFTKBKR/d
Ownership Entity Individuals (if applicable):	No Document Present
✓ Minority Ownership Documents:	0494_Minority Owner Documents Cover Sheet.pdf (./api/documents/btEVaMtW4/

✓ Proof of Minimum Liability and Casualty Insurance:	0494_Proof of Insurnace.pdf (./api/documents/r21UGSWEB1/download)
✓ Affidavit - Entity Applicant:	0494_Affidavit - Entity Applicant.pdf (./api/documents/4-N8Sr1ch/download)
Payments	
✓ Payment Options: Credit Card	

### **Redaction Grounds and Authority**

Per the United States District Court of the Northern District of Alabama, found on the website (<a href="https://www.alnd.uscourts.gov/proper-redaction-techniques">https://www.alnd.uscourts.gov/proper-redaction-techniques</a>) accessed on 12/30/2022, Federal Rule of Civil Procedure 5-2, for example, restricts the filing (either e-filing or manual filing) of certain personal data to:

- Last 4 digits of a social-security or taxpayer ID number;
- Year of an individual's birth (not month or day);
- Minor's initials;
- Last 4 digits of a financial-account number.

Other types of information appropriate for redaction include:

- Medical information;
- Trade secrets;
- Sensitive security information;
- Other forms of unique identifiers, such as home addresses.
- Any security plans.

### **Exhibit 1 - Resume or Curriculum Vitae**

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# **Table of Contents**

SUMMARY	3
FORM A: Rinaben R Patel	4
Residential History	4
Education	6
Employment History	6
FORM A: Mitalbahen R Patel	9
Residential History	9
Education	11
Employment History	11
FORM A: Toral Patel	14
Residential History	14
Education	
Employment History	16
FORM A: Adam Michael Dalton	19
Residential History	19
Education	21
Employment History	21
FORM A: Sergio de Valdez Barraza-Ingström	24
Residential History	24
Education	26
Employment History	26

#### **SUMMARY**

Each individual with an ownership interest in the Applicant, Kush Medicinal LLC, must provide a resume or curriculum vitae showing, at a minimum, all residential addresses in the last 15 years; all institutions of higher education attended, including the date, location, and type of any degree received; and the name, business address and telephone number of all employers in the last 15 years, including a contact person at each.

The State of Alabama Form A: Ownership Resume/Curriculum Vitae is used for this purpose. The current document contains the completed forms for all five individuals with an ownership interest in the Applicant, Kush Medicinal LLC.

# FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Dispensary			
Business License Applicant Name	License Type		License Type	
Rinaben R Patel	43%			
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant			
Residential History Provide all residential addresses, in reverse chronolo attach additional form(s) if necessary.	ogical order, for 15	5 years prior to date of application;		
Montgomery	AL	36117		
City	State	Zip		
06/2019	Cur	rent		
Date Resided From (MM/YYYY)	Date R	Resided To (MM/YYYY)		
Residential Street Address				
Montgomery	AL	36116		
City	State	Zip		
06/2011	06/	2019		
Date Resided From (MM/YYYY)	Date R	Resided To (MM/YYYY).		
Residential Street Address				
Jersey City	NJ	07307		
City	State	Zip		
11/2010	06/	2011		
Date Resided From (MM/YYYY)	Date R	Resided To (MM/YYYY)		
Residential Street Address				
Patan	Gujarat/India	384265		
City	State	Zip		
05/2006	11/	2010		
Date Resided From (MM/YYYY)	Date R	Resided To (MM/YYYY)		

Residential Street Address			
nesidentiai su eet nuul ess			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	

Education Provide all institutions of higher educations	ation attended; a	attach additional form(.	s) if necessary.	
Dr. Babasaheb Ambedkar Open Univ	versity	Patan/Distance Le	earning Gujarat/In	ıdia
Institution		City	State	
01/2009	12/2009		Bachelor of Education	n
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Received	_
Shri Smt PK Kotawala Arts Co	ollege	Patan	Gujarat/In	dia
Institution		City	State	
12/1995	12/1997		Master of Arts (History	7)
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Received	
Shri Smt PK Kotawala Arts C	ollege	Patan	Gujarat/In	ıdia
Institution		City	State	
01/1993	12/1995		Bachelor of Arts (History	y)
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Received	
Institution		City	- <u></u>	
		Š		
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Received	
Employment History Provide all employers, in reverse chroattach additional form(s) if necessary		for 15 years prior to de	ate of application;	
BPS ONE STOP	Rinab	oen Patel/Owner	334-409-9963	·
Employer	Contac	et Person	Telephone	
5768 Woodmere Blvd				
Business Address				
Montgomery		AL	36117	
City		State	Zip	
01/2021		Current		
Date Employed From (MM/YYYY)		Date Employe	ed To (MM/YYYY)	

CLANTON PETRO (convenience and liquor store)	Rinaben Pat	el/Owner	205-755-2900
Employer	Contact Person	n	Telephone
500 7th St. S			
Business Address			
Clanton		AL	35045
City		State	Zip
01/2020		Current	
Date Employed From (MM/YYYY)	_	Date Employe	d To (MM/YYYY)
Z Threding & Spa	Rinaben Pate	el /Owner	334-409-2857
Employer	Contact Person	n	Telephone
2768 Eastern Blvd			
Business Address			
Montgomery		AL	36117
City		State	Zip
01/2015		Current	
Date Employed From (MM/YYYY)	_	Date Employed	d To (MM/YYYY)
Unamplayed	NI / A		NI / A
Unemployed	N/A		N/A
Employer	Contact Person	n	N/A Telephone
		n	
Employer		n	
Employer N/A		n N/A	
Employer N/A Business Address			Telephone
Employer N/A Business Address N/A		N/A	Telephone N/A
Employer N/A Business Address N/A City		N/A State 01/2015	Telephone N/A
Employer N/A Business Address N/A City 02/2011		N/A State 01/2015 Date Employee	Telephone  N/A Zip
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)	Contact Person	N/A State 01/2015 Date Employed	N/A Zip  d To (MM/YYYY)
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)  DUNKIN DONUTS	Contact Person  Vijaybhai Contact Person	N/A State 01/2015 Date Employed Patel	N/A Zip  d To (MM/YYYY)  973-733-2837 Telephone
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)  DUNKIN DONUTS Employer	Contact Person  Vijaybhai Contact Person	N/A State 01/2015 Date Employed Patel	N/A Zip  d To (MM/YYYY)  973-733-2837 Telephone
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)  DUNKIN DONUTS Employer Newark Int'L Airport, Newark	Contact Person  Vijaybhai Contact Person	N/A State 01/2015 Date Employed Patel	N/A Zip  d To (MM/YYYY)  973-733-2837 Telephone
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)  DUNKIN DONUTS Employer Newark Int'L Airport, Newark Business Address	Contact Person  Vijaybhai Contact Person	N/A State 01/2015 Date Employed Patel n Terminal C,	N/A Zip  d To (MM/YYYY)  973-733-2837 Telephone By Gate 110
Employer N/A Business Address N/A City 02/2011 Date Employed From (MM/YYYY)  DUNKIN DONUTS Employer Newark Int'L Airport, Newark Business Address Newark	Contact Person  Vijaybhai Contact Person	N/A State 01/2015 Date Employed Patel n Terminal C,	N/A Zip  d To (MM/YYYY)  973-733-2837 Telephone By Gate 110  07114

JALESHEWAR PALDI PRIMARY SCHOOL/Government of Gujarat	N/A		N/A
Employer	Contact Perso	n	Telephone
Paladi			
Business Address			
		Gujarat/India	384265
City		State	Zip
01/1997		11/2010	
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)
Employer	Contact Perso	n	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)

### FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Dispensary	
Business License Applicant Name	License Type	
MITALBAHEN R PATEL 51%		
Individual with Ownership Interest in Applicant		
Residential History Provide all residential addresses, in reverse chrono attach additional form(s) if necessary.	plogical order, fo	or 15 years prior to date of application;
_ Residential Street Address		
Montgomery	AL	36117
City	State	Zip
03/2011	<u>C</u>	urrent
Date Resided From (MM/YYYY)	Da	te Resided To (MM/YYYY)
Residential Street Address		
Montgomery	AL	36116
City	State	Zip
08/2008	0	3/2011
Date Resided From (MM/YYYY)	Da	ite Resided To (MM/YYYY).
Residential Street Address		
Montgomery	AL	36117
City	State	Zip
08/2005	0	8/2008
Date Resided From (MM/YYYY)	Da	te Resided To (MM/YYYY)
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)	Da	te Resided To (MM/YYYY)

Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	
Residential Street Address			
City	State	Zip	
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)	

<u>Education</u> Provide all institutions of higher educ	ation attended; a	ttach additional form	(s) if necessary.	
Smt. R. S. Patel Institute of Diploma Engi		Palasar		GUJARAT/INDIA
Institution		City		State
01/1996	12/1998		BACHELOR OF PHYSICS	EDUCTION
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Receive	d
Institution		City	<del></del>	State
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Receive	d
Institution		City	<del></del>	State
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Receive	d
Institution		City		 State
Date Attended From (MM/YYYY)	Date Attended	To (MM/YYYY)	Degree Receive	d
Employment History Provide all employers, in reverse chroattach additional form(s) if necessary		for 15 years prior to o	date of application;	
SUMUKH 3 INC	MITALB	HAEN PATEL/OWNER	334-239-	7048
Employer	Contac	t Person	Telephone	
804 W Fort Williams St				
Business Address				
Sylacauga		AL	3515	0
City		State	Zip	
03/2020		Current		
Date Employed From (MM/YYYY)		Date Employ	ved To (MM/YYYY)	

SUMUKH 2 INC	MITALBHAEN PATEL/OWNER		334-239-7048	
Employer	Contact Person		Telephone	
1001 N Broadway				
Business Address				
Sylacauga		AL	35150	
City		State	Zip	
03/2020		Current		
Date Employed From (MM/YYYY)	<del></del>	Date Employ	ed To (MM/YYYY)	
SUMUKH INC	MITALBAH	IEN/OWNER	334-239-7048	
Employer	Contact Per	son	Telephone	
24123 US Hwy 231				
Business Address				
Sylacauga		AL	35151	
City		State	Zip	
03/2020		Current		
Date Employed From (MM/YYYY)		Date Employ	ed To (MM/YYYY)	
JASHI INC	Bhaves	h Patel	334-669-2602	
Employer	Contact Per	son	Telephone	
Employer 3445 Atlanta Hwy	Contact Per	rson	Telephone	
	Contact Per	son	Telephone 	
3445 Atlanta Hwy	Contact Per	AL	Telephone 36109	
3445 Atlanta Hwy  Business Address	Contact Per			
3445 Atlanta Hwy Business Address Montgomery	Contact Per	AL	36109 Zip	
3445 Atlanta Hwy Business Address Montgomery City	Contact Per	AL State 02/2022	36109 Zip	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018	Contact Per	AL State 02/2022	36109 Zip	
3445 Atlanta Hwy  Business Address  Montgomery  City  06/2018  Date Employed From (MM/YYYY)		AL State 02/2022 Date Employ	36109 Zip 2 ed To (MM/YYYY)	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018  Date Employed From (MM/YYYY)  MUSKAN 2631 LLC		AL State 02/2022 Date Employ	36109 Zip 2 ed To (MM/YYYY) 334-220-7326	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018  Date Employed From (MM/YYYY)  MUSKAN 2631 LLC  Employer		AL State 02/2022 Date Employ	36109 Zip 2 ed To (MM/YYYY) 334-220-7326	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018  Date Employed From (MM/YYYY)  MUSKAN 2631 LLC  Employer 1192 West Blvd		AL State 02/2022 Date Employ	36109 Zip 2 ed To (MM/YYYY) 334-220-7326	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018  Date Employed From (MM/YYYY)  MUSKAN 2631 LLC  Employer 1192 West Blvd  Business Address		AL State 02/2022 Date Employ	36109 Zip  2 ed To (MM/YYYY)  334-220-7326 Telephone	
3445 Atlanta Hwy  Business Address  Montgomery  City 06/2018  Date Employed From (MM/YYYY)  MUSKAN 2631 LLC  Employer 1192 West Blvd  Business Address  Montgomery		AL State 02/2022 Date Employ Son	36109 Zip  2 ed To (MM/YYYY)  334-220-7326 Telephone  36108	

MBM 01 INC	MITALBHAEN PATEL/OW	NER 334-239-7048
Employer	Contact Person	Telephone
3445 Atlanta Hwy		
Business Address		
Montgomery	AL	36109
City	State	Zip
12/2013	Cur	rent
Date Employed From (MM/YYYY)	Date 1	Employed To (MM/YYYY)
OM SAI 1 LLC	Bhavesh Pate	l 334-669-2602
Employer	Contact Person	Telephone
3445 Atlanta Hwy		
Business Address		
Montgomery	AL	36109
City	State	Zip
07/2009	05/	′2018
Date Employed From (MM/YYYY)	Date	Employed To (MM/YYYY)
FOOD SHOP	Amot Patel	334-425-5006
Employer	Contact Person	Telephone
1100 Ann Street		
Business Address		
Montgomery	AL	36107
City	State	Zip
12/2005	12/	2008
Date Employed From (MM/YYYY)	Date 1	Employed To (MM/YYYY)
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date 1	Employed To (MM/YYYY)

# FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Dispensary			
Business License Applicant Name	License Type			
Toral Patel	t The state of the			5%
Individual with Ownership Interest in Applicant				
Residential History Provide all residential addresses, in reverse chronolo attach additional form(s) if necessary.	ogical order, for 15 yea	rs prior to date of application;		
Residential Street Address				
PISCATAWAY	NEW JERSEY	08854		
City	State	Zip		
04/2018	CURRE	ENT		
Date Resided From (MM/YYYY)	Date Resid	ed To (MM/YYYY)		
Residential Street Address				
SOUTH PLAINFIELD	NEW JERSEY	07080		
City	State	Zip		
09/2017	04/201	18		
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY).			
Residential Street Address		07000		
SOUTH PLAINFIELD	NEW JERSEY	07080		
City	State	Zip		
01/2014	09/202			
Date Resided From (MM/YYYY)	Date Resid	ed To (MM/YYYY)		
Residential Street Address		00000		
ISELIN	NEW JERSEY	08830		
City	State	Zip		
05/2012	12/201			
Date Resided From (MM/YYYY)	Date Resid	ed To (MM/YYYY)		

Residential Street Address HICKSVILLE	NEW YORK	11801		
City	State	Zip		
05/2009	05/2012			
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)			
Residential Street Address				
ISELIN	NEW JERSEY	08830		
City	State	Zip		
07/2007	05/2	2009		
Date Resided From (MM/YYYY)	Date Re	esided To (MM/YYYY)		
Residential Street Address				
City	State	Zip		
Date Resided From (MM/YYYY)	Date Re	esided To (MM/YYYY)		
Residential Street Address				
City	State	Zip		
Date Resided From (MM/YYYY)	Date Re	esided To (MM/YYYY)		
Residential Street Address				
City	State	Zip		
dity				

Education Provide all institutions of higher educations	ıtion attended; a	ttach additie	onal form(s)	) if necessary	<i>1.</i>
NEW YORK INSTITUE OF TECHNO	LOGY	OLD W	ESTBUI	RY	NEW YORK
Institution		City			State
05/2009	05/2012			DOCTOR OF PH	IYSICAL THERAPY
Date Attended From (MM/YYYY)	Date Attended	To (MM/YY	YY)	Degree Rec	ceived
RUTGERS STATE UNIVERS	SITY	NEWA	RK		NEW JERSEY
Institution		City			State
09/2007	05/2009			BACHELOR OF	ARTS IN BIOLOGY
Date Attended From (MM/YYYY)	Date Attended	To (MM/YY	YY)	Degree Rec	ceived
HUDSON COUNTY COMMUNITY COL	LEGE	JERSEY	CITY		NEW JERSEY
Institution		City			State
01/2005	05/2007			N/A	
Date Attended From (MM/YYYY)	Date Attended	To (MM/YY	YY)	Degree Rec	ceived
Institution		City			State
Date Attended From (MM/YYYY)	Date Attended	To (MM/YY	YY)	Degree Rec	ceived
Employment History Provide all employers, in reverse chroattach additional form(s) if necessary.		for 15 years	prior to da		
NEW ERA DISPENSARY /OWNER	R Tora	al Patel		551-58	80-3647
Employer	Contac	t Person		Telephone	
80-88 Main Street					
Business Address					
South Bound Brook		Ne	w Jersey	08	3880
City		Sta	te	Zip	
04/2021		Cı	ırrent		
Date Employed From (MM/YYYY)		Dat	e Employed	d To (MM/Y	YYY)

SilverLeaf Dispensary /CFO/PARTNER	Jessy Vik	ani	201-850-3419
Employer	Contact Perso	on	Telephone
1743 NJ-27			
Business Address			
Somerset		New Jersey	08873
City		State	Zip
08/2018		Current	
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)
ADVANCED PHYSICAL THERAPY AND REHAB /OWNER	Toral Pa	tel	908-279-6890
Employer	Contact Perso	on .	Telephone
3000 Hadley Road			
Business Address			
South Plainfield		New Jersey	07080
City		State	Zip
10/2013		Current	
Date Employed From (MM/YYYY)		Date Employe	d To (MM/YYYY)
TWIN BORO PHYSICAL THERAPY	Patricia l	Dunn	732-973-1558
TWIN BORO PHYSICAL THERAPY Employer	Patricia l		$\frac{732\text{-}973\text{-}1558}{\text{Telephone}}$
Employer			
Employer 7 Parlin Drive			
Employer 7 Parlin Drive Business Address		on	Telephone
Employer 7 Parlin Drive Business Address Parlin		New Jersey	Telephone  08859
Employer 7 Parlin Drive Business Address Parlin City		New Jersey State 10/2013	Telephone  08859
Employer 7 Parlin Drive Business Address Parlin City 09/2012		New Jersey State 10/2013	Telephone  08859 Zip
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY)	Contact Perso	New Jersey State 10/2013 Date Employed	Telephone  08859 Zip  d To (MM/YYYY)
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY) Unemployed-Attending Graduate School Employer	Contact Person	New Jersey State 10/2013 Date Employed	Telephone  08859 Zip  d To (MM/YYYY)  N/A
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY) Unemployed-Attending Graduate School	Contact Person	New Jersey State 10/2013 Date Employed	Telephone  08859 Zip  d To (MM/YYYY)  N/A
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY) Unemployed-Attending Graduate School Employer N/A	Contact Person	New Jersey State 10/2013 Date Employed	Telephone  08859 Zip  d To (MM/YYYY)  N/A
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY) Unemployed-Attending Graduate School Employer N/A Business Address	Contact Person	New Jersey State 10/2013 Date Employee	Telephone  08859 Zip  d To (MM/YYYY)  N/A Telephone
Employer 7 Parlin Drive Business Address Parlin City 09/2012 Date Employed From (MM/YYYY) Unemployed-Attending Graduate School Employer N/A Business Address N/A	Contact Person	New Jersey State 10/2013 Date Employee	Telephone  08859 Zip  d To (MM/YYYY)  N/A Telephone  N/A

RUTGERS UNIVERSITY WORK STUDY	Rutgers Staff	973-353-1766
Employer	Contact Person	Telephone
Blumenthal Hall, 3rd Floor, 24	49 University Ave	nue
Business Address		
Newark	NJ	07102
City	State	Zip
09/2007	05/20	09
Date Employed From (MM/YYYY)	Date Empl	loyed To (MM/YYYY)
RITE AID PHARMACY	Ashish Patel	717-737-3359
Employer	Contact Person	Telephone
1097 Inman Avenue		
Business Address		
Edison	NJ	08817
City	State	Zip
09/2007	05/20	09
Date Employed From (MM/YYYY)	Date Empl	loyed To (MM/YYYY)
DIME ALD DUADA A CV	Seeta Kisso	201-433-2826
RITE AID PHARMACY	Secta Misso	201 133 2020
Employer	Contact Person	Telephone
Employer		
Employer 2859-61 Kennedy Boulevard		
Employer 2859-61 Kennedy Boulevard Business Address	Contact Person	Telephone
Employer 2859-61 Kennedy Boulevard Business Address Jersey City	Contact Person  NJ	Telephone  07306  Zip
Employer 2859-61 Kennedy Boulevard Business Address Jersey City City	Contact Person  NJ State 07/20	Telephone  07306  Zip
Employer 2859-61 Kennedy Boulevard Business Address Jersey City City 05/2006 Date Employed From (MM/YYYY)	Contact Person  NJ State 07/20 Date Empl	Telephone  07306 Zip  O7 loyed To (MM/YYYY)
Employer 2859-61 Kennedy Boulevard Business Address Jersey City City 05/2006	Contact Person  NJ State 07/20	Telephone  07306  Zip
Employer 2859-61 Kennedy Boulevard Business Address Jersey City City 05/2006 Date Employed From (MM/YYYY)	Contact Person  NJ State 07/20 Date Empl	Telephone  07306 Zip  O7 loyed To (MM/YYYY)
Employer 2859-61 Kennedy Boulevard Business Address Jersey City City 05/2006 Date Employed From (MM/YYYY)  Employer	Contact Person  NJ State 07/20 Date Empl	Telephone  07306 Zip  O7 loyed To (MM/YYYY)

# FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Dispe	nsary	
Business License Applicant Name	License Type		
Adam Michael Dalton	0.5%		
Individual with Ownership Interest in Applicant	Indivi	dual's Owner	ship Percentage in Applicant
Residential History Provide all residential addresses, in reverse chronoloattach additional form(s) if necessary.	ogical ord	er, for 15 year	rs prior to date of application;
_ Residential Street Address			
Tucson	AZ		85701
City	State		Zip
07/2019		12/2022	
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)
Residential Street Address			
Tucson	AZ		85705
City	State		Zip
07/2018		07/2019	
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY).
Residential Street Address			
Salt Lake City	UT		84103
City	State		Zip
06/2016		07/2018	
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)
Residential Street Address			
Grinnell	IA		50112
City	State		Zip
08/2012		06/2016	
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)

Residential Street Address			
Mason City	IA		50401
City	State		Zip
08/1998		08/2012	
Date Resided From (MM/YYYY)		Date Res	ided To (MM/YYYY)
N/A			
Residential Street Address			
N/A	N/A		N/A
City	State		Zip
N/A		N/A	
Date Resided From (MM/YYYY)		Date Res	ided To (MM/YYYY)
Residential Street Address			
City	State		Zip
Date Resided From (MM/YYYY)		Date Resi	ided To (MM/YYYY)
Residential Street Address			
City	State		Zip
Date Resided From (MM/YYYY)			
Residential Street Address			
City	State		Zip
Date Resided From (MM/YYYY)		Date Resi	ided To (MM/YYYY)

<u>Education</u> Provide all institutions of higher educ	ration attended; attach additional fo	orm(s) if necessary.
University of Utah	Salt Lake City	UT
Institution	City	State
08/2012	05/2018	M.A. City Planning
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Grinnell College	Grinnell	IA
Institution	City	State
08/2012	06/2016	B.A. Economics
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Institution	City	State
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Employment History Provide all employers, in reverse chroattach additional form(s) if necessary	у.	
3C Consulting LLC	Sergio Barraza-Ingstron	
Employer	Contact Person	Telephone
1001 Bannock St, Suite #419		
Business Address	~~	00004
Denver	<u>CO</u>	80204
City	State	Zip
09/2021	12/2022	
Date Employed From (MM/YYYY)	Date Emp	ployed To (MM/YYYY)

International Dark-Sky Association	Dr. John Barentine		520-293-3198		
Employer	Contact Person	n	Telephone		
5049 E Broadway Blvd, #105					
Business Address					
Tucson		AZ	85711		
City		State	Zip		
07/2018		09/2021			
Date Employed From (MM/YYYY)		Date Emplo	yed To (MM/YYYY)		
Stegner Center - Univ. of Utah	Danya Rumor	e	801-587-1453		
Employer	Contact Person	1	Telephone		
383 South University St E					
Business Address					
Salt Lake City		UT	84112		
City		State	Zip		
09/2016		05/2018			
Date Employed From (MM/YYYY)		Date Emplo	yed To (MM/YYYY)		
Mono Lake Committee	Robbie DiPao	Robbie DiPaolo			
Employer	Contact Person		Telephone		
51359 US-395					
Business Address					
Lee Vining, CA		CA	93541		
City		State	Zip		
06/2016		09/2016			
Date Employed From (MM/YYYY)		Date Emplo	yed To (MM/YYYY)		
UNEMPLOYED	N/A		N/A		
Employer	Contact Person	n	Telephone		
N/A					
Business Address					
N/A		N/A	N/A		
City		State	Zip		
12/1993		06/2016			
Date Employed From (MM/YYYY)		Date Emplo	yed To (MM/YYYY)		

N/A	N/A		N/A		
Employer	Contact Person		Telephone		
N/A					
Business Address					
N/A		N/A	N/A		
City		State	Zip		
N/A		N/A			
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)		
Employer	Contact Person	1	Telephone		
Business Address					
City		State	Zip		
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)		
Employer	Contact Persor	1	Telephone		
Business Address					
City		State	Zip		
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)		
Employer	Contact Persor	1	Telephone		
Business Address					
City		State	Zip		
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)		

# FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Retail	Retail					
Business License Applicant Name Sergio de Valdez Barraza-Ingström	Licens	License Type .5%					
Individual with Ownership Interest in Applica	ant Indivi	dual's Owner	ship Percentage in Applicant				
Residential History Provide all residential addresses, in reverse chrattach additional form(s) if necessary.	onological orde	er, for 15 year	rs prior to date of application;				
_ Residential Street Address Tucson	AZ		85711				
City 09/2014	State	Present	Zip				
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)				
Residential Street Address Los Angeles	CA		90004				
City 09/2016	State	09/2020	Zip				
Date Resided From (MM/YYYY)	_	Date Reside	ed To (MM/YYYY).				
Decide with Control Address							
Residential Street Address New York	NY		10027				
City 09/2008	State	09/2012	Zip				
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)				
Residential Street Address Exeter	NH		03833				
City 09/2005	State	05/2008	Zip				
Date Resided From (MM/YYYY)		Date Reside	ed To (MM/YYYY)				

Residential Street Address		
nesidentiai su eet nuul ess		
City	State	Zip
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)
Residential Street Address		
City	State	Zip
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)

<u>Education</u> Provide all institutions of higher educations	cation attende	d: attach additional f	orm(s) if necessary	
Quantic School of Business		Online	(-)	Online
Institution		City	<del></del>	State
01/2020	04/2021	-	MBA	
Date Attended From (MM/YYYY)	Date Attend	led To (MM/YYYY)	Degree Rec	eived
University of Cambridge		Cambridge		UK
Institution 09/2015	06/2016	City	M.Phil	State
Date Attended From (MM/YYYY)	Date Attend	led To (MM/YYYY)	Degree Rec	eived
Columbia University		New York		NY
Institution		City		State
09/2008	05/2012		Bachelors	
Date Attended From (MM/YYYY)	Date Attend	led To (MM/YYYY)	Degree Rec	eived
Institution		City		 State
Date Attended From (MM/YYYY)	Date Attend	led To (MM/YYYY)	 Degree Rec	eived
Employment History Provide all employers, in reverse chr attach additional form(s) if necessary 3C Consulting	y.	ler, for 15 years prior e Ramsay	to date of applica 970-312-70	
Employer 1001 Bannock St	Con	tact Person	Telephone	
Business Address Denver		СО	082	04
City 09/2018		State Present	Zip	
Date Employed From (MM/YYYY)		Date Em	ployed To (MM/Y	YYY)

Cannabislicense.com	Sam Block		1-800-533-9390		
Employer 2222 Damon St.,	Contact Person		Telephone		
Business Address Los Angeles		CA	90021		
City 09/2017		State 09/2018	Zip		
Date Employed From (MM/YYYY)		Date Emplo	oyed To (MM/YYYY)		
Margolin & Lawrence	Alison Margolin		310-717-1159		
Employer 418 S Swall Dr	Contact Per	rson	Telephone	_	
Business Address Beverly Hills		CA	90211		
City 09/2016		State 09/2017	Zip		
Date Employed From (MM/YYYY)		Date Emplo	oyed To (MM/YYYY)		
Unemployed	N/A	N/A N/A			
Employer N/A	Contact Per	rson	Telephone	_	
Business Address					
N/A		N/A	N/A		
City		State	Zip		
01/2007		09/201	16		
Date Employed From (MM/YYYY)		Date Emplo	oyed To (MM/YYYY)		
Employer	Contact Per	rson	Telephone	_	
Employer  Business Address	Contact Per	rson	Telephone	_	
	Contact Per	State	Telephone  Telphone		

Employer	Contact Person		Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)
Employer	Contact Person	1	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Employed To (MM/YYYY)	
Employer	Contact Persor	1	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)
Employer	Contact Person	1	Telephone
Business Address			
City		State	Zip
Date Employed From (MM/YYYY)		Date Empl	oyed To (MM/YYYY)

# **Redaction Grounds and Authority**

Per the United States District Court of the Northern District of Alabama, found on the website (<a href="https://www.alnd.uscourts.gov/proper-redaction-techniques">https://www.alnd.uscourts.gov/proper-redaction-techniques</a>) accessed on 12/30/2022, Federal Rule of Civil Procedure 5-2, for example, restricts the filing (either e-filing or manual filing) of certain personal data to:

- Last 4 digits of a social-security or taxpayer ID number;
- Year of an individual's birth (not month or day);
- Minor's initials;
- Last 4 digits of a financial-account number.

Other types of information appropriate for redaction include:

- Medical information;
- Trade secrets;
- Sensitive security information;
- Other forms of unique identifiers, such as home addresses.
- Any security plans.

# **Exhibit 2 - Residency of Owners**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# **Table of Contents**

SUMMARY	3
2007 Tax Return	4
2008 Tax Return	22
2009 Tax Return	48
2010 Tax Return	71
2011 Tax Return	75
2012 Tax Return	78
2013 Tax Return	84
2014 Tax Return	105
2015 Tax Return	130
2016 Tax Return	138
2017 Tax Return	183
2018 Tax Return	231
2019 Tax Return	296
2020 Tax Return	365
2021 Tax Return	427

#### **SUMMARY**

A majority of ownership of the Applicant, Kush Medicinal LLC, is attributable to an individual or individuals with proof of residence in Alabama for a continuous period of no less than 15 years preceding the date of application. Records indicating this residency requirement are provided here.

This document provides 2007-2021 Federal and State tax returns for Mitalbahen R Patel showing that this individual has been a resident of the State of Alabama for at least the last 15 years. Mitalbahen R Patel has a 51% ownership interest in the Applicant, Kush Medicinal LLC.

· 2 ·		•					
		of the Treasury - Internal Revenue Service	•				
½ 1040 u.s.	<u>Indiv</u>	idual Income Tax Return 2	007 (99) IRS	Use Only-Do not write	or staple	e in this	space.
		an. 1-Dec. 31, 2007, or other tax year beginning	,2007,		20		MB No. 1545-0074
(See in- B Na:			e Address City, St	ate, and ZIP Code		Your	social security number
, 151 2111		H PATEL					-1368
Use the HMIT	ĽAL	PATEL				Spou	se's social security no.
Otherwise, E							<u>-5</u> 976
or type	+ ~	mom: AT 26107					You must enter
Presidential	ıcac	mery_AL_36107-				Check	your SSN(s) above. ▲ king a box below will not
		ack here if you are your eneme if Elim.	-4b			chang	e your tax or refund.
Licotoli Campaigi	1	neck here if you, or your spouse if filing join	ntly, want \$3 to go to				You Spouse
Filing Status		X Married filing jointly (even if only one h	4 ∟	If the suclification	vitn qua	lifying p	erson). (See instructions.)
Check only	3	Married filing separately. Enter spouse				niid but	not your dependent, enter
one box.	-	and full name here.▶	5	this child's name here			ability and the second
Exemptions	68			not check hov 6a	with dep	endent	child (see instructions)
-	Ŀ	X Spouse	· · · · · · · · · · · · · · · · · · ·	But the concess box of	•••••		
			(2) Dependent's	(3) Dependent's		if qual-	6a and 6b 2 No. of children
If more (1) First r	name	Last name	social security no.	relationship to	(4)V ifying for chi credit (s	child ld tax	on 6c who:
than four				5DAUGHTER		ee inst)	did not live with
depen-					<del>     </del>	-	you due to divorce or separation (see instr.)
dents,					<del>                                     </del>	+	Dependents on 6c
see instr. ———						_	. Hot entered above
d Total nu	ımber	f exemptions claimed					Add numbers on lines above ▶ 3
	7	Wages, salaries, tips, etc. Attach Form(s	) W-2		_		
Income						7	6,960.
Attach	8a	The state of the s				. 8a	
Form(s) W-2 here. Also attach Forms	b	Tax-exempt interest. Do not include on					
W-2G and,	9a	,	required			. 9a	
1099-R if tax	b	( (	•••••	9b			
was withheld.	10	Taxable refunds, credits, or offsets of sta	te and local income t	axes (see instructions)		. 10	
	11	Alimony received			· · · · · · · · ·	. 11	
If you did not	12	Business income or (loss). Attach Sched		• • • • • • • • • • • • • • • • • • • •		12	
get a W-2,	13 14	Capital gain or (loss). Attach Schedule E	if required. If not re	quired, check here 🕨	Ш	13	
see instructions.		Other gains or (losses). Attach Form 479	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •	. 14	
		Pensions and annuities16a		b Taxable amount (see		. 15b	
	17	Rental real estate, royalties, partnerships	C	b Taxable amount (see	inst.) .	16b	
	18	Farm income or (loss). Attach Schedule F	, S corporations, trus :	is, etc. Attach Schedule	E	17	
Enclose, but do	19	11 1 1			•••••	18	
not attach, any payment. Also,		Social security benefits 20a		b Taxable amount (see		19	
please use	21	Other income. List type and amount (see	instr.)	b Taxable alliquit (See	mst.) .	20b	
Form 1040-V.	. 22	Add the amounts in the far right column for		This is voutotal incom		22	6,960.
	23	Educator expenses (see instructions)		23			0,000.
Adjusted	24	Certain business expenses of reservists,	performing artists,				
Gross		and fee-basis gov. officials. Attach Form	2106 or 2106-EZ	24		in .	
Income	25	Health savings account deduction. Attach	Form 8889	25			
	26	Moving expenses. Attach Form 3903		26		10.0	
	27	One-half of self-employment tax. Attach s		27		SE 410	
	28	Self-employed SEP, SIMPLE, and qualified	ed plans	28		7 K	
	29	Self-employed health insurance deduction	(see instr.)	29		9 A 100	
	30			30		eri Filologia	
		Alimony paid b Recipient's SSN		31a			
	32	IRA deduction (see instructions)		32			
	33	Student loan interest deduction (see instru		33		100	
•	34	Tuition and fees deduction. Attach Form 8	917	34			
	35	Domestic production activities deduction.	Attach Form 8903	35			
	36 37	Add lines 23 through 31a and 32 through	35	•••••		36	
For Disclosure Priva	37 20v Ac	Subtract line 36 from line 22. This is your	agjusted gross inco	me	▶	37	6,960.
BCA Copyright form softwa	are only.	t, and Paperwork Reduction Act Notice,	see instructions.				Form 1040 (2007)

Form 1040 (2007)		BHAVESH & MITAL PATEL	1368 Pa
_		Amount from line 37 (adjusted gross income)	38 6,96
Tax and Credits	39a	Check  You were born before Jan. 2, 1943, Blind. Total boxes if: Spouse was born before Jan. 2, 1943, Blind. checked ▶ 39a	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien.	
Deduction for -	L	see instructions and check here▶ 39b	
-	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 10,70
<ul> <li>People who checked any</li> </ul>	41	Subtract line 40 from line 38	
box on line	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on	1,7,7,1
39a or 39b <b>or</b>	İ	line 6d. If line 38 is over \$117,300, see the worksheet in the instructions	42 10,20
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	
dependent.	44	Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	
see instr.	45	Alternative minimum tax (see instructions). Attach Form 6251	
<ul><li>All others:</li></ul>	46	Add lines 44 and 45	
Single or	47		<b>►</b> 46
Married filing separately,		Credit for child and dependent care exp. Attach Form 2441. 47	
\$5,350	48	Credit for the elderly or the disabled. Attach Schedule R 48	
Married filing	49	Education credits. Attach Form 8863	_
jointly or	50	Residential energy credits. Attach Form 5695	
Qualifying	51	Foreign tax credit. Attach Form 1116 if required	
widow(er), \$10.700	52	Child tax credit (see inst.). Attach Form 8901 if required 52	Mark to the
Head of	53	Retirement savings contributions credit. Attach Form 8880 53	
household,	54	Credits from: a Form 8396 b Form 8859 c Form 8839 54	
\$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 55	
	56	Add lines 47 through 55. These are yourtotal credits	56
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57
	58	Self-employment tax. Attach Schedule SE	
Other	59	Unreported social security and Medicare tax from: a Form 4137 b Form 8919	58
Taxes	60		
axes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	. 60
	61	Advance earned income credit payments from Form(s) W-2, box 9	
	62	Household employment taxes. Attach Schedule H	. 62
	63	Add lines 57 through 62. This is yourtotal tax	63
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 355.	
	_ 65	2007 estimated tax pymts and amt applied from 2006 return 65	(4)
lf you have a qualifying child,	└ 66 a	Earned income credit (EIC)	
attach Schedule	b	Nontaxable combat pay election▶ 66b	
EIC.		Excess social security and tier 1 RRTA tax withheld (see inst) 67	
		Additional child tax credit. Attach Form 8812	
		Amount paid with request for extension to file (see inst) 69	
		Payments from: a Form 2439 b Form 4136 c Form 8885 70	-
	71	Refundable credit for prior year minimum tax from Form 8801, line 27	— m
			7-1
	72	Add lines 64, 65, 66a, and 67 through 71. These are yourtotal payments	
Refund irect deposit?		If line 72 is more than line 63, subtract line 63 from line 72. This is the amount youverpaid	73 2,727
ee instructions	/4a	Amount of line 73 you wantrefunded to you. If Form 8888 is attached, check here Routing 021200025	74a 2,727
nd fill in 74b,			
,	► d	Account 1010180010776	
r Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax ▶ 75	
mount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ▶	76
ou Owe	77	Estimated tax penalty (see instructions)	
esignee	iame Paginee,s		ersonal identification
ign !	Inder penalti	es of perium. I declare that I have examined this return and accompanies school to a set of the	
lere Š	elief, they ar Our signa	e true, correct, and complete. Deciaration of preparer (other than taxpaver) is based on all information of which proparer has an	ny knowledge. Davtime phone num
oint return? ee instr.	-	CUSTOMER SERVICE	
eepacopy 🖊 🧟	Spouse's	signature. If a joint return, both must sign. Date Spouse's occupation	
r your cords.			The Harts of the Control of the Cont
corus.		HOUSE WIFE	Commence of the Commence of th
	reparer's	Date Check if	Preparer's SSN or P
a fal	ignature	self-employed	
reparer's [	irm's name (	or EIN	1
reparer's F	irm's name ( ours if self- imployed), iddress, and IP code	orEIN	I

1					
CHEDULE EIC		I Income Cre	104	IOA 🗸	OMB No. 1545-007
		Child Informatio	10	EIC	2007
partment of the Treasury email Revenue Service (99)	C	omplete and attach to f only if you have a q		040	Attachment
me(s) shown on return		omy ii you nave a q	Janiying Cilia.		Sequence No. 43 Your social security num
HAVESH & MITAL			<u>.</u>		1368
efore you begin:	ee the instructions for Form 1 a) you can take the EiC, and (b)	040A, lines 40a and 40 b) you have a qualifying	b, or Form 1040, child.	lines 66a and 66b, 1	o make sure that
lor details					
AUTION It will take	us longer to process your ret	um and issue your retui	ia ir you do not ti	ii in all lines that app	ly for each qualifying child.
at the time	ne child's name on line 1 and sewe process your return, we rect, call the Social Security Ad	nav reduce or disallow	vour EIC. If the n	gree with the child's ame or SSN on the	social security card. Otherwis child's social security card
ualifying Child Inf	ormation	С	hild 1		Child 2
Child's name		First name	Last name	First name	Last name
If you have more than two only have to list two to get					
any never to not into to got	uro maximum oreaic.			- +	<del>-</del>
Child's SSN					
The child must have an SS					
instructions unless the child					
in 2007. If your child was b and did not have an SSN,					
and attach a copy of the ch			1165		
01.71.11					
Child's year of birth			04	Year _	
		l .	8, skip lines 4a a		after 1988, skip lines 4a and 4
If the child was born	before 1989-	go to line 5.	<del></del>	go to lin	e 5.
Was the child under age 24	4 at the end of 2007				
and a student?		X Yes.	No.	Y	es. No.
111 0 111		Go to line 5.	Continue.	Go to li	ne 5. Continue.
Was the child permanently	and totally disabled	<sub>[</sub>	[ <del></del> ]		
during any part of 2007?		Yes.	No.		es. No.
		Continue.	The child is r qualifying ch		re. The child is not a qualifying child.
Child's relationship	to you				qualifying crind.
(for example, son, daughter					
niece, nephew, foster child,	etc.)	DAUGH	TER		
Number of months c					
you in the United Sta	•			1	
<ul> <li>If the child lived with yo 2007 but less than 7 me</li> </ul>	u for more than half of onths, enter "7."				
<ul> <li>If the child was born or home was the child's ho or she was alive during</li> </ul>	ome for the entire time he	Do not enter mo	12 month	-	months enter more than 12 months.
TIP Yo	u may also be able to take the J.S. citizen or resident alien. F	additional child tax cre	dit if your child(a)	was under age 17 a ine 41 of Form 1040	at the end of 2007,and (b) is A or line 68 of Form 1040.

BCA Copyright form software only, 2007 Universal Tax Systems, Inc. All rights reserved.

USEIC\$\$1 Rev. 1

US Schedule EIC Earned Inco					
Name: BHAVESH & MITAL PATEL				SSN:	136
	Figure Your C	redit			
Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1			· · · · · · · · · · · · · · · · · · ·		6,960.
Enter the amount included in line 1 that was received					
a by penal institution inmates for their work					
b as a pension or annuity from a nonqualified deferred compet	nsation plan or a	nongovernmen	tal section 457	plan.	
This amount should be shown in box 11 of Form W2 and sho	ould be included	in line 1 above			
2 Taxable scholarship or fellowship grant not reported on Forn	n(s) W2				
Line 1 minus line 1a, line 1b, and line 2				<u> </u>	6,960.
la If you were self-employed or reported income and expenses	on Schedules C	or CEZ as a sta	tutory employ	ee,	
see instructions. If a member of the clergy, check				П	
		lontaxable comb			SE ESSENTIAL
	Taxpayer	Spouse	Both	No	35500
Nontaxable combat pay				ar ar ar an ar an ar	
5 Earned income				6960.	6,960.
6 Credit from EIC table on line 5 income				2372.	
Adjusted gross income				6960.	Property Control
3 Credit from EIC table on line 7 income, if line 7					
greater than					
<ul> <li>\$6,999 (\$8,999 if married filing jointly) and no</li> </ul>					
qualifying children				Fig.	
<ul> <li>\$15,399 (\$17,399 if married filing jointly)</li> </ul>					7632 T 555
and 1 or more qualifying children					
Earned inc. credit. If line 7 is less than					
\$7,000 (\$9,000, \$15,400, \$17,400), line 6.					
* ', (**,, * :-, :, * ::, :),					

2 ~ +9* E	Local With.	
	Locality	
	State With.	
	State Wages	
	St	
- 2007	Medicare	101
L REPORT	FICA	4 1 4 8 1 8 1 0
W-2 DETAIL REPORT - 2007	Federal With.	355 355
	Gross Wages	0969
	H H H H H	×
	Z H H H H	5239
	Employer	M & N GROCERS, INC

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

#### **Earned Income Credit** Qualifying Child Information

OMB No. 1545-0074

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

2007 Attachment Sequence No. 43

Name(s) shown on return

BHAVESHKUMAR B & MITALBAHEN B PATEL

Your social security number 368

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC and **(b)** you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the
- CAUTION! It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card.
     Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qu	alifying Child Information	С	hild 1	C	hild 2
1	Child's name	First name	Last name	First name	Last name
	If you have more than two qualifying children, you only have to list two to get the maximum credit				
2	Child's SSN				
	The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2007. If your child was born and died in 2007 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate		1165		***
3	Child⁴s year of birth	Year ZU	14	Year	
		If born after and 4b; go t	1988, skip lines 4a o line 5.	If born after and 4b; go	1988 skip lines 4a to line 5.
4	If the child was born before 1989 —				
- (	a Was the child under age 24 at the end of 2007 and a student?	Yes.	No.	Yes.  Go to line 5.	No.
	<b>b</b> Was the child permanently and totally disabled during any part of 2007?	Yes.	No.	Yes.	No.
		Continue.	The child is not a qualifying child.	Continue.	The child is not a qualifying child.
5	Child's relationship to you				
	(for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Dat	ighter		
6	Number of months child lived with you in the United States during 2007				
	<ul> <li>If the child lived with you for more than half of 2007 but less than 7 months, enter '7'.</li> </ul>				
	If the child was born or died in 2007 and your home was the child's home for the entire time he or she was alive during 2007, enter '12'	1 -	12 months ore than 12 months.	Do not enter m	months ore than 12 months.

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2007, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

FDIA7401 10/16/07

New York State Department of Taxation and Finance

For office use only

#### Cover Sheet for Form IT-203 Nonresident and Part-Year Resident Income Tax Return

2007

IT-203

New York State ● New York City ● Yonkers

This is the cover sheet of your return. For your return to be complete you **must** include this cover sheet with all four pages of Form IT-203 and all required attachments.

Taxpayer name and	d addn	ess	Soft 10		re vendor o	ode
Your social security number		Spouse's	social s	ec	urity numbe	r
1368			5	9	76	
Your first name and middle initial		Your last	name			
BHAVESHKUMAR	BHAVESHKUMAR B				•	
Spouse's first name and middle in	BHAVESHKUMAR B P Spouse's first name and middle initial S					
MITALBAHEN	В	PATE	<b>L</b>			
Mailing address (number and stre	et or run	al route)		Α	partment nu	mber
City, village or post office			State	_	ZIP code	
DENVILLE			NJ		07834	
Sum	mary	of return	ı data			
Federal adjusted gross inc	come	<i></i> .				6,960.
Total NYS adjusted gross	incom	e				6,960.
Total New York State tax	withhe	ld				235.
Total New York City tax w	ithheld	, .				
Total Yonkers tax withheld	t					
Amount to be refunded to	you .					235.
Amount you owe						
NYIA1606 08/16/07						

Staple check or money order here.

File this original scannable cover sheet with all four pages of your tax return

0741071030

New York State Department of Taxation and Finance 2007 IT-203 Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers For the full year January 1, 2007, through December 31, 2007, or fiscal year beginning Important: You must enter your social security number(s) in the boxes to the right. and ending Your last name (for joint return, enter spouse's name on line below) curity number B PATEL BHAVESHKUMAR Spouse's first name and middle initial Spouse's last name B PATEL 5976 MTTAT.RAHEN ģ Apartment number er and street or rural route) Mailing address (see instructions) (numb NR School district name State ZIP code • NR ŊĴ 07834 Permanent home address (see instructions) (number and street or rural route) Apartment numbe School district code number . City, village, or post office ZIP code Taxpayer's date of death Shouse's date of death Filing 1 Single (D) If you do not need a NYS income tax forms packet status mailed to you next year, mark an X in the box (see instructions) . . . . . . . . mark an Xin. Married filing joint return (enter joint return (enter spouses' soci above, unless filing Form IT-203-C, (E) New York City part-year residents only (see instructions) one box: Married filing separate return (enter spouses' social security numbers above, unless filing Form IT-203-C, see instr) 3 (1) Number of months you lived in NY City in 2007 .... • Head of household (with qualifying person) (2) Number of months your spouse lived in NY City in 2007 ..... Qualifying widow(er) with dependent child **Did you itemize** your deductions on your 2007 federal income tax return? . . . . . Yes (F) Enter your 2-digit special condition code if applicable (see instructions) ...... **(B)** No X If applicable, also enter your second 2-digit special condition code ...... Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes No X Federal income and adjustments Enter federal amounts in the left column and NYS amounts in the right column. See instructions. Part-year residents: complete worksheet first. **New York State amount** Federal amount 6.960. 6,960. Wages, salaries, tips, etc ..... 1. 2. 2 Taxable interest income ..... Ordinary dividends ..... 3. Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) ...... 4. Alimony received ..... 5. Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) . . . . 6. 6. 7 Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040) . . . . . 7. 7. Other gains or losses (attach a copy of federal Form 4797) . . . . . 8. 8. 8 9. Taxable amount of IRA distributions. Beneficiaries: mark X in box . . . . . . . . 9. 10 Taxable amount of pensions/annuities, Beneficiaries: mark X in box ...... 10 10. Rental real estate, royalties, partnerships, S corporations, 11 trusts, etc (attach a copy of federal Schedule E, Form 1040) . . . . 11. 11. 12. 13 Unemployment compensation ...... 13. 13. 14. 14 Taxable amount of social security benefits (also enter on line 26) . . 14. 15 Other income (see instrs) Identify: . . . 15. 6,960. 6.960. 16. Total federal adjustments to income (see instructions) 17 Identify: 17. 6,960. 6,960. Federal adjusted gross income (subtract line 17 from line 16) . . . . 18. 18. NYIA1612 11/20/07

You must file all four pages of this original scannable return with the Tax Department.

-*	Enter your social o	acurity number				
Page	2 of 4 <b>IT-203</b> (2007)			Federal amount Dollars	N	ew York State amount Dollars
19	Federal adjusted gross income (from line 18	on page 1)	19.	6,960.	19.	6,960.
Nev	York additions (see instructions)					
20	Interest income on state and local bonds (but	not those				
	of New York State or its localities)		20.		20.	
21	Public employee 414(h) retirement contribution	ns	21.		21.	
22	Other (see instructions) Identify:		22.		22.	
23	Add lines 19 through 22		23.	6,960.	23.	6,960.
Nev	Y York subtractions (see instructions)					
24	Taxable refunds, credits, or offsets of state an	d				
	local income taxes (from line 4)		24.		24.	
25	Pensions of NYS and local governments and t					
	federal government (see instructions)				25.	
26	Taxable amount of social security benefits (fro				26.	
27	Interest income on U.S. government bonds				27.	
28	Pension and annuity income exclusion				28.	
29	Other (see instructions) Identify:		29.		29.	
30	Add lines 24 through 29				30.	c 0c0
- 31	New York adjusted gross income. (subtract li	ne <b>30 from line 23)</b>	31.	- 6,960 	·· 31.	- 6,960.
32	Enter the amount from line 31, Federal amount	at column		<del>L</del>	32.	6,960.
33	Enter your standard deduction (from table be	low) or your itemized	deductio	n (from worksheet		
	below). Mark an X in the appropriate box:	<ul> <li>X Standard</li> </ul>	OI	Itemized	33.	15,000.
35 36	Dependent exemptions (not the same as total New York taxable income (subtract line 35 from Ol	om line 34)				1,000.
	▼			*		
_	New York State	New	York	State itemized deducti	оп wo	rksheet
	Standard deduction table	- 00-45-4 4-4-4-1		an findant Cabadula & line A)	_	
				om federal Schedule A, line 4)		
	ng status Standard deduction	•		eral Schedule A, line 9) derel Schedule A, line 15)		
(то	m page 1) (enter on line 33 above)		-	deral Schedule A, line 15) eral Schedule A, line 19)		
				federal Schedule A, line 20)		
	1 1	f Job expenses an			c.	
1 1	Single and you marked stem C Yes\$ 3,000	•		Cchedule A, line 27)	•	
'	tem C 7es \$ 3,000	Other miscellane			1.	
		•			g.	
11	Single and you marked tem C No			al Schedule A, line 29	_	
	nem C No 7,500			ncome taxes and other	111.	
.	Married filing joint return 15,000			see instructions)	i	
-	wanted hilling joint return 15,000			see instructions/		
2	Married filing separate return 7,500	-		eduction (see instructions)	-	
3	Married Hilly Separate return 7,500	•		eduction (see instructions)		
				· · · · · · · · · · · · · · · · · · ·		
	Head of household (with qualifying person) 10,500			see instructions)		
'	(with qualitying person) 10,500	o New York State i				
				nter on line 33 above)	0.	
5	Qualifying widow(er) with dependent child 15,000	(Subtract into II II	J 111, C	on mile to abore,	٠.	
NTA	1612 11/20/07				2	032071030

You must file all four pages of this original scannable return with the Tax Department.

	(s) as shown on page one:  VESHKUMAR B & MITALBAHEN B PATEL	nter your social security number	<b>IT-203</b> (2007)	Page 3 of
Гах	computation, credits, and other taxes (see instructions)			
	New York taxable income (from line 36 on page 2)		Dollar . 37.	rs
37 38	New York State tax on line 37 amount (see Tax computation in the instru			0
39	New York State household credit (from table 1, 2, or 3 in the instructions			95
35 40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)			
41	New York State child and dependent care credit (attach Form IT-216; see			
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)			
43	New York State earned income credit (attach Form IT-215; see instruction		43.	712
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, le	ave blank)	. 44.	
45	Income percentage (see instructions)  New York State amount from line 31  Federal  6,960.  ÷	l amount from line 31 6,960. =	Round result to 4 dec	cimal places
46	Allocated New York state tax (multiply line 44 by the decimal on line 45)			
<b>47</b>	New York State nonrefundable credits (from Form IT-203-ATT, line 8)			
<b>1</b> 8	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank,			
49	Net other New York State taxes (from Form IT-203-ATT; line 33)			
50	Total New York State taxes (add lines 48 and 49)		. <b>50.</b>	
le۱	v York City and Yonkers taxes and credits			
51	Part-year New York City resident tax (attach Form IT-360.1) 51.		See instructions for figuring	New York City
52	New York City minimum income tax (attach Form IT-220)	•	See instructions for figuring and Yonkers taxes, credits, a	and surcharges.
52 a	Add lines 51 and 52 52a.	•		
52 t	Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)			
52 c	Subtract line 52b from 52a 52c.			
53	Yonkers nonresident earnings tax (attach Form Y-203)			
	Part-year Yonkers resident income tax surcharge			
	(attach Form IT-360.1)	•		
55	Total New York City and Yonkers taxes and credits (add lines 52c, 53,	and 54)	. <b>55.</b>	
56	Sales or use tax (see instructions; do not leave line 56 blank)		. 56.	0
Vol	untary contributions (whole dollar amounts only, see instructions	<i>)</i>		
	57a Return a Gift to Wildlife	•		
	57b Missing/Exploited Children Fund 57b.	-		
	57c Breast Cancer Research Fund 57c.	•		
	<b>57d</b> Alzheimer's Fund	•		
	<b>57e</b> Olympic Fund (\$2 or \$4; see instructions) <b>57e</b> .	•		
	57f Prostate Cancer Research Fund 57f.	: •		
	57g WTC Memorial Fund	•		
57	Total voluntary contributions (add lines 57a through 57g)		. <b>57.</b>	
	Total New York State, New York City and Yonkers taxes, sales or use to			
58				

You must file all four pages of this original scannable return with the Tax Department.

2033071030

Page	<b>4</b> of 4	IT-203 (2	007)	Enter your social security number					
				L368					
59				rk City and Yonkers taxes, sales o					Dollars
	and vo	luntary cor	itributions (	from line 58 on page 3)				59.	
Pav	ments	and refu	ındable cı	redits					
60				complete (E) on page 1; see instructions)	60.				
61	-			T-203-ATT, line 17)				Forms IT-2	and/or IT-1099-R must be and attached to your return
62			•	held			235.	instead of f	and attached to your return ederal Forms W-2 and/or aple them, and any other
63	Total N	ew York C	ity tax withh	eld	63.			applicable t	forms, to the top of this page 4.
64			-					See the ins	tructions for proper assembly rn and attachments.
65				/ amount paid with Form IT-370					
66				le credits (add lines 60 through 65,				66.	235.
Dat			warnaid						
		amount (		more than line 59, subtract line 59	9 from line 66	5)		67.	235.
				nt <b>refunded to you</b>	, ,, ,,,, ,,,,,	,			
00				ount information on line 72)			Refund	68.	235.
69				of line 67 that you want applied					
05			-	Oo not include any amount that					
	-		-	ne 68.)	69.				
-							<del></del>		Property Commencer and the Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Com
	_	ou owe	r - 60bl	A line CC from line FO (for Dorman) and and				Charle .	
70				t line 66 from line 59 (for Payment options,	701		Our		payment to front of return.
				rithdrawal, enter Account information on line	12)		Owe	70.	
71		•		e this amount on line 70,	71				
	or rea	uce the ove	граутепт ог	n line 67; see instructions)	/ 1-				
72	Acco	unt infor	mation (se	e instructions) Mark one: • Refu	ınd — Direct o	deposit <b>or</b>	: 0	we – Elec	tronic funds withdrawal
	-				_		-11-1	# £	1.
72	a Routing	number:	ě		E	lectronic funds v	vitnarawai e	епесиче да	te
72	<b>b</b> Account	number:	•		<b>72c</b> Acco	unt type:	Chec	king	Savings
	****								
		linforma		NVC resident for only nor	d of the woor	antar data of la	et movo (m	m dd innai	· •
/3				ou were a NYS resident for only par			St HIOAG (W	iii-uu-yyyy,	· · · ·
				scribes your situation on the last d					. 73a.
				ate					
				State; received income from NYS s					
				State; received <b>no</b> income from NY				 ▼	. 73C. ▼
74	Nonre	sidents: Di	d you or you	r spouse maintain living quarters 3-B, Schedule B and attach form) .	in NYS in 200	)7?		•	No X
	(if Yes	, complete	rom 11-203	-B, Scriedule B and adach form) .				<b>C</b> 3	NO A
	Third-	Do you wan	t to allow anoth	er person to discuss this return with the Tax	Dept? (see insti	ructions)	Yes	(comple	te the following) No
	party	Designee's n	ame	Designee's phone nu	mber			Dores	mal identification
de	signee							numb	er (PIN)
			▼ Paid pre	parer's use only ▼			▼ Taxpay	er(s) sign l	nere 🔻
Prepa	rer's signa	ture		▼ SSN or PTIN:	Y	our signature			
•					<b>&gt;</b>				
		yours, if self- $\epsilon$		Employer identification nu	umber Y	our occupation	SERVI	CE	
	SEL	F-PF	REPAI	RED		pouse's signature and	d occupation (it	joint return)	
				Mark an Y if	<b>&gt;</b>				
Addre	ess			Mark an X if self-employed		HOME MAKER ate			▼ Daytime phone number
				Date	J				
Mail	your co	mpleted ret	urn and anv	attachments to:					
STA	TE PRO	CESSING C	ENTER, PO	attachments to: BOX 61000, ALBANY NY 12261-00 see instructions.	001.			2034	<b>107</b> 1030
, 0. 11									
			Ve	et file all four pages of this original	ı				
NYIA	1634 11/2	0/07	rou mus scannab	st file all four pages of this original le return with the Tax Department	•				

2007

New York State Department of Taxation and Finance

**IT-2** 

#### Summary of Form W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial

BHAVE SHKUMAR
Spouse's first name and middle initial
MITALBAHEN

Taxpayer's sast name
PATEL

1368

Fyspouse's social security number
Taxpayer's first name
Spouse's first name and middle initial
Spouse's first name
PATEL

Taxpayer's sast name

T

N-2	•	-		ddress (including ZIP code)					
Record 1	M & N				TA	CKSON HEIGHT	s	NY 11	372
	37-27	74TH			▼ Code	Box 15 State	Box 16	State wages, tips,	
			Box 12a	Amount	• Code	NY	DOX 10		960.
Box b Employer ident 11-2695239		<b>v</b> )	Box 12b	Amount	▼ Code	K1	Box 17	New York State in	come tax withhel
This W-2 record is for	•								235.
(mark an X in on	ne box):		Box 12c	Amount	▼ Code		Box 18	Local wages, tips,	etc
Taxpayer X	Spouse					Locality a			
Box 1 Wages, tips,	, other compensation <b>6</b> , 960 .		Box 12d	Amount	▼ Code	Locality b	Box 19	Local income tax	withheld
Box 8 Allocated tip	-		**			- Locality a			
			Box 13	Statutory employee		Locality b			
Box 9 Advance EIG	C payment		Box 14a	Amount	▼ Description			Box 20	Locality name
							ι	Locality a	
Box 10 Dependent of	care benefits		Box 14b	Amount	▼ Description			Locality b	
· \									
			Box 14c	Amount	▼ Description				
Box 11 Nonqualified	d plans							0	
Box 11 Nonqualified	d plans							Com	ected (W-2c)
*								Com	ected (W-2C)
Do not detach. W-2		ployer's nam	ne and full a	nddress (including ZIP code)				Corn	ected (W-2C)
- Do not detach.		ployer's nam							
Do not detach. W-2		oloyer's nam	ne and full a		<b>▼</b> Code	Box 15 State	Box 16		
Do not detach. W-2	Box c Em	-	Box 12a	Amount		Box 15 State		State wages, tips	etc (for NYS)
Do not detach. W-2 Record 2	Box c Em	-		Amount	▼ Code ▼ Code	Box 15 State	Box 16		etc (for NYS)
Do not detach. W-2 Record 2	Box c Em	-	Box 12a Box 12b	Amount	<b>▼</b> Code	Box 15 State	Box 17	State wages, tips New York State in	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden	Box c Em attification number (El	-	Box 12a Box 12b	Amount		-	Box 17	State wages, tips New York State in	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden	Box c Em attification number (El	-	Box 12a Box 12b Box 12c	Amount  Amount  Amount	▼ Code	Locality a	Box 17	State wages, tips New York State in	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden This W-2 record is for (mark an X in or Taxpayer	Box c Employers Employers (Ell or report):	N)	Box 12a Box 12b Box 12c	Amount	<b>▼</b> Code	-	Box 17	State wages, tips  New York State in  Local wages, tips	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden This W-2 record is for (mark an X in or Taxpayer	Box c Emploitification number (Ell reference): Spouse	N)	Box 12a Box 12b Box 12c	Amount  Amount  Amount	▼ Code	Locality b	Box 17  Box 18  Box 19	State wages, tips  New York State in  Local wages, tips	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden This W-2 record is for (mark an X in or Taxpayer	Box c Employment Employment (Ellow): Spouse s, other compensation	N)	Box 12a Box 12b Box 12c	Amount Amount Amount Amount	▼ Code	Locality a Locality b Locality a	Box 17  Box 18  Box 19	State wages, tips  New York State in  Local wages, tips	, etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2 Box b Employer iden This W-2 record is for (mark an X in or Taxpayer Box 1 Wages, tips	Box c Employment Employment (Ellow): Spouse s, other compensation	N)	Box 12a Box 12b Box 12c Box 12d Box 13	Amount  Amount  Amount  Amount  Statutory employee	▼ Code ▼ Code ▼ Code	Locality b	Box 17  Box 18  Box 19	State wages, tips  New York State in  Local wages, tips  Local income tax	etc (for NYS) ncome tax withhe etc withheld
Do not detach. W-2 Record 2 Box b Employer iden This W-2 record is for (mark an X in or Taxpayer Box 1 Wages, tips	Box c Eminatification number (Ell r ne box): Spouse s, other compensation ps	N)	Box 12a Box 12b Box 12c Box 12d Box 13	Amount Amount Amount Amount	▼ Code	Locality a Locality b Locality a	Box 17  Box 18  Box 19	State wages, tips  New York State in  Local wages, tips  Local income tax  Box 20	etc (for NYS) ncome tax withhe etc withheld
Do not detach. W-2 Record 2  Box b Employer iden This W-2 record is for (mark an X in or Taxpayer Box 1 Wages, tips Box 8 Allocated tip	Box c Eminatification number (Ell r ne box): Spouse s, other compensation ps	N)	Box 12a Box 12b Box 12c Box 12d Box 13	Amount  Amount  Amount  Amount  Statutory employee	▼ Code ▼ Code ▼ Code ▼ Description	Locality a Locality b Locality a	Box 18	State wages, tips  New York State in  Local wages, tips  Local income tax  Box 20  Locality a	etc (for NYS) ncome tax withhe
Do not detach. W-2 Record 2  Box b Employer iden This W-2 record is for (mark an X in or Taxpayer) Box 1 Wages, tips Box 8 Allocated tip Box 9 Advance Ell	Box c Eminatification number (Ell r ne box): Spouse s, other compensation ps	N)	Box 12a Box 12b Box 12c Box 12d Box 13 Box 14a	Amount  Amount  Amount  Amount  Statutory employee	▼ Code ▼ Code ▼ Code	Locality a Locality b Locality a	Box 18	State wages, tips  New York State in  Local wages, tips  Local income tax  Box 20	etc (for NYS) ncome tax withhe etc withheld
Do not detach. W-2 Record 2  Box b Employer iden This W-2 record is for (mark an X in or Taxpayer) Box 1 Wages, tips Box 8 Allocated tip Box 9 Advance Ell	Box c Empartification number (El re box): Spouse s, other compensation ps C payment care benefits	N)	Box 12a Box 12b Box 12c Box 12d Box 13 Box 14a Box 14b	Amount  Amount  Amount  Amount  Statutory employee  Amount	▼ Code ▼ Code ▼ Code ▼ Description	Locality a Locality b Locality a	Box 18	State wages, tips  New York State in  Local wages, tips  Local income tax  Box 20  Locality a	, etc (for NYS) ncome tax withhe



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021071030

NYIA6601 10/27/07

New York State Department of Taxation and Finance

2007

# Nonresident or Part-Year Resident Spouse's Certification

IT-203-C

To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income		Social security number
BHAVESHKUMAR	B PATEL	1368
Name of spouse with no New York source incor	пе	Social security number
MITALBAHEN	B PATEL	5976
Certification of spouse with New Yo income shown in the New York State and belief, had no New York source	ork source income — I certify that I am the spouse a amount column on Form IT-203 and my spouse, income for	e with the New York source to the best of my knowledge 

Who must complete this form — If you are required to file a joint Form IT-203 and only one of you had New York source income, the spouse with New York source income must complete this form.

Purpose of form — Married nonresidents and part-year residents who are required to file a joint New York State return must use the combined income of both spouses to determine the base tax subject to the income percentage allocation, even if only one spouse has New York source income. However, a spouse with no New York source income cannot be required to sign the joint return and cannot be field liable for any tax, penalty, or interest that may be due. This form will allow the Tax Department to properly process your return.

How to file — Attach the completed Form IT-203-C to your Form IT-203. Keep a copy for your records.

NYIA2801 06/18/07

2351071030

Please file this original scannable attachment with the Tax Department.

2007

New York State Department of Taxation and Finance

### Claim for Earned Income Credit

IT- 215

New York State . New York City Attach this form to Form IT-150, IT-201, or IT-203. important: You must enter your social security number(s) in the boxes to the right. ▼ Your social security number Your last name (for joint claim, enter spouse's name below) 1368 B PATEL BHAVESHKUMAR Spouse's first name and middle initial cial security number Spouse's last name 5976 MTTALBAHEN B PATEL Apartment number New York State county of residence Mailing address (number and street or rural route) ZIP code State City, village, or post office 07834 DENVILLE NJ 1 Did you claim the federal earned income credit for 2007? If **No, stop; you do not qualify for these credits** ....... 1. Yes X No No X No X Did you claim qualifying children on your 2007 **federal** Schedule EIC? If **No**, continue with line 5. If **Yes**, in the spaces below, list up to two of the same children claimed on federal Schedule EIC..... If you claimed more than two, see instructions. Person with disability\* Year of First name and Last name middle initial number birth • 421-57-1165 • 2004 DAUGH 12 PATEL MUSKAN \*Mark an X in these boxes only if you checked Yes in the same box on your 2007 federal Schedule EIC, (box 4a or 4b). 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City Earned Income Credit Worksheet C** in the Form IT-215-I instructions. Part-year New York City residents must also complete line 28 No X on page 2 of this claim form ..... Dollars 6,960. 6 Wages, salaries, tips, etc., from Worksheet A, line 3, in the instructions, Form IT-215-I If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an in you receive a language at language or for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount 

The amount on line 8 above is a •

Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 40a; or Form 1040, line 66a. Federal alternative minimum tax filers — see instructions)

2151071030

6,960.

2,372.

712.

712.

NYIA4112 10/29/07

Please file this original scannable form with the Tax Department.

Employer identification number (see instructions) . . . . .

Mark an X in the applicable box . . . . .

profit or

	TI-215 (2007) Page 2 BHAVESHKUMAR B & MITALBAHEN B PATEL		1368
,	If your New York State filing status is 3, Married filing separate return, complete line 17. The NYS EIC on line 16 on page 1 can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below	17.	Dollars
	• federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)		
ırl	t-year New York State resident earned income credit		
ne si	es 18 through 26 apply only to part-year New York State idents claiming the New York State earned income credit.		
3	Enter your New York State earned income credit (from line 16 on page 1, or from line 17 above)	18.	
9	Enter the amount from Form IT-203, line 42	19 <b>.</b>	
•	If line 19 is equal to or more than line 18, stop. You do not have excess New York state earned income credit.		
	If line 19 is less than line 18, continue on line 20 below.		
0	Excess New York State earned income credit (subtract line 19 from line 18)	20 <b>.</b>	
	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) .		
	<ul> <li>If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.</li> </ul>		
	<ul> <li>If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.</li> </ul>		
2	Subtract line 21 from line 20: This is your remaining excess New York State earned income credit	<b>22.</b>	
3	Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet		
24	Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet		
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	25.	
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.  This is the refundable portion of your part-year New York State resident earned income credit	26.	
ev	Y York City earned income credit (full-year and part-year New York City residents)		
27	From Worksheet C, New York City earned income credit, in Form IT-215-I, Instructions for Form IT-215. Enter here and on Form IT-150, line 45; Form IT-201, line 70; or Form IT-203-ATT, line 11 Part-year New York City residents must also complete line 28 below.	27.	
28	Part-year New York City adjusted gross income: (see instructions) Enter the amounts from Form IT-360.1, line 20, columns A and B	28B.	
Voi	rksheet B (for Form IT-201 and Form IT-203 filers only)		
1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	<b>1.</b>	
2	Resident credit (from Form IT-201, line 41, or Form IT-203-ATT, line 1)		
3	Accumulation distribution credit (from Form IT-201-ATT, line 1, or Form IT-203-ATT, line 2)		
4	Add lines 2 and 3	4.	
	Subtract line 4 from line 1, (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on page 1 of this form	5.	

Please file this original scannable form with the Tax Department.

2152071030

NT 07024

NJ-1040/ TR-1040 2007 PAGE 1



# STATE OF NEW JERSEY INCOME TAX — RESIDENT RETURN HOMESTEAD REBATE APPLICATION (FOR TENANTS) For Privacy Act Notification, See Instructions For Tax Year January - December 2007 or Other Tax Year Beginning \_\_\_\_\_, 2007 Month Ending \_\_\_\_\_, \_\_\_\_

On-line Federal Extension Confirmation #

PATEL BHAVESHKUMAR B & MITALBAHEN B

				DENVI	ΓΓΈ		NJ 07834
001	00	014	6960	037	0	ss#	416631368
EXT	0	15A	0	038	0	SP#	416635976
FS	2	15B	0	039	0	SS1	421571165
DP	0	016	0	042	0	BY1	2004
006	2	017	0	044	0	SS2	0
007	0	018		045		BY2	0_
800	0	019	0	046	0	SS3	0
009	1	020	0	047	0	BY3	0
010	0	021	0	048	0	SS4	0
011	0	022	0	049	0	BY4	0
12A	2	023	0	050	474	007	2
12B	1	024	0	051	0	800	0
RSF	000000	025	0	052	0	MS	0 0
rşt	000000	026	6960	053	474	011	0
GEF	0	27A	0	054	0	013	0 0
DNM	0	27B	0	055	474	014	0
22C	0	27C	0	056	0	015	0 0
PA	0	029	0	057	0	15A	0
VC	1030	030	0	058	0	15C	0
CTY	1408	031	0	059	0	39A	99
PDR	0	032	0	060	0	50B	0
NAB	7015	033	0	061	0	50C	0
CDV	5845	36A	0	062	0	62c	00
		36B	0	063	0	PID	0
		36C	0	064	474	FID	0

			NJIA0101 11/14/07
and statements, and to the best of my	knowledge and belief, it is true, correct and y principal residence on October 1, 2007. If	π and rebate application, including accompanying schedules complete and that I occupied the rental property for which I prepared by a person other than taxpayer, this declaration is	Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY — TGI
Your Signature	Date Spou	se/CU Partner's Signature (ff filing jointly, BOTH must sign)	STATE OF NEW JERSET — IGI
•	▶		If you have an amount due, enclose your check and NJ-1040-V payment youcher and your return to:
Paid Preparer's Signature		Federal Identification Number	NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111
Firm's Name		Federal Employer Identification Number	1
Self.	-Prepared		If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH I Form NJ-1040/TR-1040 (2007)				Page 2
Name		Soci	al Security Nur	nber
PATEL, BHAVESHKUMAR B & MITALBAHEN B			13	68
	From		٦	Го
STATUS year, give the period of New Jersey residency:		DAY YEAR		MONTH DAY YEAR
FILING STATUS 1 Single 2 X Married/CU Couple, filing 3 Married/CU separate n	J Partner, filing eturn	4 He	ad of Househo	d 5 Qualifying Widow(er)/ Surviving CU Partner
EXEMPTIONS 6 Regular	10 Num	ber of other de	pendents	
7 Age 65 or over	<b>11</b> Depe	endents attendi	ng colleges	
8 Blind or Disabled	12 Total	•		6, 7, 8 and 11) 2
9 Number of qualified dependent children		•	Add Lines	9 and 10)
13 Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MOR				
LAST NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECUF	RITY#	BIRTH YEAR
a		1165		2004
ь				ļ
C				
d	2   I Va		- No	<u> </u>
GUBERNATORIAL Do you wish to designate \$1 of your taxes for this fund' ELECTIONS FUND If joint return, does your should wish to designate \$1?			No No	N HA0103 10/07/0
If joint return, does your spouse wish to designate \$1?  Wages, salaries, tips, and other employee compensation (Enclose W-2)			14	NJIA0123 12/07/0
15a Taxable interest income			15 a	0,300.
	15b	·····		
16 Dividends		· · · · · · · · · · · · · · · · · · ·	16	
17 Net profits from business (Enclose copy of Federal Schedule C, Form 1040)				
18 Net gains or income from disposition of property (Schedule B, Line 4)				
19 Pensions, Annuities, and IRA Withdrawals (See instructions)				
20 Distributive Share of Partnership Income (See instructions)				
21 Net pro rata share of S Corporation Income (See instructions)				
22 Net gain or income from rents, royalties, patents and copyrights (Scheen				
23 Net Gambling Winnings				
24 Alimony and separate maintenance payments received			24	
25 Other (See instructions)			25	
<b>26</b> Total income (Add Lines 14, 15a, 16 through 25)			26	6,960.
27a Pension Exclusion (See instructions)	27 a			
27 b Other Retirement Income Exclusion (See Worksheet and instructions)	27 b			
27c Total Exclusion Amount (Add line 27a and Line 27b)			27 c	
28 New Jersey Gross Income (Subtract Line 27c from Line 26). See instru	ctions	·	28	6,960.
29 Total Exemption Amount – See instructions. (Part Year Residents see	instructions)			· · · · · · · · · · · · · · · · · · ·
30 Medical Expenses (See Worksheet and instructions)				
31 Alimony and Separate Maintenance Payments			<del></del>	
32 Qualified Conservation Contribution			32	
33 Health Enterprise Zone Deduction				
34 Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)				
35 Taxable Income (Subtract Line 34 from Line 28). If zero or less, MAKE		• • • • • • • • • • • • • • • • • • • •	35	
	36a			
36b Check this box if you were a homeowner on October 1, 2007			20-	
36 c Property Tax Deduction (See instructions)				
				0
<ul><li>38 Tax (From Tax Tables in the instructions)</li></ul>				0.
Enter other jurisdiction code (See instructions)			····  <del>3</del>	
40 Balance of Tax (Subtract Line 39 from Line 38)			40	0.
41 THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS				
42 Sheltered Workshop Tax Credit				
43 Balance of Tax after Credit (Subtract Line 42 from 40)				0.
44 Use Tax Due on Out-of-State Purchases (See instructions). If no Use T				0.
45 Penalty for Underpayment of Est Tax. Check if Form 2210 enclosed	<del>-</del>			<u>-</u>
46 Total Tax and Penalty (Add Lines 43, 44 and 45)	_		46	0.

Name	DAMET DUATECHNIMAD D C MIMATONINA		
A7	Octail Octail Halling		1368
47 48	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)		
	Property Tax Credit (See instructions)		
49	New Jersey Estimated Tax Payments/Credit from 2006 tax return	-	
50	New Jersey Earned Income Tax Credit (See instructions)	. 50	474
	Fill in the box if you had the IRS figure your Federal Earned Income Credit		
	Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit		T
	EXCESS New Jersey UI/WF/SWF Withheld (See inst) (Enclose Form NJ-2450)	. 51	
	EXCESS New Jersey Disability Insurance Withheld (See inst) (Enclose Form NJ-2450)	. 52	
	Total Payments/Credits (Add Lines 47 through 52)	. 53	474
54	If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE	. 54	
	If you owe tax, you may make a donation by entering an amt on Ln 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amt.		
55	If Line 53 is MORE THAN Line 46, enter OVERPAYMENT	. 55	474
	Deductions from Overpayment on Line 55 which you elect to credit to:		
56	Your 2008 tax	. 56	0
	NJ Endangered Wildlife Fund	. 57	
	NJ Children's Trust Fund\$10 \$20 Other	. 58	
	NJ Vietnam Veterans' Memorial Fund	. 59	
	NJ Breast Cancer Research Fund	. 60	
61	U.S.S. New Jersey Educational Museum Fund	61	
62	Other Designated Contribution (See instructions) \$10 \$20 Other	62	
63	Total Deductions from Overpayment (Add Lines 56 through 62)	63	
64	REFUND (Amount to be sent to you. Subtract Line 63 from Line 55)	64	474
	Account Number	ILY)	-
heci	2007 HOMESTEAD REBATE APPLICATION (FOR TENANTS ON	•	ol regidence
heci	2007 HOMESTEAD REBATE APPLICATION (FOR TENANTS ON On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my p	princip	al residence
theck	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my process and the second seco	princip See ins	structions.
7 8	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my process and the second of th	princip See ins	structions.
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my process. No. If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application. On Dec 31, 2007 I (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disablenter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions	princip See ins	structions.
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my process. No. If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application. On Dec 31, 2007 I (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disablement the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions	princip See ins	structions.
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my process. It is not provided in the supplication of Dec 31, 2007   (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disablenter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your	princip See ins led Fil	structions.
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my great in Yes X No If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application.  On Dec 31, 2007 I (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disable Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions	princip See ins led Fil	structions.
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my great in Yes X No If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application.  On Dec 31, 2007 I (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disable Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filling status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	princip. See insided File 9	tructions. I in only one box. See instr {
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my great in Yes X No If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application.  On Dec 31, 2007 I (and/or my sp/CU partner) was: Age 65 or older Blind or disabled Not 65 or blind or disable Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	orincip. See ins led Fil 9  10 11 T REB	tructions. I in only one box. See instr {
7 8 9	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my great in Yes X No If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application.  On Dec 31, 2007 I (and/or my sp/CU partner) was Age 65 or older Blind or disabled Not 65 or blind or disable Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filling status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	orincip. See ins led Fil 9  10 11 T REB	tructions. I in only one box. See instr {
7 8 9 10	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental dwelling in New Jersey as my process of the rental property in New Jersey that was your spouse on October 1, 2007, and the process of the rental property in New Jersey that was your principal residence on October 1, 2007.	orincip. See ins led Fil 9  10 11 T REB	tructions. I in only one box. See instr {
7 8 9 10	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the control	princip. See insided File 9 10 11 T REB	tructions. I in only one box. See instr {
7 8 9 10	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the control	princip. See insided File 9 10 11 T REB	tructions. I in only one box. See instr {
7 8 9 110	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory in the property indicated at Line 12	princip. See insided File 9 10 11 T REB 2007	tructions. I in only one box. See instr
7 8 9 110 112 :	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the second of the second occupied an apartment or other rental dwelling in New Jersey as my process. In the second occupied an apartment or other rental dwelling in New Jersey as my process. In the second occupied on the second occupied of second occupied or disable of second occupied on the second occupied or disable occupied occu	princip. See insided File 9 10 11 T REB 2007	tructions. I in only one box. See instr
7 8 9 10 11 12	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the total rent you (and your spouse/CU partner) paid during 2007 for the rental property indicated at Line 12 (If you must complete Lines 15a, b and c)  Did aryone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at Line 12? (If yes, you must complete Lines 15a, b and c)  On October 1, 2007, I rented and occupied an apartment or other rental property indicated at Line 12? (If yes, you must complete Lines 15a, b and c)	princip. See insided File 9 10 11 TREB 2007	tructions. I in only one box. See instr
7 8 9 110	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the transport of the rental dwelling in New Jersey as my process. It is not five, store that some content of the property indicated at Line 12	porincipping See inside Fill 9  10 11 11 TREB 2007	tructions. I in only one box. See instr
7 8 9 110 111 112   113   114   115	Con October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my received by the property indicated at Line 12. (If yes, you must complete Lines 15a, b and c) Enter the total number of deants (Undarded at Line 12.)  2007 HOMESTEAD REBATE APPLICATION (FOR TENANTS ON On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my received by the property of the rental property indicated at Line 12. (If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	princip. See ins led File 9  10 11 TREB 22007	ATE.
7 8 9 110 111 112   :	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my processory of the property indicated at Line 12 (If you must complete Lines 15a, b and c) Enter the total number of tenants (including yourself) who shared rent during the period indicated at Line 12 (If yes, you must complete Lines 15a, b and c) Enter the total number of tenants (including yourself) wind shared rent during the period indicated at Line (For this purpose, husband and wife/CU couple are considered none the name(s) and social security number(s) of all other tenants (other than your spouse, husband and wife/CU couple are considered none tenants.	princip. See ins led File 9  10 11 TREB 22007	ATE.
7 8 9 110 111 112 113 14 15 115 115 115 115 115 115 115 115 1	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved in the property indicated at Line 12.  On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved in the property indicated at Line 12.  On Dec 31, 2007 I (and/or my sp/CU partner) was: Age 65 or older Blind or disabled Not 65 or blind or disable interesting the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	princip. See ins led File 9  10 11 TREB 22007	ATE.
7 8 9 110 111 112   :	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved by the service of the service o	princip. See ins led File 9  10 11 TREB 22007	ATE.
7 8 9 110 111 112   113   114   115	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved in the property indicated at Line 12.  On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved in the property indicated at Line 12.  On Dec 31, 2007 I (and/or my sp/CU partner) was: Age 65 or older Blind or disabled Not 65 or blind or disable interesting the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.  If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box	princip. See ins led File 9  10 11 TREB 22007	ATE.
7 8 9 10 11 12 13 14 15 15 15 15 15 15	On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my preserved by the service of the service o	princip. See ins led File 9  10 11 17 REB 2007  13 14 15a 17) who	ATE.

Labe! (See instructions on page 14.) Use the IRS label. Otherwise,	L A B	U.S. Individual Income Tax Burn  For the year Jan. 1-Dec. 31, 2008, or other tax y easeginning	200	8	•	*	
Labe! (See instructions on page 14.) Use the IRS label. Otherwise,	L A B	For the year Jan. 1-Dec. 31, 2008, or other tax y easeginning	200				
(See instructions on page 14.) Use the IRS label. Otherwise,	A B			(99) , 2008, ending			staple in this space.
instructions on page 14.) Use the IRS label. Otherwise,	В	Your first name and initial Last nar lie		, 2000, eriulii	, 20	· · · · ·	OMB No. 1545-0074
on page 14.) Use the IRS label. Otherwise,		BHAVESH B. PA' EL					1368
Use the IRS label. Otherwise,	E	if a joint return, spouse's first name and initial   Last name ~				Spouse's	social security number
Otherwise,	L	MITTALBAHEN R. PATEL				орошае а	5976
	н	Home address (number and street). If you have a P.O. box, see p	page 14.		Apt. no.	Y	ou <b>must</b> enter
please print	E				1 45.1 10.		our SSN(s) above.
or type.	R E	City, town or post office, state, and ZIP code. If you have a foreign	n address, se	e page 14.		Charlin	
Presidential		MONTGOMERY AL 3			l		g a box below will not your tax or refund,
Election Campaign	n 🕨	Check here if you, or your spouse if filing jointly, want \$3	to go to this	fund (see pa	age 14) •		You Spouse
	1	Single	4 He	ad of househo	old (with qualifying person is a child but no	rson). (See p	age 15.) If
Filing Status	2	Married filing jointly (even if only one had income)	thi	s child's name	here. •	your depend	ent, effter
Check only	3	Married filing separately. Enter spouse's SSN above	5 Qu	alifying widow	(er) with dependent of	child (see pag	e 16)
one box.		and full name here. 🔷	_				,
	6a	Yourself. If someone can claim you as a dependent,	do not ched	k box 6a			Boxes checked
Exemptions	b	X Spouse					on 6a and 6b
	C	Dependents:			(3) Depender	nt's (4)	on 6c who:
				endent's	relationship to		child • lived with you
			social secur	ity number	you	tax cr page	lld . (see • did not live with 17) you due to divorce
				-1165	Child		Or separation (see page 18)
If more than four							
dependents, see page 17.							Dependents on 6c not entered above
page							
	ď	Total number of exemptions claimed					Add numbers on lines above
	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	34,00
Income	8a	raxable interest. Attach Schedule B if required				8a	
Attach Form(s)	b	Tax-exempt interest. Do not include on line 8a		8b			
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule B if required				9a	
W-2G and	b	Qualified dividends (see page 21)		9b			
109\$-R if tax 1	0	Taxable refunds, credits, or offsets of state and local incom-	ne taxes (se	e page 22)		10	
was withheld. 1	1	Alimony received				111	
If you did not 12	2	Business income or (loss). Attach Schedule C or C-EZ		· · · · · · · · · · · · · · · · · · ·		12	
get a W-2, 13	3	Capital gain or (loss). Attach Schedule D if required, if not required, check here	•	X-1	[	13	
see page 21. 14		Other gains or (losses). Attach Form 4797				14	
	5a	IRA distributions 15a			mount (see page 2	23) <b>15b</b>	
_	6a	Pensions and annuities 16a	b	Taxable a	mount (see page 2	24) <b>16</b> b	· · · · · · · · · · · · · · · · · · ·
not se, but do 17		Rental real estate, royalties, partnerships, S corporations,	trusts, etc. A	Attach Sched	lule E <sup>-</sup>	17	
payr ent, Also,	8	Farm income or (loss). Attach Schedule F				18	
please use 19	9	onemployment compensation				19	
Form 1040-V. 20	0a	Social security benefits 20a	b	Taxable ar	nount (see page 2	(6) 20b	
21	1	Other income. List type and amount (see page 28)				21	
22	<u>2</u>	Add the amounts in the far right column for lines 7 through	21. This is y	our total in	come	<b>22</b>	34,000
Adjusted a	3	Educator expenses (see page 28)		23			
Adjusted 24	1	pertain business expenses of reservists, performing artists	s, and				
Gross		fee-basis government officials. Attach Form 2106 or 2106-	EZ	24			
Income 25	5	Health savings account deduction. Attach Form 8889		25			
26	,	violing 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 page 29)		29			
30		Penalty on early withdrawal of savings		30			
31		Alimony paid b Recipient's SSN ◆		31a	1. 1		
32		RA deduction (see page 30)		32			
33		Student loan interest deduction (see page 33)		33			
34		Fultion and fees deduction. Attach Form 8917		34			
35		Domestic production activities deduction. Attach Form 8903	3 :	35			
36		Add lines 23 through 31a and 32 through 35				36	
37 or Disclosure, Priva		Subtract line 36 from line 22. This is your adjusted gross in Act, and Paperwork Reduction Act Notice, see page 88	ncomo		<u></u>	▶ 37	34,000

		19 11:29 AM VESH B. & MITTALBAHEN R. PATEL	1368 Page 2
ax 📜	38**	Amount from ine 37 (adjusted gross income)	38 34,000
nd		Check You were born before January 2, 1944, Blind. Total boxes	·
redits	Ξ,	if: Spouse was born before January 2, 1944, Blind. checked ♦ 39a	
€	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here	
Standard	] c	Check if standard deduction includes real estate taxes or disaster loss (see page 34)  • 39c	H
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	10,900
or			
People who	41	Subtract line 40 from line 38	41 23,100
hecked any	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see	10 500
ox on line 9a, 39b, or		page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42 10,500
9c or who	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 12,600
an be laimed as a	44	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	44 1,263
ependent,	45	Alternative minimum tax (see page 39). Attach Form 6251	45
ee page 34.	46	Add lines 44 and 45	46 1,263
All others:	47	Foreign tax credit. Attach Form 1116 if required 47	
ingle or larried filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	7
eparately,	49	Credit for the elderly or the disabled. Attach Schedule R 49	7 1
5,450	50	Education and its Attack English 2000	<b>⊣</b>
larried filing	51	Retirement savings contributions credit. Attach Form 8880 51	$\dashv$
intly or ualifying	52		ᆔ
idow(er),		Child tax credit (see page 42). Attach Form 8901 if required 52 1,00	의
10,900	53	Credits from Form: a 8396 b 8839 c 5695 53	_
ead of	54	Other credits from Form: a 3800 b 8801 c 54	<b>-</b>
ousehold, 3,000	55	Add lines 47 through 54. These are your total credits	
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56 263
her	57	Self-employment tax. Attach Schedule SE	57
ixes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58
IVC2	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60	Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H	60
	61	Add lines 56 through 60. This is your total tax	61 263
	62	Federal income tax withheld from Forms W-2 and 1099 62 2,81	
yments	63		<b>- 1</b>
			글 :: 1
you have a Jalifying	64a	` ` · · · · · · · · · · · · · · · · · ·	의
nild, attach	b	Nontaxable combat pay election 64b	
chedule EIC.	65	Excess social security and tier 1 RRTA tax withheld (see page 61)  65	_
	66	Additional child tax credit. Attach Form 8812 66	_
	67	Amount paid with request for extension to file (see page 61) 67	
	68	Credits from Form: a 2439 b 4136 c 8801 d 8885 68	
	69	First-time homebuyer credit. Attach Form 5405 69	
	70	Recovery rebate credit (see worksheet on pages 62 and 63) 70 90	o
	71	Add lines 62 through 70. These are your total payments	71 4,189
fund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72 3,926
ct deposit?	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a 3,926
page 63	♦ b		734 5,920
fill in 73b,			
and 73d, orm 8888.	<b>♦</b> d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	74	Amount of line 72 you want applied to your 2009 estimated tax ◆ 74	4
nount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	75
u Owe_	76	Estimated tax penalty (see page 65) 76	
ird Party	, Do you	want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete	ete the following. No
signee	Designe	e's Personal identification number (PIN)	<b>◆</b>
	name	♦ Phone no.	<b>♦</b>
gn	Under pe	malties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be by are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	est of my knowledge and
ere	Your sign	nature Date Your occupation	Daytime phone number
t return? page 15.		CLERK	
p a copy	Spouse's	signature. If a joint return, <b>both</b> must sign.  Date Spouse's occupation	
p a copy our ords.	-,	CLERK	
	Preparer'		Preparer's SSN or PTIN
id	signature		9940
		2/24/03 sell-elliployed	
		Goff Business Services	EIN 63-0810379
	vours it s	elf-employed), 563-E George Todd Road	Phone no.
eparer's e Only			'
	address,	and ZIP code ' Montgomery AL 36117	334-277-0040
		Montgomery AL 36117	334-277-0040 Form <b>1040</b> (2008)

RHAVESMITT 02/24/2000 44-20 AM				· · · · · · · · · · · · · · · · · · ·
BHAVESMITT 02/24/2009 11:29 AM	°		_	K 9 *
	arned Incon ualifying Child Infor	mation		OMB No. 1545-0074
* .		104	위EIC	2008
epartment of the Treasury ternal Revenue Service (99)		attach to Form 1040A or 1040 if you have a qualifying child.		Attachment Sequence No. 43
ame(s) shown on return			Your soc	ial security number
BHAVESH B. PATEL MITTALBAHEN R. PATEL				1368
See the instru sure that (a) y  Be sure the cl social security EIC. If the nar	ou can take the EIC, and nild's name on line 1 and s card. Otherwise, at the ti	tes 40a and 40b, or Form 1040  (b) you have a qualifying child social security number (SSN) on the we process your return, we ocial security card is not corre	on line 2 agree with the child a may reduce or disallow yo	ke d's
If you take the EIC even though back of schedule for details.  AUTION     It will take us longer to process		·		See
qualifying child.				<del> </del>
ualifying Child Information	C	child 1	Ch	nild 2
Child's name  If you have more than two qualifying children, you	First name	Last name	First name	Last name
only have to list two to get the maximum credit.  Child's SSN	I			
The child must have an SSN as defined on page 43				
of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born				
and died in 2008. If your child was born and died in				
2008 and did not have an SSN, enter "Died" on this				
line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.		1165		
Child's year of birth				
	Year 200	<b>4</b> 1989, skip lines 4a	Year_	_ 989, skip lines 4a
	and 4b; go to	•	and 4b; go to	•
If the child was born before 1990-		<del></del>		
Was the child under age 24 at the end of 2008 and a student?	Yes. Go to line 5.	No. Continue.	Go to line 5.	No. Continue.
Was the child permanently and totally disabled	Yes.	No.	Yes.	No.
during any part of 2008?	Continue.	The child is not a qualifying child.	Continue.	The child is not a qualifying child.
Child's relationship to you		<u> </u>		2 9
(for example, son, daughter, grandchild,	Child			
niece, nephew, foster child, etc.)  Number of months child lived	Cnila	·		
with you in the U.S. during 2008				
<ul> <li>If the child lived with you for more than half of 2008 but less than 7 months, enter "7."</li> </ul>				
<ul> <li>If the child was born or died in 2008 and your home was the child's home for the entire time he or she was alive during 2008, enter "12."</li> </ul>	Do not enter m	months ore than 12 months.	Do not enter mo	months ore than 12 months.
	onal, or U.S. resident alie	edit if your child (a) was under n. For more details, see the ins		
1040A or line 66 of Form 104	· · ·			
1040A or line 66 of Form 104 r Paperwork Reduction Act Notice, see Forn			Schedule El	C (Form 1040A or 1040) 200
1040A or line 66 of Form 104			Schedule Ele	C (Form 1040A or 1040) 200

Form 1040/-	Child Tax Credit Worksheets	2008
HAVESH B.	& MITTALBAHEN R. PATEL	Taxpaver Identification Number -1368
Ch	ld Tax Credit Worksheet - Form 1040, Line 52, Form 1040A, Line 33 or Form	1040NR, Line 47.
Number of qualifying	children: 1 x \$1000. Enter the result.	1. 1,000
	n Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36.	2 34,000
Enter the total of any	exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18	3.
	rried filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately.	5. <u>110,000</u>
	4 more than the amount on line 5?	
	6 blank. Enter -0- on line 7.	
_	line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	
	n line 6 by 5% (.05). Enter the result.	
Enter the amount from III	ne 1. If zero or less, <b>stop here;</b> you <b>cannot</b> take this credit. n Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43.	
	Form 1040 lines 47, 48, 49, 50, and 51 or Form 1040A lines 29, 30, 31, and 32, or Form 1040 NR, lines 44, 45,	3. <u></u>
and 46. Enter the total		10.
. Are you claiming any	***************************************	
<ul> <li>Mortgage interest</li> </ul>	credit, Form 8396 Adoption credit, Form 8839 Residential energy efficient property credit, Form 5695	
District of Columbi	a first-time homebuyer credit, Form 8859	
No. Enter the	amount from line 10.	
	amount from Child Tax Credit - Line 11 Worksheet below.	
	ine 9. Inter the <b>smaller</b> of line 8 or line 12 here and on Form 1040, line 52, Form 1040A, line 33 or Form 1040NR, line 47.	
	Child Tax Credit - Line 11 Worksheet	
e this worksheet <b>only</b> i	you checked "Yes" on line 11 of the Child Tax Credit Worksheet above.	
	line 8 of the Child Tax Credit Worksheet above.	
	ed income from the Child Tax Credit Taxable Earned Income Worksheet.	2.
Is the amount on line	• •	
	3 blank, enter -0- on line 4, and go to line 5.  \$8,500 from the amount on line 2. Enter the result.	3
_	\$8,500 from the amount on line 2. Enter the result.  I line 3 by 15% (.15) and enter the result.	
	I of the Child Tax Worksheet above \$3,000 or more?	
No. If line 4 at		
Zero, enter th	amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, enter the	ne amount from
	dit Worksheet line 10 on line 11, and complete lines 12 and 13. o, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below.	
	bove is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on	
line 10, and go	to line 11 below. Otherwise go to line 6.	
	ecurity and Medicare taxes withheld from your pay (and your spouse's if filing a joint	_
	nould be shown in boxes 4 and 6 of your Form(s) W-2. If you worked for a railroad, see below.  mounts from Form 1040, line 27 and line 58 (Form 1040NR, line 53), plus any taxes identified with code "UT" on the	6.
	n 1040, line 61 (Form 1040NR, line 57).	7.
	Form 1040, lines 64a and 65 or Form 1040A, line 40a and excess social security tax included on line 43 or	
Form 1040NR, line 60	Enter total.	9.
<ul> <li>Subtract line 9 from lir</li> </ul>	e 8. If the result is zero or less, enter -0	10
. Enter the larger of lir	e 4 or line 10.	11
. Is the amount on line	11 of this worksheet more than the amount on line 1?	
No. Subtract I	ne 11 from line 1. Enter the result.	
	- .396, Form 8839, Form 5695, or Form 8859 where applicable.	12.
	isse, Form 8839, Form 8899, or Form 8839, line 18, Form 5695, line 27 and Form 8859, line 11.	13
	·	-
	line 10 of the Child Tax Credit Worksheet above.  nter this amount on line 11 of the Child Tax Credit Worksheet above.	15.
		101

Form	1040	Recovery Rebate Credit Worksheet	2008
Vame	AUECH D		aver Identification Number
ДΠ		& MITTALBAHEN R. PATEL ery Rebate Credit Worksheet - Form 1040, Line 70, Form 1040A, Line 42, or Form 1	1368
1. (		use if filing a joint return, be claimed as a dependent on another person's return?	040-EZ, Line 9
	No. Go		
2. [		include a valid social security number for you, and if filing jointly, your spouse?	
	4	p lines 3 and 4 and go to line 5.	
3. /	Are you filing a joint	return for 2008?	
	Yes. Go		
4. \		our spouse a member of the U.S. Armed Forces at any time during 2008?	
	Yes. Go		
5. E	Enter the amount fro	m Form 1040, line 56, Form 1040A, line 35 or Form 1040-EZ, line 11	5. 263
6. E	inter the amount fro	rn Form 1040, line 52 or Form 1040A, line 33	6. 1,000 7. 1,263
7. A 8. E	Add lines 5 and 6 Entor \$600 (\$1 200 )	Forering filter (starthy)	7. 1,283 8. 1,200
9. E	Enter the smaller of i	f married filing jointly)	9. 1,200
10.	s the amount on line	line 7 or line 8 9 at least \$300 (\$600 if married filing jointly)?	J
	Yes. If you che	bu have at least one qualifying child for whom you entered a valid social security number on Form 1040 or Form 1040A, line 6c cked the box in column (4), or have at least one qualifying child with a valid social security number for whom you completed Fo 11. Otherwise, skip lines 11 through 21 and enter the amount from line 9 on line 22 le 7 is more than zero, go to line 11. Otherwise, skip line 11 and go to line 12.	
11.	_	more than \$8,950 if single or married filing separately, \$17,900 if married filing jointly, \$11,500 if head of household, or \$14,40	0 if qualifying widow(er)?
	No. Go		J()
	X Yes. Skip	lines 12 through 18 and go to line 19.	
12. E	Enter the amount fro	m Form 1040, line 20a or Form 1040A, line 14a	12
13. E	Inter the amount of	any nontaxable veterans' disability or death benefits received in 2008	13,
	Are you filing form 88		
	Yes. Skip	line 15. Enter on line 16 the amount from Form 8812, line 4a	
	No. Go	to line 15.	
		555 or 2555-EZ to exclude foreign income, <b>or</b> using one of the optional methods to figure your net earnings from self-employm you a church employee or member of the clergy?	ent on
	Yes. Fill o	out the Earned Income Worksheet on page 8 of Pub. 972 and enter on line 16 the amount from line 8 of that worksheet. to line 16	
٧	Vorksheet B, line 4b	you did not already enter an amount on this line, complete Worksheet B on page 49 through line 4b. Enter the amount from . (If you (or your spouse) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on Form 1040, A, line 40b, or Form 1040-EZ, line 8b, add your (and your spouse's) nontaxable combat pay to the amount on this line.	16
17. C	Qualifying income.	Add lines 12, 13, and 16	17.
	s line 17 at least \$3,		
		lines 19 through 21 and enter the amount from line 9 on line 22	
	Yes. Go		
19. E	nter \$300 (\$600 if n	narried filing jointly)	19. 600
	inter the larger of lin		20. 1,200
<b>21</b> . N	Multiply \$300 by the	number of qualifying children for whom you entered a valid social security number on Form 1040 or Form 1040A, line 6c,	
		ked the box on Form 1040 or Form 1040A, line 6c, column (4), or Form 8901, column (b)	21. 300
<b>22.</b> A	dd lines 20 and 21		22. 1,500
23. E	nter the amount fro	m Form 1040, line 38, Form 1040A, line 22, or Form 1040-EZ, line 4	23. 34,000
24. E	inter \$75,000 (\$150,	000 if married filing jointly)	24. <u>150,000</u>
25. 18		23 more than the amount on line 24?	
		line 26. Enter the amount from line 22 on line 27 below.	25
26 M	Aultinly line 25 by 5%	tract line 24 from line 23	25.
27. 5	Subtract line 26 from	6 (.05) line 22. If zero or less, enter -0	26. 27. 1,500
28. ⊟	nter the amount, if a	any, of the economic stimulus payment you received (before offset) as shown on Notice 1378. If you received more than one	21. 1,300
p If	ayment, enter the to you filed jointly in 2	otal of all payments you received. If filing jointly, include your spouse's payment as shown on your spouse's Notice 1378.  007 and received an economic stimulus payment, you and your spouse are each treated as receiving half.	28. 600
7 0	0, Form 1040A, line r Form 1040-EZ, line	edit. Subtract line 28 from line 27. If zero or less, enter -0 Enter the result here and, if more than zero, on Form 1040, line 42 or Form 1040-EZ, line 9. If you entered an amount on line 13, enter "VA" on Form 1040, line 70, Form 1040A, line 42, e 9. If you or your spouse has nontaxable combat pay, did not file Form 8812, and did not enter an amount on Form 1040, line 40, or Form 1040-EZ, line 80, enter "NCP" on Form 1040, line 70, Form 1040A, line 42 or Form 1040-EZ, line 9.	29. 900

PBHAVESMITT 02/24/2009 11:29 AM		- <b>\$</b>
Form 1040	Schedule EIC Worksheet 1	2008
lame		Taxpayer Identification Number
BHAVESH B. & MTT	TTALBAHEN R. PATEL	-1368
		1300 /
nterest and Dividends	Worksheet 1. Investment Income	
	040, line 8a	1
	040, line 8b plus any amount on Form 8814, line 1b.	
. Enter any amount from Form 10	040, line 9a	3.
	040, line 21, that is from Form 8814 if you are nild's interest and dividend income on your return.	4
apital Gain Net Income		
	040, line 13. If the amount on that line is a loss,	<del></del>
If the amount on that line is a lo	, Sales of Business Property, line 7. ss, enter zero. (But, if you completed ter the amount from line 9 instead.)	
	t from line 5 of this worksheet. (If the result is	7.
Royalties and Rental Income from	n Personal Property	
<ul> <li>Enter any royalty income from strental of personal property shows</li> </ul>	Schedule E, line 4, plus any income from the wn on Form 1040, line 21	
<ul> <li>Enter any expenses from Scheen expenses from the rental of per</li> </ul>	dule E, line 21, related to royalty income, plus any rsonal property deducted on Form 1040, line 36 9	····
	of this worksheet from the amount on line 8. (If er zero.)	10
assive Activities		
Enter the total net income from	passive activities.	11,
Add the amounts on lines 1, 2, the total. This is your Investme	3, 4, 7, 10 and 11. Enter ent income.	12
	Worksheet 2. Earned Income	
. Enter the amount from line 7 (Fo	orm 1040 or Form 1040A) or line 1 (Form 1040EZ).	34,000
	rship or fellowship grant that was not reported to	1,
you on a form W-2 but was incl 1040A) or line 1 (Form 1040EZ		
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that schedu		
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that schedu line 7 (Form 1040), enter that a  Church employees. If you recei on page 20), enter any amount	c), enter the amount.  2  the clergy who files Schedule SE and the ple includes an amount that was also reported on	
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that schedu line 7 (Form 1040), enter that a  Church employees. If you received on page 20), enter any amount and line 7 (Form 1040)	the clergy who files Schedule SE and the all includes an amount that was also reported on mount.  3. ived wages as a church employee (as defined you included on both line 5a of Schedule SE	
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that scheduline 7 (Form 1040), enter that a  Church employees. If you receion page 20), enter any amount and line 7 (Form 1040)	the clergy who files Schedule SE and the ple includes an amount that was also reported on amount.  3. Sived wages as a church employee (as defined you included on both line 5a of Schedule SE 4.  4. Putty from a nonqualified deferred compensation it was included in the total on line 7 (Form 1040 1040 1040 1040 1040 1040 1040 104	
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that scheduline 7 (Form 1040), enter that a  Church employees. If you received a pension or any amount and line 7 (Form 1040)	the clergy who files Schedule SE and the sele includes an amount that was also reported on mount.  3. ived wages as a church employee (as defined you included on both line 5a of Schedule SE 4.  unity from a nonqualified deferred compensation it was included in the total on line 7 (Form 1040 1040EZ), enter the amount. (This amount may orm W-2. If you received such an amount but imployer for the amount of the pension or annuity.)  4 and 5 of this worksheet.	6.
1040A) or line 1 (Form 1040EZ  Clergy. If you are a member of amount on line 2 of that schedu line 7 (Form 1040), enter that a  Church employees. If you received nage 20), enter any amount and line 7 (Form 1040)	the clergy who files Schedule SE and the lei includes an amount that was also reported on mount.  3. lived wages as a church employee (as defined you included on both line 5a of Schedule SE  4. lived wages as a church employee (as defined you included on both line 5a of Schedule SE  4. lived wages as a church employee (as defined you included on both line 7 (Form 1040 1040 1040 1040 1040 1040 1040 104	6

Form 1	040	Schedule EIC Worksheet 2	2	800
ame	<u> </u>		Taxpayer Identification	n Number
BHAVES	H B. & MIT	TALBAHEN R. PATEL	·136	8
			100	
		Earned Income Credit Worksheet B		
		People with Church Employee Income Filing Schedule SE		
		ule SE, Section A, line 3, or		
Section E	s, line 3, whichever a	pplies. 1a.		
o. Enter any	amount from Scher			
		1c	<del></del>	
		ule SE, Section A, line 6, or		
			<del></del>	
		ahadula 8E	1e	
	loyed NOT Filing S	any statutory employee income, any net profit from		
		y public, or any amount exempt from self-employment		
		nd approval of Form 4029 or Form 4361.		
	•	iss) from schedule F, line 36, and from		
		(-1 (Form 1065), box 14, code A 2a.		
		om Schedule C, line 31; Schedule C-EZ,		
-		65), box 14, code A (other than farming);		
		6-B), box 9, code J1. <b>2b.</b>		
c. Add lines			20	
		Schedule C or C-EZ		
_		ule C, line 1, or Schedule C-EZ, line 1, that		
		nployee.	3.	
. All filers	Using EIC Worksh	eet B		
a. Enter you	r earned income from	n Worksheet 2, line 8.	4a.	34,000
b. Combine	lines 1e, 2c, 3 and 4	a. This is your total earned income.	4b.	34,000
	ount on line 4b less			
• \$12,8	80 (\$15,880 for mar	ried filing jointly) if you do not have a qualifying child,		
• \$33,9	95 (\$36,995 for mar	ried filing jointly) if you have one qualifying child, or		
• \$38,6	46 (\$41,646 for mar	ried filing jointly) if you have 2 or more qualifying children?		
YES.	Continue on to line	5.		
NO. S	Stop, you cannot tak	e the credit.		
Look up ti	he the amount on lin	e 4b above in the EIC Table in the instructions		
to find the	credit. Use the cor	ect column for your filing status. Enter		
the credit	here.		5.	475
		ome (line 38 of Form 1040; line 22 of Form		
1040A; or	line 4 of Form 1040	-EZ).	63	34,000
Note: If the	ne amounts on lines	4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8		· <del></del>
. If you hav	e:			
<ul> <li>No qu</li> </ul>	ıalifying children, is t	he amount on line 6 less than \$7,200 (\$10,200 if married filing jointly)?		
<ul><li>1 or n</li></ul>	nore qualifying childi	en, is the amount on line 6 less than \$15,750 (\$18,750 if married filing jointly)	?	
YES.	Leave line 7 blank;	enter the amount from line 5 on line 8.		
		n line 6 in the EIC table in the instructions.		
U	se the correct colun	n for your filing status. Enter the credit here.		
<ul> <li>Look at th</li> </ul>	e amounts on lines	and 7. Then, enter the smaller amount on line 8. This is your earned inco	ome credit. 8.	475

PBHAVES	SMITT 02	/24/2009 11:29 A	M				1	x
Form	104	o l	£ 0 r 0	Salaries & Wag	es Report			2008
	VESH	В. & М	ITTALBAHEN R	. PATEL				Identification Number
A TS B S C _	ARA	V FOODM V FOODM			Federal Wa 12, 22,	. 000 . 000	922 1 , 892	Soc Sec Wages 12,000 22,000
E _ F _ G _ H _								
M _ K _ J _							100	
-				Taxpayer Spouse Totals	22,	000 000 000	922 1,892 2,814	12,000 22,000 34,000
A B C D E F G H I J K		744 1,364	Medicare Wages 12,000 22,000	Medicare Withheld 174 319	Allocated Tips	Advanced E	IC Dep Care Ben	Other, Box 14
L M Taxpa Spous Totals	se _	744 1,364 2,108	12,000 22,000 34,000	174 319 493				
A A	tate AL	State Wage 12,0 22,0	000 560	Name of Loc	cality	L	ocal Wages	Local Withheld
Taxpa Spous Totals	se _	12,0 22,0 34,0	000 825					

PBHAVESMITT 02/24/2009 11:29 .		
Form <b>8867</b> (Rev. December 2006) Department of the Treasury Internal Revenue Service	Paid Preparer's Earned Income Credit Checklist	OMB No. 1545-1629
	◆ Do not send to the IRS. Keep for your records.  ng terms, see Pub. 596 for the year for which you are completing this form.  • Investment Income  • Qualifying Child  • Earned Income	
A Taxpayer's name ◆ B	HAVESH B. PATEL	
B If joint return, spouse's na	ame ♦ MITTALBAHEN R. PATEL	·· <u>·····</u> ·····
Part I All Taxpaye	ers	-1368
1 Year after 2005 for which	you are completing this form ◆ 2008	
2 Is the taxpayer's filing sta	itus married filing separately?	Yes X No
◆ If you checked "Y continue.	es" on line 2, stop; the taxpayer cannot take the EIC. Otherwise,	
(SSN) that allows him or	he taxpayer's spouse if filing jointly) have a social security number her to work or is valid for EIC purposes? See the instructions before	X Yes No
◆ If you checked "N continue.	o" on line 3, stop; the taxpayer cannot take the EIC. Otherwise,	
	n 2555 or Form 2555-EZ (relating to the exclusion of foreign earned	Yes X No
◆ If you checked "Yo continue.	es" on line 4, stop; the taxpayer cannot take the EIC. Otherwise,	
5a Was the taxpayer a nonre	esident alien for any part of the year on line 1?	Yes X No
◆ If you checked "Yo	es" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b Is the taxpayer's filing state	tus married filing jointly?	Yes No
◆ If you checked "Ye the EIC. Otherwise, c	es" on line 5a and "No" on line 5b, stop; the taxpayer cannot take ontinue.	
6 Is the taxpayer's investm See Pub. 596 for the limit	ent income more than the limit that applies to the year on line 1?	Yes X No
If you checked "Ye continue.	es" on line 6, stop; the taxpayer cannot take the EIC. Otherwise,	
	e taxpayer's spouse if filing jointly, be a <b>qualifying child</b> of another e 1?	Yes No
to Part II or Part III, w		
or Paperwork Reduction Act	Notice, see page 4.	Form <b>8867</b> (Rev. 12-2006)
AA		

License Type: Dispensary

B	NYESMITT 02/24/2009 11:29 AM  HAVESH B. & MITTALBAHEN R. PATEL  8867 (Rev. 12-2006)		-1368 Page 2
Pa	rt II Taxpayers With a Child	Child 1	Child 2
	Caution. If there are two children, complete lines 8 through 14 for one child		
_	before going to the next column.		
8 9	Child's name	_	
,	Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	X Yes No	Yes No
)	Is either of the following true?		
	The child is unmarried, or		
	The child is married and can be claimed as the taxpayer's dependent.	X Yes No	Yes No
	Did the child live with the taxpayer in the United States for over half of the	. □	
	year? See the instructions before answering	X Yes No	Yes No
	Was the child (at the end of the year on line 1)-		
	<ul> <li>Under age 19,</li> <li>Under age 24 and a full-time student (see definition in Pub. 596), or</li> </ul>		
	Any age and permanently and totally disabled?	X Yes No	Yes No
	♦ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the		
	taxpayer's qualifying child; go to line 13a. If you checked "No" on line		
	9, 10, 11, or 12, the child is not the taxpayer's qualifying child. If there		
	is more than one child, complete lines 8 through 14 for the other child(ren)		
	(but for no more than two qualifying children). If the taxpayer does not		
	have a qualifying child, go to Part III to see if the taxpayer can take the		
	EIC for taxpayers who do not have a qualifying child.	□	
a	Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	Yes X No	Yes No
	◆ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.		
)	Enter the child's relationship to the other person(s)		
С	If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child? See the instructions before answering	Yes No	Yes No
	♦ If you checked "Yes" on line 13c, go to line 14. Otherwise, explain to the taxpayer that if both the taxpayer and the other person(s) claim any of the six tax benefits listed on page 4, the IRS will apply the tiebreaker rules, and the taxpayer's benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children).		
	Does the qualifying child have an SSN that allows him or her to work or is	X Yes No	Yes No
	valid for EIC purposes? See the instructions before answering	]	
	<ul> <li>If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not</li> </ul>		
	have a qualifying child. If there is more than one child, complete lines 8		
	through 14 for the other child(ren) (but for no more than two qualifying children). If you checked "Yes" on line 14, continue.		
	Are the taxpayer's earned income and adjusted gross income each less		
	than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit		X Yes No
	◆ If you checked "No" on line 15, stop; the taxpayer cannot take the		
	EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC.		
	Complete Schedule EIC and attach it to the taxpayer's return. If there		
	are two qualifying children with valid SSNs, list them on Schedule EIC		
	in the same order as they are listed here. If the taxpayer's EIC was		
	reduced or disallowed for a year after 1996, see Pub. 596 to see if		
	Form 8862 must be filed. Go to line 20.		

PBHAVESMITT 02/24/2009 11:29 AM	1
BHAVESH B. & MITTALBAHEN R. PATEL	-1368
orm 8867 (Rev. 12-2006) Part III Taxpayers Without a Qualifying Child	Page 3
Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)	Yes No
◆ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
7 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?	Yes No
◆ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
8 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?	Yes No
◆ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit	Yes No
◆ If you checked "No" on line 19, the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.	
Part IV Due Diligence Requirements	
Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?  Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?	Yes No
1 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	X Yes No
2 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.)	Yes No
Did you keep the following records?  ■ Form 8867 (or your own form or files),  ■ The EIC worksheet(s) or your own worksheet(s), and	
<ul> <li>A record of how, when, and from whom the information used to prepare the form and worksheet(s)</li> <li>was obtained</li> </ul>	Yes No
◆ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with the due diligence requirements.	
◆ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.	
	<u> </u>
NA	Form <b>8867</b> (Rev. 12-2006)

PBHAVESMITT 02/24/2009 11:29 AM Alabama Individual Return Summary Tax Year 2008 BHAVESH B. & MITTALBAHEN R. PATEL Income and Adjustments Salaries and wages 34,000 Alimony received \_\_\_\_\_ Gain/loss from sales 34,000 Adjusted gross income 34,000 Deductions Itemized deductions Standard deduction 🗵 <u>4,0</u>00 263 3,500 26,237 Tax, Payments, and Credits Nonrefundable credits \_\_\_\_\_ Political contributions ,233 Total tax liability Income tax withheld 1,385 Estimated tax payments Amended return original payment or refund Overpayment applied to next year Contributions Amount due/-refund Refund/Amount Due Underpayment of estimates penalty Late filing interest ..... Failure to file penalty Failure to pay penalty ... Net amount due/-refund -152 Miscellaneous Information 2009 Estimates Tax form Form 40 1st quarter Residency type Resident 2nd quarter Direct debit withdrawal date 3rd quarter 4th quarter 5.000% Total estimates 4.699%

2 4								
	Alab ual Inco	ama <b>2008</b> ame Tax Return						
For the year Jan Your social secu  Your first name BHAVE	rity num •1	c. 31, 2008, or other tax year: Beginning: Ending: • ber Spouse's SSN if joint return 368 • 5976 Initial Last name B PATEL						
Spouse's first na		Initial Last name						
• MITTA	LBA	HEN R PATEL						
Present home a	ldress (	number and street or R.O. Rox number)						
City, town or pos		State ZIP code  RY AL 36107						
• Check is outsi	if addre de U.S.	ss Foreign Country	•	CHECK BOX IF A	/ENI	DED RET	TURN •	
Filing Statu Exemptions	s	<ul> <li>\$1,500 Single</li> <li>X \$3,000 Married filing joint</li> <li>\$1,500 Married filing</li> <li>\$3,000 Head of Fam</li> </ul>	•		N _			
	<del>.</del>	Wages, salaries, tips, etc. (list each employer and address separately):		pama tax withheld	1		B - Income	
	a	ARAV FOODMART LLC	5a ●	560	00	5a	12,0	00 00
	b		5b ●			5b		00
ncome	C	ARAV FOODMART LLC	5c ●	825		5с	22,0	00 00
nd	d		5d ●			5d		00
djustment	s 6	Interest and dividend income (also attach Schedule B if over \$1,500)			-	6 ● 7 ●		00
	,							00
	8	Other income (from page 2, Part I, line 9)  Total income. Add amounts in the income column for line 5a through	line 7		-	_	34 0	
	8 9	Total income. Add amounts in the income column for line 5a through	line 7			8 •	34,0	00 00
		Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)	line 7			_		00 00 00
eductions	9 10	Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.	line 7			8 • 9 •	34,0	00 00 00
ou Must Attach	9 10	Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if you'do not itemize deductions, and enterstandard deduction (see instr.)	Box a c	г b <b>MUST</b> be checked		8 • 9 •		00 00 00
u Must Attach ge 2 of Federal rm 1040, Federal	9 10 11	Total aircome. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  a ltemized Deductions  Total income. Subtract line 9 from line 8  Standard Deduction (see instr.)	Box a c	r b MUST be checked	00	8 • 9 •		00 00 00
ur Must Attach ge 2 of Federal rm 1040, Federal rm 1040A, Feder- Form 1040NR, or	9 10 11 →12	Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8  Check box a, if youitemize adductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize adductions, and enterstandard adduction (see instr.)  a ltemized Deductions  Total income. Subtract line 9 from line 8  Standard Deduction (see instr.)  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	Box a c	4,000 263	00	8 • 9 •		00 00 00
ou Must Attach ge 2 of Federal im 1040, Federal im 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, claiming a deduc-	9 10 11 12 13	Total aircome. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8  Check box a, if youtemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  • a Itemized Deductions  • b X Standard Deduction  Federal law deduction (see instructions)  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)	Box a c	4,000 263 3,000	00	8 • 9 •		00 00 00
u Must Attach ge 2 of Federal mm 1040, Federal mm 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, laiming a deduc-	9 10 11 12 13 14	Total aircome. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box 8, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and enterstandard deduction (see instr.)  a litemized Deductions by Standard Deduction Feederal tax deduction (see instructions).  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4).	Box a c  11 •  12 •  13 •  14 •	4,000 263 3,000 500	00	8 • 9 • 10 •	34,0	0 0 00 00 0 0 00
u Must Attach ge 2 of Federal mm 1040, Federal mm 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, laiming a deduc-	9 10 11 12 13	Total aircome. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if you'itemize deductions, and enter amount from Schedule A, line 28.  Check box b, if you'do not itemize deductions, and enterstandard deduction (see instr.)  a ltemized Deductions b b Standard Deduction (see instructions).  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4).  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14	Box a c 11 • 12 • 13 • 14 •	4,000 263 3,000 500	00 00 00 00	8 • 9 • 10 •	34,0	00 00 00 00 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, laiming a deduc-	9 10 11 12 13 14 15	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if you'temize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Total deduction (see instructions)  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10	Box a c  11 •  12 •  13 •  14 •	4,000 263 3,000 500	00 00 00 00	8 • 9 • 10 •	7,7 26,2	00 00 00 00 00 63 00 37 00
ou Must Attach ge 2 of Federal im 1040, Federal im 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, claiming a deduc-	9 10 11 12 13 14 15 16 17 18	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  a ltemized Deductions  b X Standard Deduction  Federal tax deduction (see instructions)  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable Income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or   Schedule	Box a c  11  12  13  Form 1  OC	4,000 263 3,000 500	00 00 00 00 00	8 • 9 • 10 • 15 • 16 • •	7,7 26,2	00 00 00 00 00
u Must Attach ge 2 of Federal mr 1040, Federal mr 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, laiming a deduc- ton line 12.	9 10 11 12 13 14 15 16 17 18 19 a	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youde not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Total deduction (see instructions)  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14.  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or   Schedule Net tax due Alabama. Subtract line 18 from line 17	Box a c 11 • 12 • 13 • 14 • Form 1	4,000 263 3,000 500	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 110 • 15 • 16 • 17 •	7,7 26,2 1,2	00 00 00 00 00 00 63 00 37 00 33 00
ur Must Attach ge 2 of Federal mn 1040, Federal mn 1040A, Feder- Form 1040NR, or ge 1 of 1040EZ, latiming a deduc- n on line 12.	9 10 11 12 13 14 15 16 17 18 19 a b	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youde not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  No NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14.  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or  Schedule Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)	Box a c 11  12  13  14  Form 1	4,000 263 3,000 500	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 10 • 15 • 16 • 17 • 18 •	7,7 26,2 1,2	63 00 37 00 33 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040ABZ, get 1 of 1040BZ, taliming a deduc- n on line 12.	9 10 11 12 13 14 15 16 17 18 19 a b 20	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Total deduction (see instructions)  DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from  Less credits from:  Schedule CR and/or   Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con	Box a c  11  12  13  The property of the prope	4,000 263 3,000 500 NOL-85A	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 110 • 15 • 16 • 17 • 18 • 9a • 9b •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040ABZ, get 1 of 1040BZ, taliming a deduc- n on line 12.	9 10 11 12 13 14 15 16 17 18 19 a b 20 a	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  No NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  Strandard Deductions (from page 10)  Alabama Democratic Party  STRANDARD FORM W-2(s)  Strandard Deduction (form page 10)  Alabama Democratic Party  STRANDARD FORM W-2(s)  Strandard Deduction (form page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party	Box a c 11  12  13  14  Form I OC	4,000 263 3,000 500 NOL-85A	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 10 • 15 • 16 • 17 • 18 • 9a • 9b • 10a •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
ut Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040AR, or ge 1 of 1040R, or ge 1 of 1040R, or ge 1 of 1040R, or in the sederal mining a deduc- n on line 12.	9 10 11 11 12 13 14 15 16 17 18 19 a b 20 a b	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  No NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from  Less credits from:  Schedule CR and/or   Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  \$1 \$2 \$\frac{x}{x}\$ none	Box a c  11  12  13  14  Form I  OC	4,000 263 3,000 500 NOL-85A	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 110 • 15 • 16 • 17 • 18 • 99 • • 100 • • 100 •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
ou Must Attach ge 2 of Federal mm 1040, Federal mm 1040, Federal mm 1040NR, or ge 1 of 1040NR, or ge 1 of 1040NR, or ge 1 of 1040NR, or unitarity of 1	9 10 11 12 13 14 15 16 17 18 19 a b 20 a	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  a ltemized Deductions  b X Standard Deduction Federal tax deduction (see instr.)  Do Not Enter THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  Alabama Republican Party  Total tax liability and voluntary contribution. Add lines 19a, 19b, 2	Box a c  11  12  13  14  OC  Form I  OC  0a, and 20	4,000 263 3,000 500 NOL-85A	00 00 00 00 00 1 1 1 1 1 1 1 1 1 1 1 1	8 • 9 • 10 • 15 • 16 • 17 • 18 • 9a • 9b • 10a •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
ut Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040AR, or ge 1 of 1040R, or ge 1 of 1040R, or ge 1 of 1040R, or in the sederal mining a deduc- n on line 12.	9 10 11 11 12 13 14 15 16 17 18 19 a b 20 a b 21	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 26.  Check box b, if you'de not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  No NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from  Less credits from:  Schedule CR and/or   Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  \$1 \$2 \$\frac{x}{x}\$ none	Box a c  11  12  13  14  Form I  OC	4,000 263 3,000 500  NOL-85A	00 00 00 00 00 1 1 1 1 1 1 1 1 1 1 1 1	8 • 9 • 110 • 15 • 16 • 17 • 18 • 99 • • 100 • • 100 •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040A, Federal m 1040A, Federal m 1040EZ, laiming a deduc- n on line 12.   X ple Form(s) W-2, G, and/or 1099 e.	9 10 11 11 12 13 14 15 16 17 18 19 a b 20 a b 21 22	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box 8, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and entersandard deduction (see instr.)    a	Box a c  11  12  13  14  OC  Form I  OC  0a, and 20I  22	4,000 263 3,000 500 NOL-85A	000 000	8 • 9 • 110 • 15 • 16 • 17 • 18 • 99 • • 100 • • 100 •	7,7 26,2 1,2	63 00 37 00 33 00 00 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040A, Federal m 1040A, Federal m 1040EZ, laiming a deduc- n on line 12.   X ple Form(s) W-2, G, and/or 1099 e.	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25	Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8. Check box a, if youitemize deductions, and enter amount from Schedule A, line 28. Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)    a	Box a c 11	4,000 263 3,000 500  NOL-85A	00 00 00 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 • 9 • 110 • 15 • 16 • 17 • 18 • 99 • • 100 • • 100 •	7,7 26,2 1,2 1,2	63 00 37 00 33 00 00 00
u Must Attach ge 2 of Federal m 1040, Federat m 1040A, Federat m 1040A, Federat m 1040A, Federat orage 1 of 1040EZ, tainming a deduc- n on line 12.	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24	Total adjustments to income (from page 2, Part III, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  Total temized Deductions  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from  Less credits from:  Schedule CR and/or  Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  \$1	Box a c 11	4,000 263 3,000 500  NOL-85A	00 00 00 00 1 2 2 2 2 2 2 2 2 2 2 2 2 2	8 • 9 • 10 • 15 • 16 • 17 • 18 • 99 • • 100 • 10	7,7 26,2 1,2 1,2	63 00 37 00 33 00 00 00 33 00 00 00 00 00 00 00
au Mest Attach ge 2 of Federal m 1040, Federat m 1040A, Federat m 1040B, orderat m 1040B, orderat orge 1 of 1040EZ, talaiming a deduc- n on line 12.	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27	Total income. Add amounts in the income column for line 5a through Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  a	Box a c 11	4,000 263 3,000 500  NOL-85A	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 10 • 15 • 16 • 17 • 18 • 9a • 9b • 10a • 10b • 21 • 10b • 25 • • 10b • 25 • 10b	7,7 26,2 1,2 1,2	63 00 37 00 33 00 00 33 00 00 33 00
u Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040AB, or ge 1 of 1040BZ, or laiming a deduc- n on line 12.	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  Total add deduction (see instructions)  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from  Less credits from:  Schedule CR and/or  Schedule Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  Alabama Republican Party  Total tax liability and voluntary contribution. Add lines 19a, 19b, 2  Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)  2008 estimated tax payments/Automatic Extension Payment  Amended Returns Only — Previous payments (see instructions)  Total payments. Add lines 22, 23 and 24  Amended Returns Only — Previous refund (see instructions)  Adjusted Total Payments. Subtract line 26 from line 25.  If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT	Box a c 11	4,000 263 3,000 500 NOL-85A	00 00 00 00 00 00 00 00 00 00 00 00 00	8	7,7 26,2 1,2 1,2	63 00 37 00 33 00 00 00 33 00 00 00 00 00 00 00
au Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040AE, attach ge 1 of 1040EZ, daiming a deduc- n on line 12.	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  Total deduction (see instructions)  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or  Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Democratic Party  Alabama Republican Party  Total tax liability and voluntary contribution. Add lines 19a, 19b, 2  Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)  2008 estimated tax payments/Automatic Extension Payment  Amended Returns Only — Previous payments (see instructions)  Total payments. Add lines 22, 23 and 24  Amended Returns Only — Previous refund (see instructions)  Adjusted Total Payments. Subtract line 28 from line 25.  If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT  Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V.)	Box a c  11  12  13  14  Form I  OC  7  7  7  7  7  7  7  7  7  7  7  7  7	4,000 263 3,000 500  NOL-85A  1,385	00 00 00 00 00 00 00 00 00 00 00 00 00	8 • 9 • 10 • 15 • 16 • 17 • 18 • 99 • 100	7,7 26,2 1,2 1,2	63 00 37 00 33 00 00 00 33 00 00 00 00 00 00 00
au Must Attach ge 2 of Federal m 1040, Federal m 1040A, Federal m 1040A, Federal m 1040B, or ge 1 of 1040EZ, talaiming a deduc- n on line 12.   ax ple Form(s) W-2, 2G, and/or 1099 e.   MOUNT DU OWE	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27 28	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youitemize deductions, and enter amount from Schedule A, line 28.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instr.)  Itemized Deductions  Itemized Deductions  Total acquestion (see instructions)  Do NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(s)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from Less credits from:  Schedule CR and/or Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Peropublican Party  \$1  \$2  \$\frac{1}{X}\$ none  Alabama Republican Party  Total tax liability and voluntary contribution. Add lines 19a, 19b, 2  Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)  2008 estimated tax payments/Automatic Extension Payment  Amended Returns Only — Previous payments (see instructions)  Total payments. Add lines 22, 23 and 24  Amended Returns Only — Previous refund (see instructions)  Adjusted Total Payments. Subtract line 26 from line 25.  If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT  Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V)  Estimated tax penalty. Also include on line 28 (see instructions page 11)	Box a c  11  12  13  14  Form I  OC  0a, and 20I  22  23  24  VOU OWE.  MUST ACCOM  29	4,000 263 3,000 500  NOL-85A  he following:	00 00 00 00 00 00 00 00 00 00 00 00 00	8	7,7 26,2 1,2 1,2 1,3	63 00 37 00 33 00 00 33 00 00 33 00 00 85 00
av Must Attach ige 2 of Federal ige 2 of Federal imm 1040, Federal imm 1040A, Federal imm 1040A, Federal imm 1040A, Federal imm 1040BZ, or identified in the form 1040BZ, or identified in the federal ax ax aple Form(s) W-2, 2G, and/or 1099 re.  MOUNT OU OWE	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27 28	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instructions)  Itemized Deductions  Do Not ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from •  Less credits from: • Schedule CR and/or • Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Election Campaign Fund. You may make a voluntary con Alabama Republican Party   \$1	Box a c  11	4,000 263 3,000 500 NOL-85A he following: 1,385	00 00 00 00 00 00 00 00 00 00 00 00 00	8	7,7 26,2 1,2 1,2 1,3	63 00 37 00 33 00 00 33 00 00 33 00 00 85 00
ou Must Attach age 2 of Federal mm 1040, Federal mm 1040, Federal mm 1040, Federal mm 1040, Federal mm 1040HR, order form 1040HR, or age 1 of 1040HZ, claiming a deduc- n on line 12.  ax  ax aple Form(s) W-2, 2G, and/or 1099 re.  ayments  MOUNT OU OWE  VERPAID	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27 28 29 30 31	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box 8, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box 8, if youdo not itemize deductions, and entersandard deduction (see instructions)  Itemized Deductions  Do Not ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from •  Less credits from: • Schedule CR and/or • Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Election Campaign Fund. You may make a voluntary con Alabama Republican Party \$1 \$2 \$\overline{X}\$ none  Alabama Republican Party \$1 \$2 \$\overline{X}\$ none  Total tax liability and voluntary contribution. Add lines 19a, 19b, 2  Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)  2008 estimated tax payments/Automatic Extension Payment  Amended Returns Only — Previous payments (see instructions)  Total payments. Add lines 22, 23 and 24  Amended Returns Only — Previous refund (see instructions)  Adjusted Total Payments. Subtract line 26 from line 25.  If line 21 is larger than line 27, subtract line 26 from line 27, and enter AMOUNT Place payment, along with Form 40V, loose in the mailing envelope, (FORM 40V)  Estimated tax pensity. Also include on line 28 (see instructions page 11)  If line 27 is larger than line 21, subtract line 21 from line 27, and enter Amount of line 30 to be applied to your 2009 estimated tax	Box a c  11	4,000 263 3,000 500 NOL-85A he following: 1,385	000 000	8	7,7 26,2 1,2 1,2 1,3	63 00 37 00 33 00 00 33 00 00 33 00 00 85 00
Deductions our Must Atlach age 2 of Federal orm 1040, Federat orm 1040, Federat orm 1040, Federat in Form 1040NR, or age 1 of 1040EZ, claiming a deduc- on on line 12.  Tax aple Form(s) W-2, -2G, and/or 1099 or apments  MOUNT OU OWE  DVERPAID  Conations DEFUND	9 10 11 13 14 15 16 17 18 19 a b 20 a b 21 22 23 24 25 26 27 28	Total adjustments to income (from page 2, Part II, line 9)  Adjusted gross income. Subtract line 9 from line 8.  Check box a, if youltemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enter amount from Schedule A, line 26.  Check box b, if youdo not itemize deductions, and enterstandard deduction (see instructions)  Itemized Deductions  Do Not ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)  Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Part III, line 2)  Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10  Income Tax due. Enter amount from tax table or check if from •  Less credits from: • Schedule CR and/or • Schedule  Net tax due Alabama. Subtract line 18 from line 17  Consumer Use Tax (use worksheet on page 10)  Alabama Election Campaign Fund. You may make a voluntary con Alabama Election Campaign Fund. You may make a voluntary con Alabama Republican Party   \$1	Box a c  11	## A MUST be checked  4 , 000  263  3 , 000  500  NOL-85A  The following:  1 , 385	00 00 00 00 00 00 00 00 00 00 00 00 00	8	7,7 26,2 1,2 1,2 1,3	63 00 37 00 33 00 00 33 00 00 33 00 00 85 00

1 u C		2009 11:29 AM				_		£ *	, 4°	
orm 40 (2008) E	3HA	VESH B. 8	<u>&amp; MITTALBAHEN I</u>	R. PAT	EL				-1368	Page 2
PARTI	1	Alimony received	d			-	1	•		lo
	2a	Business income o	or (loss) (attach Federal Schedule (	C or C-EZ) (s	ee instructions)		2a	•		0
	b	Bonus depreciation	n allowed by Federal Economic Sti	mulus Act of	2008 <b>2b</b> •		00			
	3	Gain or (loss) fro	om sale of Real Estate, Stock	s, Bonds, et	tc. (attach Schedule D)		Э 3	•		lo
ther	4a	Total IRA distribution			00 4b Taxable amount (	see instructions)	4b	•		0
come	5a	Total pensions and	1 annuities 5a ●		00 5b Taxable amount (	see instructions)	5b	•		0
	6	Rents, royalties,	partnerships, estates, trusts,	etc. (attach	O-k- 4-4- EV			•		0
ee page 12)	7a	Farm income or	(loss) (attach Federal Schedu	ıle F)			7a	+		0
	b	Bonus depreciation	allowed by Federal Economic Sti	mulus Act of	2008 <b>7b</b> •	I c		1		Ť
	8		ature & source - see instr.)				-			00
	9	Total other inco	ome. Add lines 1 through 8. E	nter here ar	nd also on page 1, line 7		9	-		00
PART II	1a		tion					<del> -</del>		00
***************************************	b	Spouse's IRA de	eduction				1b			00
	2		eogh retirement plan and self	-employme	nt SEP deduction	• • • • • • • • • • • • • • • • • • • •	2	·	***************************************	00
djustments		Penalty on early	withdrawal of savings	cinployino	THE OLI GOODGOOT		3	-		-
Income	4	Alimony pd. Reci-					4	_		00
e page 15)	5	Adoption expense			SSN •			<del> </del>		00
	6	Moving Expenses (A Federal Form 3903)			Cinto		5			00
	7	Self-employed bo	ealth insurance doduction		State		7	•		00
	8	Decements to Make	ealth insurance deduction				<u> </u>	•		00
		Tayments to Alat	bama PACT Program or Alaba	ama Colleg	e Education Savings Progra	ım	8			00
	9		nts. Add lines 1 through 8. En	ter here and			9	•		00
PARTIII	1a	Dependents: (1) First name	Last name		<ul><li>(2) Dependent's social security number.</li></ul>	l (3) Depend relationship		(4	Did you provide nore than one-half	
ependents		(1)	-				o you.		pendent's support?	?
pondenta					-116	55 Child			Y	
not include					•					
rself or r spouse					•					
apouse					•			_  _		
e page 9)	b	Total number of o	dependents claimed above							1
- page o/	2	Amount allowed	<ol> <li>(Multiply the total number of</li> </ol>	f dependent	s claimed on line 1b by the	amount from the o	lepen	dent ch	art on page 10.)	
	2		<ul> <li>d. (Multiply the total number of re and on page 1, line 14</li> </ul>	f dependent	s claimed on line 1b by the	amount from the o	lepen 2			0 00
	1	Enter amount her		f dependent	s claimed on line 1b by the	amount from the c	lepen	•	50	00 00
		Enter amount her Residency Ch	re and on page 1, line 14	f dependent Full Year	s claimed on line 1b by the  Part Year Fro	amount from the c	lepen		50	00 00
	1	Enter amount her Residency Ch	re and on page 1, line 14  heck only one box	f dependent Full Year	s claimed on line 1b by the  Part Year Fro	amount from the c	lepen	•	50	00 00
PART IV	1	Residency Cr Did you file an Ala If no, state reason	re and on page 1, line 14  heck only one box	f dependent Full Year the year 200	s claimed on line 1b by the  Part Year Fro	amount from the c	lepen	•	50	00 00
PART IV	1 2	Enter amount her  Residency Cr  Did you file an Ala  If no, state reasor  Give name and a	re and on page 1, line 14 heck only one box • X labama income tax return for t	f dependent Full Year the year 200	s claimed on line 1b by the  Part Year Fro	amount from the c	lepen	•	50	00 00
PART IV	1 2	Enter amount her Residency Cr Did you file an Ala If no, state reasor Give name and ar Yours ARAV	re and on page 1, line 14 heck only one box • • X labama income tax return for ton unddress of present employer(s	Full Year the year 200	s claimed on line 1b by the  Part Year Fro	amount from the c	lepen	•	50	00 00
PART IV eneral formation	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and a Yours ARAV Your Spouse's ARA	re and on page 1, line 14 heck only one box • • X labama income tax return for ton nddress of present employer(s FOODMART LLC AV FOODMART LLC	Full Year the year 200	Part Year Fro	amount from the c	2	throug	50 gh	
PART IV eneral formation Taxpayers	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and ar Yours ARAV Your Spouse's ARA Enter the Federal Individual Incor	re and on page 1, line 14  theck only one box	Full Year the year 200	Part Year Fro Yes No  and Federal Taxable Income	amount from the c	2	through	5 Cgh	
PART IV  eneral formation  Taxpayers st Complete	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Individual Come who	re and on page 1, line 14 heck only one box • • X labama income tax return for to n liddress of present employer(s FOODMART LLC AV FOODMART LLC sled Gross Income • \$ men tax Return. httch is reported on your Federal return,	Full Year the year 200	Part Year Fro Property Year Pro Pr	amount from the c	2	through	5 Cgh	
PART IV eneral formation Taxpayers st Complete	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Incor Do you have income wi If yes, enter source(s) a	re and on page 1, line 14  theck only one box	Full Year the year 200	Part Year Fro Property Year Pro Pr	amount from the c	12	through	5 Cgh	our 2008
PART IV eneral formation Taxpayers st Complete	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Incor Do you have income wi If yes, enter source(s) a Source	re and on page 1, line 14 heck only one box • • X labama income tax return for to n liddress of present employer(s FOODMART LLC AV FOODMART LLC sled Gross Income • \$ men tax Return. httch is reported on your Federal return,	Full Year the year 200	Part Year Fro Property Year Pro Pr	amount from the c	12 Yes	through	5 Cgh	our 2008
eneral formation Taxpayers st Complete is Section.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and a Yours ARAV Your Spouse's ARA Enter the Federal Adjus Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Source	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0  but not reported necome tax refur	Part Year Fro Province Tropics of the American Science	amount from the o	12 Yes	through	5 Cgh	our 2008
PART IV  eneral formation  Taxpayers est Complete is Section.	1 2 3	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours _ARAV Your Spouse's ARA Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco Do you have inco	re and on page 1, line 14  theck only one box	Full Year the year 20(  34,0  but not reported to a grantor	Part Year Fro Property Year Pro Yes No  One and Federal Taxable Income It on your Alabama return (other than add)  Trust? Yes X N	amount from the o	12 Yes	through	5 Cgh	our 2008
PART IV  eneral formation  Taxpayers est Complete is Section.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a YoursARAV Your SpousesARA Enter the Federal Adjus Federal Individual Incor Do you have income wit fyes, enter source(s) at Source	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0  but not reported to refure the refure to a grantor a grantor a below. (See	Part Year Fro Part Year Fro Part Year Fro Part Year Fro No Part Year Fro N	amount from the o	12 Yes	through	5 Cgh	our 2008
PART IV  eneral formation  Taxpayers st Complete is Section.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and ar YoursARAV Your Spouse's ARA Felter the Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number:	re and on page 1, line 14  theck only one box	Full Year the year 20(  34,0  but not reported to a grantor	Part Year Fro Property Year Pro Yes No  One and Federal Taxable Income It on your Alabama return (other than add)  Trust? Yes X N	amount from the o	12 Yes	through	5 Cgh	our 2008
PART IV  eneral formation  Taxpayers est Complete is Section.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a YoursARAV Your SpousesARA Enter the Federal Adjus Federal Individual Incor Do you have income wit fyes, enter source(s) at Source	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0  but not reported to refure the refure to a grantor a grantor a below. (See	Part Year Fro Provided Provide	amount from the o	12 Yes	through	5 Cgh	our 2008
PART IV  eneral formation  Taxpayers st Complete is Section.  PART V  ect posit	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and ar Your Spouse's ARAV Your Spouse's ARAV Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:	re and on page 1, line 14  theck only one box	Full Year  Full Year  the year 200  34,0  but not reported noome tax refur  n a grantor  8 below. (See  Type:	Part Year Fro Province Tropics of the American Science	amount from the o	12 Yes	through	gh	our 2008
PART IV eneral formation Taxpayers est Complete is Section.  PART V ect posit gn Here	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours _ARAV Your Spouse's ARA Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:  • _	re and on page 1, line 14  theck only one box	Full Year the year 200 at 1,00	Part Year Fro Property Year Fr	amount from the o	12 Yes	through	gh	our 2008
eneral formation Taxpayers st Complete s Section.  ART V sect consit graph Here Black Ink	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours _ARAV Your Spouse's ARA Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:  • _	re and on page 1, line 14  theck only one box	Full Year the year 200 at 1,00	Part Year Fro Property Year Fr	amount from the o	112 Yes  arer. knowle	through	gh	our 2008
eneral cormation Taxpayers st Complete s Section.  ART V ect posit gn Here Black Ink p a copy	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ale If no, state reasor Give name and ar Yours _ARAV Your Spouse's ARA Felter the Federal Individual Incor Do you have income will filyes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:    authorize   authorize   under penalties of comp	re and on page 1, line 14  theck only one box	Full Year the year 20(  34,0  but not reported to the refure tax refures to the tax refur	Part Year Fro No Part Year No Part Year Fro No Part Yea	amount from the o	112 Yes  arer. knowle	through	gh	our 2008
eneral ormation Taxpayers st Complete s Section.  ART V sectionsit In Here Black Ink	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ale If no, state reasor Give name and ar Yours ARAV Your Spouse's ARA Enter the Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:  Luder penatties of per Lucy order and ompit Your signature	re and on page 1, line 14  theck only one box	Full Year the year 20(  34,0  but not reported to the refure tax refures to the tax refur	Part Year Fro No Part Ye	amount from the comments with my prepared to the best of my homents with my prepared has not nowledge.  Your occupation CLERK	12 Yes  arer. v knowled	through	gh	our 2008
eneral ormation Taxpayers st Complete s Section.  ART V sectionsit In Here Black Ink	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ale If no, state reasor Give name and ar Yours ARAV Your Spouse's ARA Enter the Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:  Luder penatties of per Lucy order and ompit Your signature	re and on page 1, line 14  theck only one box	Full Year he year 200 hut not reported nome tax refur s below. (See Type:  To a grantor b below. (See Type:  To a Revenuis refur  To a Revenuis return and a cataxpayer) is ba  Date	Part Year Fro No Part Year No Part Year Fro No Part Yea	amount from the comments of the second of th	12 Yes  arer. v knowled	through	gh	our 2008
eneral cormation Taxpayers st Complete s Section.  ART V ect posit In Here Black Ink p a copy is return	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have income For Direct Deposit of Routing Number: Account Number: Account Number: Jean Lauthorize Under penalties of pe true, correct, and compl Your signature Spouse's signature (	re and on page 1, line 14  theck only one box	Full Year he year 200 hut not reported nome tax refur s below. (See Type:  To a grantor b below. (See Type:  To a Revenuis refur  To a Revenuis return and a cataxpayer) is ba  Date	Part Year Fro Province Tropics of the American Scalar Section of the American Sect	amount from the comments of the second of th	12 Yes  arer. v knowled	through	O as reported on you	0C
eneral formation Taxpayers st Complete s Section.  ART V ect coosit gn Here Black Ink p a copy its return our records.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ale If no, state reasor Give name and ar Yours ARAV Your Spouse's ARA Enter the Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number:  Luder penatties of per Lucy order and ompit Your signature	re and on page 1, line 14  theck only one box	Full Year he year 200 hut not reported nome tax refur s below. (See Type:  To a grantor b below. (See Type:  To a Revenuis refur  To a Revenuis return and a cataxpayer) is ba  Date	Part Year Fro No  One Part Year Fro No  No  One Part Y	amount from the comments with my prepare has and to the best of my remains any knowledge.  Applications of the comments with the comments with my prepare has any knowledge.  Your occupation CLERK  Spouse's occup CLERK  Check if	12 Yes  arer. v knowled	through	O as reported on you	OCC OCC
eneral formation Taxpayers st Complete is Section.  ART V eet coosit gn Here Black Ink p a copy sis return four records.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARA Enter the Federal Adjus Federal Individual Incor Do you have income wit fyes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number: Account Number: Account Number: Spouse's signature  Spouse's signature ( Preparer's signatu	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0  but not reported coome tax refur to f Revenuis return and actax payer) is bat Date  Date	Part Year Fro No  One Part Year Fro No   No  One Part Year Fro  No  One Part Year Fro  No  One Part Year Fro  No  On	amount from the comments of the second of th	12 Yes  arer.  A knowled  attion	through	O as reported on you not be seller, they are	0C0
eneral formation Taxpayers st Complete s Section.  ART V eet coosit gn Here Black Ink p a copy is return four records.	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARA Enter the Federal Adjus Federal Individual Inco Do you have income If yes, enter source(s) a Source Do you have income For Direct Deposit of Routing Number: Account Number: Account Number: Account Number: Account Number: Spouse's signature  Preparer's signature  Firm's name (or yours if self-	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0 but not reported comment as refurnits of Revenue is refurned a taxpayer) is ball Date  Date  Servi	Part Year Fro No Part	amount from the comments with my prepare has and to the best of my remains any knowledge.  Applications of the comments with the comments with my prepare has any knowledge.  Your occupation CLERK  Spouse's occup CLERK  Check if	12 Yes  arer.  k knowled  attion	through throug	O as reported on your No specifier, they are series \$\$N or P -99 63-0810	0C0
PART IV eneral formation Taxpayers est Complete is Section.  PART V ect posit gn Here Black Ink p a copy eis return your records.  id eparer's	1 2 3 4 5	Enter amount her Residency Ch Did you file an Ala If no, state reason Give name and a Yours	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0 but not reported comment as refurnits of Revenue is refurned a taxpayer) is ball Date  Date  Servi	Part Year Fro No  One of the part Year No Page 16 of instructions to see Checking Savings Checking Savings  One of the part Year No Page 16 of instructions to see Checking Savings  One of the part Year No Page 16 of instructions to see Checking Savings  Daytime telephone number  Daytime telephone number  Date 2/24/09  Cess Road	amount from the comm  Secondary Systems and the base of my and to the base of my and to the base of my and to the base of my are has any knowledge.  Your occupation CLERK Spouse's occup CLERK Check if self-employed	12 Yes  arer.  arer.  arer.  arer.  In ation	through through through through the through through through the through through the through through through the through the through through the through through the through the through the through the through through the through through the through th	0 as reported on you not	000 000 000 000
PART IV  eneral formation  Taxpayers set Complete is Section.  PART V ect posit gn Here Black Ink up a copy your records.  id eparer's e Only	1 2 3 4 5 6 1 3 <b></b>	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have income wi If yes, enter source(s) a Routing Number: Account Number: Account Number: Judder penalties of perus, orrect, and comply Your signature  Spouse's signature (  Preparer's signature (  Firm's name (or yours if self- employed) and address	re and on page 1, line 14  theck only one box	Full Year the year 200 (i).  34,0 but not reported noome tax refur a grantor 8 below. (See Type: Date Date Date Servi	Part Year Fro Property Yes No  On and Federal Taxable Income of on your Alabama return (other than an your Alabama return (other than an your Alabama return of the seed on all information of which prepared to	amount from the comments of the comments with my preparation of the comments o	112 Yes  arer. rknowled pation	through	0 as reported on you not	000 000
PART IV eneral formation Taxpayers est Complete is Section.  PART V ect posit gn Here Black Ink up a copy nis return your records.  id eparer's ee Only WHERE TO	1 2 3 4 5 6 1 3 <b></b>	Enter amount her Residency Ch Did you file an Ala If no, state reasor Give name and a Yours ARAV Your Spouse's ARE Enter the Federal Adjus Federal Individual Incor Do you have income wi If yes, enter source(s) a Source Do you have income wi If yes, enter source(s) a Routing Number: Account Number: Account Number: Judder penalties of perus, orrect, and comply Your signature  Spouse's signature (  Preparer's signature (  Firm's name (or yours if self- employed) and address	re and on page 1, line 14  theck only one box	Full Year the year 200 (i).  34,0 but not reported noome tax refur a grantor 8 below. (See Type: Date Date Date Servi	Part Year Fro Property Yes No  On and Federal Taxable Income of on your Alabama return (other than an your Alabama return (other than an your Alabama return of the seed on all information of which prepared to	amount from the comments of the comments with my preparation of the comments o	112 Yes  arer. rknowled pation	through	0 as reported on you not	000 000 000 000
neral ormation Taxpayers st Complete s Section.  ART V sectionsit In Here Black Ink so a copy is return our records.  d sparer's e Only	1 2 3 4 5 6 1 3 France   Ifan	Enter amount her Residency Ch Did you file an Ale If no, state reasor Give name and a Yours _ARAV Your Spouse's ARA Enter the Federal Adjus Federal Individual Incor Do you have income wit If yes, enter source(s) a Source Do you have inco For Direct Deposit of Routing Number: Account Number: Account Number: Spouse's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  If you and address  Address and signature of pure to the proposed of the propo	re and on page 1, line 14  theck only one box	Full Year the year 200  34,0  but not reported noome tax refur to f Revenum is return and actaxpayer) is bat Date  Servi  Todd F  Servi  Todd F	Part Year Fro Pa	amount from the or mm  See Syour state tax refund()?  Amount Amount Of the best of my rer has any knowledge. Your occupation CLERK Spouse's occup CLERK Check if self-employed  Daytime telepave one, mail your return years, mail your return tent of Revenue	Yes  Yes  Agreement 2  Yes  Yes  Thomas are	through	0 as reported on you not	000 000 000 000

Rev. February	TT 04/20/2009 3:28 <b>40X</b> y 2009) is for calendar y	Åmen	ded U.S. In	divi separ	ury—Internal Revenue Ser dual Income Ta ate instructions.		ırn		OMB No. 1545-0074
	rst name and initial		Last name PATEL				Your so		urity number
o If a join	nt return, spouse's fi		Last name				Spouse	's socia	i security number
Home	TALBAHEN address (no. and str	R. reet) or P.O. box if mail is not deliv	PATEL rered to your home			Apt. no.	Phone n		5976
City, to	own or post office, st	ate, and ZIP code. If you have a f	oreign address, see	page 4	of the instructions.				
_	ITGOMERY  Idress shown abo	AL 3  ove is different from that show		urn file	ed with the IRS, would y	ou like us t	o change it		
3 Filing sta On origina On this re	atus. Be sure to c al retum ◆	complete this line. Note. You of Single X Married film Single X Married film child but not your dependent, see	cannot change frog g jointly g jointly	om join Ma Ma		ter the due		i [	Qualifying widow(er) Qualifying widow(er)
U	lse Part II on	the back to explain an  Deductions (see instru	y changes		A. Original amount of as previously adjusted (see page 4)	a	3. Net change— mount of increase or (decrease)— explain in Part II		C. Correct amount
1 Ac	djusted gross inco	ome (see page 4)		1	34,0	00	1,1	60	35,160
2 Ite	emized deductions	s or standard deduction (see n line 1	page 4)	2	10,90 23,10		1,1	60	10,900 24,260
		nging, fill in Parts I and II on t		3	23,1			-	(
				4	10,50			-	10,500
		ubtract line 4 from line 3	105	5 6	12,60		1,1	15	13,760 1,378
5 0 18		Method used in col. C <b>Tab</b>		7	1,00			10	1,000
8 8 8 8		6) ne 6. Enter the result but not less t		8		53	1	15	378
		age 6)		9		0			
10 To	otal tax. Add lines			10	2	53	1	15	378
		withheld and excess social s	ecurity and						· · · · · · · · · · · · · · · · · · ·
tie	er 1 RRTA tax with	hheld. if changing, see page	5	11	2,8	L4		58	2,872
		nents, including amount applic		l					
g ye	ear's return			12		0  75		0.4	291
13 Ea	arned income cre	dit (EIC)		13	4	0	-1	84	291
14 AC		credit from Form 8812ate; federal telephone excise tax;		14		<del></del>		-	
1	-	ate; rederar telephone excise tax; 05, 8885, or 8801 (refundable cre		15	9(	00			900
1		equest for extension of time to						16	
		with original return plus addit						17	
		Id lines 11 through 17 in colur						18	4,063
		Refund or	Amount You	Owe	9				
		Note. Allow 8-12 w							2 222
		y, as shown on original return						19	3,926 137
		m line 18 (see page 6) If line 10, column C, is more	hon line 20. act-	rtha d	ifforence and see page			20	241
		, is less than line 20, enter the						22	
23 An	mount of line 22 v	ou want refunded to you	amoronoe , , , ,				· · · · · · · · · · · · ·	23	
		ou want applied to your	estimate					1	
ign lere int return?	and statements	s of perjury, I declare that I have fi s, and to the best of my knowledge sed on all information of which the	e and belief, this am	ended r	return is true, correct, and				
e page 4. ep a copy for	r   •				🕩				
ur records.	Your signa	ature		Dat		signature. If a	joint return, both		
aid	Preparer's signature				Date: 4/20/0		eck if -employed	Pre	eparer's SSN or PTIN 9940
reparer's	S Firm's name (o	Goff B	usiness	Ser				EIN	63-0810379
se Only		<u> </u>	George T	odd	Road			Phon	e no.
	address, and Z	IP code Montgo	mery		AL 3611	7		33	4-277-0040
r Paperwor	rk Reduction Act N	Notice, see page 8 of instruction	ns.					Fo	rm <b>1040X</b> (Rev. 2-2009)

вна	THE B. & MITTIALDAME	Structions.	A. Original number of	B. Net chang	e	Page 2  C. Correct number of exemptions
	DX (Rev. 2-2009)  Exemptions. See Form 1040 or 1040A in omplete this part only if you are:  Increasing or decreasing the number of exemptions claimed	on line 6d	exemptions reported or as previously adjusted	P. Mer ann a		
•	Increasing of decleasing and	elembia a L	adjusted			
of	the return you are amending, or Increasing or decreasing the exemption amount for housing	individuals				
•	<ul> <li>Increasing or decreasing the exemption amount for housing.</li> <li>Increasing or decreasing the exemption amount for housing.</li> <li>Increasing or decreasing the exemption amount for housing.</li> </ul>	aced Individuals:			\	
	lianlaced by Hurricane Kauma of	200000000			1	
25	ilisplaced by Filtricate Yourself and spouse Caution. If someone can claim you as a dependent, you cann	ot claim an				
	Caution, If someone can claim your	26				
	evemption for yourself.				Ì	
26	exemption for yourself.  Your dependent children who lived with you  Your dependent children who did not live with you due to divo	rce or				
07	Your dependent children who did not live will you a	27				
27	- engration	- <del></del>				
	out as dependently	8 <del></del>			1	
	Total number of exemptions. Add lines 25 through 2  Multiply the number of exemptions claimed on line 29 by the  Multiply the number of exemptions claimed on line 29 by the	amount listed		1		
29	Total number of exemptions claimed on line 29 by the	ire.		1		
30				1		ı
	But see the inc	5 if the		1		
	Tax Exemption amount on time	3 1 13 0 19 1		1		
	year <u>amount</u> \$119	975		1		
	200 <u>0</u> 3,400 112	.875				
	3.300	,475	_			
	3,200	iduals displaced by				1
31	2005 3,200  If you are claiming an exemption amount for housing indiv Hurricane Katrina, enter the amount from Form 8914, line Hurricane Katrina, enter the amount from Form 8916, line	2 for 2005 or line 6		1		
31	If you are claiming an exemption from Form 8914, line Hurricane Katrina, enter the amount from Form 8914, line for 2006. If you are claiming an exemption amount for hot to the did talk and the samount from the 2008 Fo	using Midwestern				
	for 2006. If you are distributed the amount from the 2008 FO	31				
	for 2006. It you are claimed the amount from the 2008 For displaced individuals, enter the amount from the 2008 For (See instructions for line 4). Otherwise enter -0-	line 4 32				No. of children on 33 who:
	(See instructions for line 4). Otherwise enter -0- 2 Add lines 30 and 31. Enter the result here and or	I III O 7				OII 22 MIN.
32	2 Add lines 30 and 5	original (or adjusted) retu	m.	(d) <b>✓</b> if q	ualifying	lived with
3	Add lines 30 and 31. Enter the research  Dependents (children and other) not claimed on		( ) December 1's	child for	child tax	you
3	O DOPTION	(b) Dependent's social				did not live
_		security number	relationship to you	credit (se	e page //	with you due to
	(a) First name					separation (see page 7)
	(a) this rame					7 203 1/1
-						Dependents
-						on 33 not [
					· \	entered above
,	Part II Explanation of Changes  Enter the line number from the fr Attach only the supporting forms your Form 1040X may be returne  If the change relates to a net operating loss carryba that shows the year in which the loss or credit occu  W-2 WAS OMITTED FROM THI	ck or a general business	credit carryback, attach the	ne schedule or f heck here	e required in an any attacl	nformation, ments.
		ign Fund Che	ecking below will not	increase yo	ur tax or r	educe your refund.
	Part III. Presidential Election Ca	mpaign Fund. Che	ecking below will not	increase yo	ur tax or r	educe your refund.
	Part III Presidential Election Ca  If you did not previously want \$3 to go to the fund  If a joint return and your spouse did not previous	mpaign Fund. Che	ecking below will not here	increase yo	ur tax or r	educe your refund.  Form 1040X (Re

,000 00

00

00

00

00

000 00

7,866 00

26,134 00

1,228 00

1,228 00

1,228 00

,385 00

152 00

,233 00

00

**5** 00

00

00

00

34,000 00

BHAVESMITT 04/20/2009 3:29 PM FORM \* Alabama 2008 **4**0 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS Ending: • For the year Jan. 1 - Dec. 31, 2008, or other tax year: Beginning: Spouse's SSN if joint return social security number 1368 Last name Your first name PATEL В BHAVESH Initial Last name Spouse's first name R PATEL MITTALBAHEN reet or P.O. Box number) ZIP code 36107 MONTGOMERY ◆ CHECK BOX IF AMENDED RETURN • X Foreign Country Check if address is outside U.S. \$1,500 Married filing separate. Complete Spouse SSN Filing Status/ \$3,000 Head of Family (with qualifying person). \$1,500 Single R - Income X \$3,000 Married filing joint Exemptions A - Alabama tax withheld Wages, salaries, tips, etc. (list each employer and address separately): 12 560 00 5a 5a • ARAV FOODMART LLC 00 5b 22,000 00 5b • 825 00 5c 5c • ARAV FOODMART LLC 00 **5d** 5d • 6 Income Interest and dividend income (also attach Schedule B if over \$1,500) and Other income (from page 2, Part I, line 9) **Adjustments** 8 4 Total income. Add amounts in the income column for line 5a through line 7 9 Total adjustments to income (from page 2, Part II, line 9) 10 Adjusted gross income. Subtract line 9 from line 8 Box a or b MUST be checked Check box a, if you itemize deductions, and enter amount from Schedule A, line 26. Check box b. if youdo not itemize deductions, and enterstandard deduction (see instr.) 4,000 00 Deductions Itemized Deductions • b X Standard Deduction 11 You Must Attach 366 00 page 2 of Federal Form 1040, Federal Form 1040A, Federal al Form 1040NR, or tax deduction (see instructions) . . DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 12 ,000 00 13 • Personal exemption (from line 1, 2, 3, or 4) 500 00 Dependent exemption (from page 2, Part III, line 2) page 1 of 1040EZ, if claiming a deduc 14 Total deductions. Add lines 11, 12, 13, and 14 tion on line 12. 16 Taxable income. Subtract line 15 from line 10 Income Tax due. Enter amount from tax table or check if from • Form NOL-85A 17 16 18 Less credits from: 

Schedule CR and/or 

Schedule OC 18 Net tax due Alabama. Subtract line 18 from line 17 19b Tax Alabama Election Campaign Fund. You may make a voluntary contribution to the following: Staple Form(s) W-2, W-2G, and/or 1099 \$1 \ \$2 X none a Alabama Democratic Party 20b \$1 \$2 **X** none b Alabama Republican Party Total tax liability and voluntary contribution. Add lines 19a, 19b, 20a, and 20b 385 00 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099) 00 2008 estimated tax payments/Automatic Extension Payment 23 00 Amended Returns Only — Previous payments (see instructions) 24 Total payments. Add lines 22, 23 and 24 **Payments** 26 Amended Returns Only — Previous refund (see instructions) 25 27 Adjusted Total Payments, Subtract line 26 from line 25. If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT YOU OWE. 27 Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT. 28 AMOUNT 00 Estimated tax penalty. Also include on line 28 (see instructions page 11) 29 • YOU OWE If line 27 is larger than line 21, subtract line 21 from line 27, and enter amount OVERPAID 30

Amount of line 30 to be applied to your 2009 estimated tax

Subtract lines 31 and 32 from line 30. For Direct Deposit, check here

REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)

Total Donation Check-offs from Schedule DC, line 2

**OVERPAID** 

**Donations** 

REFUND

00

00

31 •

32

License Type: Dispensary

Form AL-40

### **Alabama Amended Explanation of Changes Report**

2008

BHAVESH B. & MITTALBAHEN R. PATEL

Taxpayer Identification Number 1368

**EXPLANATION OF CHANGES TO INCOME, EXEMPTIONS, DEDUCTIONS, AND CREDITS.**Enter the line reference from page 1 for which you are reporting a change, and give the reason for each change. Attach applicable schedules.

TAXPAYER WAS A PART YEAR RESIDENT OF ALABAMA. THEY WERE A RESIDENT OF NEW YORK FOR ONE MONTH IN 2008. THE ORIGINAL RETURN WAS FILED AS FULL YEAR RESIDENT OF ALABAMA.



IT-203

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident

Nonresident New York State • New York City • Yonkers

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2008, through December 31, 2008, or fiscal year beginning

				Fo	r the year Janua	iry 1, 2000, anoug	,		and	ending		
	Important: You	must ent	er your social	securit	y number(s) in the	boxes to the right.	anouen'e ne	ame on line below)	_	☐ Your so	ocial security n	umber
	Your first name a	and middl	e initial	١	our last name (for	a <b>joint return,</b> enter s	spouse s ne	ane on and bearing			1368	
	BHAVESH				PATEL					☐ Spouse	e's social secur	ity number
ě	Spouse's first na	ame and	middle initial		Spouse's last name						-5976	
Print or type	MITTALB	AHEN	1	R	PATEL	to a seed mouto)		Apartment number		New York S	State county of	residence
ē	Mailing oddross (	see inst	ructions, pag	ge 14)	(number and stree	(ortural route)				•		
Ē						State	z	IP code		School dist	rict name	
	City, village, or p					AL		36107		:		
	MONTGOM	MERY			- 44) /oumber 20/			Apartment number	r	School distric	t	
Perm	anent home add	ress (se	e instruction	s, pag	e 14) (Hulliber all	d street or rural route)					ber	
					State	ZIP code		Decedent	Taxpayer's d	ate of death	• Spouse's 0	date of death
City, v	illage, or post offi	ce						information			<u>•</u>	
							(D)	Have you unde	rreported you	ur tax due or	n past returns	s?
(A)	Filing	(1)	Single				. ,	To correct this	without pena	lty, visit us a	t www.nysta	ıx.gov.
	status —	37	Married fil	ing joi	nt <b>return</b> (enter bott	spouses' social						
	mark an	(2) X	security num	bers abo	ove)		(E)	New York City	part-year re	esidents on	ly	
	X in	(2)	Married fi	ling se	parate return (ent	er both spouses' social		(see page 16)			· · · · · · · · · · · · · · · · · · ·	
	one box:	(3)	security num	bers and	ive)			(1) Number	of months ye	ou lived in N	Y City in 200	• •
		///	Head of h	ousel	nold (with qualifying	person)		(2) Number	of months y	our spouse	livea	•
		(4)	11000 011					in NY	City in 2008			
		(5)	Qualifying	g wido	w(er) with depen	dent child		Enter your 2 d	iult angelei	condition C	nde	
(D)	Did you iten						(F)	if applicable	igit special	Contantion		
(B)	your 2008 fe	deral inc	come tax ref	urn?	Yes	No X						
(C)	Can you ha	claime	l as a depei	ndent		No X		If applicable, special conditi	also enter yo on code	our second 2		:
(0)	on another to	axpayer'	s federal re	turn?	Yes	No X		эроога: зетте				
Fed	leral income a	nd adju	stments					Federal am	ount	Ne	ew York Stat	
				and N	YS amounts in the	right column. worksheet first.		Doilars			Dollar	
	Coo instructions	nage 1/	. Part-veal ic	SIGOI ITO.	OO111P10 P-3-		1.	35	,160.	1.		1,160.
1	Wages, salarie	es, tips,	eic				2.			2.		
2	Taxable intere	onds					3.			3.		
3 4	Taxable refund	ds cred	its, or offset	s of st	ate and local					4.		
	income taxe	s (also e	nter on line 2	4)			4.			4. 5.		
5	Alimony receiv	ved					J.			6.		
	Duciness inco	me or lo	ss (attach a	copy of	federal Sch. C or C	C-EZ, Form 1040)	υ.			7.		
7	Conitol gain 0	r loss (if	required, atta	ich a co	opy of federal Sch. I	), Form 1040)	7.			8.		
8	Other gains o	r losses	(attach a cop	y of fed	ierai Form 4797).		8. 9.			9.		
9	Tayable amount	t of IRA d	listributions. B	enefici	aries: mark X in bo	(	9. 10.			10.		
10	Taxable amoun	t of pensi	ons/annuities	. Benef	iciaries: mark X in I	OOX -	10.					
11	Rental real es	state, ro	yalties, parti	nershi	ps, S corporation	S,	11.			11.		
	trusts, etc.	(attach a	copy of feder	al Sche	dule E, Form 1040	)	12.			12.		
12	Farm income	or loss	(attach a cop	y or red	erat Sch. F, Form	040)	13.			13.		
13	Unemployme	nt comp	ensauon .	v hene	efits (also enter on	line 26)	14.			14.		
41	Other income	/ree na	ne 23) Identif	v:			10.	_	F 160	15.		1,160
1:	Add lines 1 th	rough '	15				. 16.	3	5,160.	16.		1,100
11	7 Total federal	adjustr	ents to inco	me (s	ee page 23)					17.		
	Identific		•				17.	2	5,160.	17.		1,160
1	8 Federal adiu	ısted gı	ross incom	e (subt	ract line 17 from lin	e 16)	. 18.	3	J, 100.	10.		-,
_							_			2	031081022	
									11181		-	

**************************************	☐ Enter your socia	al security number		Federal amount	Ne	ew York State amount Dollars
e 2 of 4 IT-203 (2008)	1	368 '		Dollars 35,160.	19.	1,160.
Federal adjusted gross	income (from line 18 on fro	ent page)	19.	3371331		
w York additions (s	see page 25)					
Interest income on state	and local bonds (but not tr	iose	20.		20.	
of New York State or its lo	ocalities)		21.		21.	
of New York State or its ic Public employee 414(h)	retirement contributions		22.	25 160	22.	1,160.
Other (see page 27) Identification Add lines 19 through 22	y:		23.	35,160.	23.	1,100
ew York subtraction Taxable refunds, credits	ns (see page 50)				24.	
local income taxes (fro	om line 4)		24.		24.	
NIVE and lo	scal governments and the				25.	
s t t successort/s	roa nana 30)		25.		26.	
IIunt of coci	ial security benefits (from t	ine 14)			27.	
	government bonds				28.	
<ul> <li>Interest income on 0.3.</li> <li>Pension and annuity income</li> </ul>	come exclusion		29.		29.	
	er .				30.	1 1 ( )
Add lines 24 through 29	ury: 9		31.	35 <b>,</b> 160.	31.	1,160.
1 New York adjusted gr	ross income (subtract line	30 Holli line 257		1.		35,160.
2 Enter the amount from	line 21 Federal amount	column			32.	337 2331
below). Mark an X in	the appropriate box:	- 11 01			33.	15,000. 20,160.
below). Mark an X in  34 Subtract line 33 from l	ine 32 (if line 33 is more that	n line 32, leave blank)			34. 35.	15,000. 20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from l	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fede come (subtract line 35 from	n line 32, leave blank) ral exemptions; see page 38)			34. 35.	20,160. 1,000.
below). Mark an X in  34 Subtract line 33 from I  35 Dependent exemption  36 New York taxable inc	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fede come (subtract line 35 from	n line 32, leave blank) ral exemptions; see page 38) line 34)			34. 35. 36.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedu  Filling status	the appropriate box:  ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State uction table	n line 32, leave blank) ral exemptions; see page 38) line 34)  Or  A Medical and de b Taxes you paid	w York  ntal exper	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9)	. 34. . 35. . 36. on works a. b.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New York standard dedu	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from	n line 32, leave blank) ral exemptions; see page 38) line 34)  Or  a Medical and de b Taxes you paid c Interest you pa	w York  ntal exper  (from fede  id (from feder	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9) and Schedule A, line 15) and Schedule A, line 19) and Schedule A	. 34. . 35. . 36. on works a. b. c.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedu  Filling status	the appropriate box:  ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State uction table	n line 32, leave blank) ral exemptions; see page 38) line 34)  Or  a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and fi	w York  ntal experior (from fede id (from fede (from federneft losse)	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9)	. 34. . 35. . 36. on works a. b. c.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedu  Filing status (from the front page) (en	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State uction table andard deduction the same as above)	n line 32, leave blank)	w York  ntal expet (from fede (from feder from feder) neft losses and most	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9) eral Schedule A, line 15) al Schedule A, line 19)	. 34. . 35. . 36. on works a. b. c. d.	20,160. 1,000. 19,160.
34 Subtract line 33 from I 35 Dependent exemption 36 New York taxable inc  New Yorl  standard dedu  Filing status (from the front page) (en	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State uction table andard deduction the same as above)	n line 32, leave blank) ral exemptions; see page 38) line 34)  Ne  a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and ti f Job expenses: deductions (t	w York  ntal expet  (from fede id (from feder neeft losses and most rom federa neous der	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 4) and Schedule A, line 15) and Schedule A, line 19) and Schedule A, line 20) and schedule A, line 20) and schedule A, line 27) and schedule A, line 4) and schedule A, line 20) and schedule A, line	. 34. . 35. . 36. on works a. b. c. d. d.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedt  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State uction table andard deduction that on line 33 above)	a Medical and de b Taxes you paid c Interest you paid d Gifts to charity e Casualty and ti f Job expenses deductions (f g Other miscella	w York  ntal expel  (from fede id (from feder neft losses and most rom federa neous dec	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9) and Schedule A, line 15) and Schedule A, line 19) and Schedule A, line 20) and schedule A, line 20) and schedule A, line 27)	. 34. . 35. . 36. on works a. b. c. d. e. f.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedt  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State action table andard deduction the ron line 33 above)  \$ 3,000  7,500	n line 32, leave blank) ral exemptions; see page 38) line 34)  Ne  a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and tl f Job expenses deductions (f g Other miscella Schedule A, lir h Enter amount:	w York  Intal expet  If from fede  Id (from feder  Ineft losser  Ineft l	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9) and Schedule A, line 15) and Schedule A, line 19) and Schedule A, line 20) and schedule A, line 27) and schedule A, line 27	. 34. . 35. . 36. on works a. b. c. d. e. f.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from I  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedt  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State action table andard deduction the ron line 33 above)  \$ 3,000  7,500	a Medical and de b Taxes you paid c Interest you paid d Gifts to charity e Casualty and tif Job expenses deductions (f g Other miscella Schedule A, lir h Enter amount i State, local, ar other subtra	w York  Intal experior  If from feder  If from feder  If from federa  If from	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 15) and Schedule A, line 15) and Schedule A, line 19) and Schedule A, line 20) and schedule A, line 27) and schedule A, line 27) and schedule A, line 27) and schedule A, line 27 and schedule A, line 29 and schedule A, line 20 and schedule	. 34. . 35. . 36. on works a. b. c. d. e. f.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedt  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No (2) Married filing joint	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from  K State action table  andard deduction the and are on line 33 above)  \$ 3,000  7,500  return 15,000	n line 32, leave blank) ral exemptions; see page 38) line 34)  Ne  a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and ti f Job expenses deductions (f g Other miscella Schedule A, lir h Enter amount i State, local, ar other subtra	w York  ntal experior (from feder (from feder neft losser and most from federa neous decre 28) from federa dtion adju from line	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9)	. 34. . 35. . 36. on works a. b. c. d. e. f.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from 1  35 Dependent exemption  36 New York taxable ind  New Yorl  standard dedu  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No  (2) Married filing joint  (3) Married filing sepa	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State Luction table  andard deduction liter on line 33 above)  7,500  return 15,000	n line 32, leave blank) ral exemptions; see page 38) line 34)  Ne  a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and ti f Job expenses deductions (f g Other miscella Schedule A, lir h Enter amount i State, local, ar other subtra j Subtract line i k College tuition	w York  ntal experior (from feder id (from feder eft losser and most from federa neous decree 28) from feder id foreign ction adju from line itemized	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 19) and Schedule A, line 15) and Schedule A, line 19) and Schedule A, line 20) and the miscellaneous Schedule A, line 27) and tuctions (from federal schedule A, line 29) income taxes and stiments (see page 36) and deduction (see page 37)	. 34. . 35. . 36. on works a. b. d. e. f.	20,160. 1,000. 19,160.
below). Mark an X in  34 Subtract line 33 from I  35 Dependent exemption  36 New York taxable inc  New Yorl  standard dedu  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No  (2) Married filing joint  (3) Married filing sepa	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from  K State action table  andard deduction the and are on line 33 above)  \$ 3,000  7,500  return 15,000	a Medical and de b Taxes you paid c Interest you pa d Gifts to charity e Casualty and ti f Job expenses deductions (f g Other miscella Schedule A, lir h Enter amount i State, local, ar other subtra j Subtract line i k College tuition I Addition adjus	w York  ntal exper (from fede id (from fede from feder and most from federa neous dec e 28) from fede id foreign ction adju from line itemized	State itemized deductionses (from federal Sch. A, line 4) real Schedule A, line 15) al Schedule A, line 15) other miscellaneous Schedule A, line 27) ductions (from federal real Schedule A, line 29 income taxes and strents (see page 36) deduction (see page 37)	. 34. . 35. . 36. . a. . b. . c. . d. . e. . f. f.	20,160. 1,000. 19,160.
Subtract line 33 from 1 35 Dependent exemption 36 New York taxable inc  New York taxable inc  New York taxable inc  New York taxable inc  New York  standard dedt  Filing status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No  (2) Married filing joint  (3) Married filing separeturn	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from  K State Lection table  andard deduction there on line 33 above)  7,500  return 15,000  arate 7,500  d	n line 32, leave blank)	w York  ntal exper (from fede id (from fede in fed i	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 15 and Schedule A, line 15 and Schedule A, line 19 and Schedule A, line 20 and schedule A, line 27 and schedule A, line 27 and schedule A, line 27 and schedule A, line 29 and schedule A, line	. 34. . 35. . 36. on works a. b. c. d. e. f. f.	20,160. 1,000. 19,160.
Subtract line 33 from 1 35 Dependent exemption 36 New York taxable inc  New York taxable inc  New York standard dedt  Filling status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No  (2) Married filing joint  (3) Married filing separeturn	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from  K State Lection table  andard deduction there on line 33 above)  7,500  return 15,000  arate 7,500  d	n line 32, leave blank)	w York  ntal exper (from fede id (from fede id (from feder neft losses and most rom federa neous dec se 28)  from fed itenized timents (se and I action adju stiction adju timents (se	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 9) eral Schedule A, line 15) al Schedule A, line 19) other miscellaneous Schedule A, line 20) other miscellaneous Schedule A, line 27) ductions (from federal schedule A, line 29 income taxes and stments (see page 36) deduction (see page 37) es page 37)	. 34. . 35. . 36. on works a. b. c. d. e. f. f.	20,160. 1,000. 19,160.
Subtract line 33 from 1 35 Dependent exemption 36 New York taxable inc  New York taxable inc  New York standard dedt  Filling status (from the front page) (en  (1) Single and you marked item C Yes  (1) Single and you marked item C No  (2) Married filing joint  (3) Married filing separeturn	the appropriate box: ine 32 (if line 33 is more that is (not the same as total fedecome (subtract line 35 from k State fuction table)  andard deduction there on line 33 above)  7,500  return 15,000  arate 7,500  d d erson) 10,500	a Medical and de b Taxes you paid c Interest you paid Gifts to charity e Casualty and if Job expenses deductions (if g Other miscella Schedule A, lir h Enter amount i State, local, ar other subtra j Subtract line i k College tuition i Addition adjus m Add lines j, k, n Itemized dedu.	w York  ntal exper (from fede id (from fede it (from federa neous dec ne 28)  from federa neous dec it e 28)  from federa d foreign ction adju from lite it itemized and i ction adju ate itemized	State itemized deductionses (from federal Sch. A, line 4) and Schedule A, line 15 and Schedule A, line 15 and Schedule A, line 19 and Schedule A, line 20 and schedule A, line 27 and schedule A, line 27 and schedule A, line 27 and schedule A, line 29 and schedule A, line	. 34. . 35. . 36. . a. . b. . c. . d. . e. . f. . g. . h. . i. . j. . k. i.	20,160. 1,000. 19,160.

You must file all four pages of this original scannable return with the Tax Department.



IT-203 (2008) Page 3 of 4 nter your social security number BHAVESH B. & MITTALBAHEN R. PATEL Name(s) as shown on page 1 Dollars 19,160. Tax computation, credits, and other taxes (see page 39) 37 New York taxable income (from line 36 on page 2) 783. 38 New York State tax on line 37 amount (see page 39 and Tax computation on page 74) 783. 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 783. 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 87. 696. Round result to 4 decimal places Federal amount from line 31 0.0330 New York State amount from line 31 35,160. 45 income 1,160. percentage (see page 40) 23. 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 46. 47 New York State nonrefundable credits (from Form IT-203-ATT, line 8) 23. 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 49 Net other New York State taxes (from Form (T-203-ATT, line 33) 23. New York City and Yonkers taxes and credits See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits and surcharges. 52bPart-year resident nonrefundable New York City 54 Part-year Yonkers resident income tax surcharge 0. 56. Sales or use tax (See the instructions beginning on page 42. Do not leave line 56 blank.) Voluntary contributions (whole dollar amounts only, see page 43) 57a Return a Gift to Wildlife ..... 57b Missing / Exploited Children Fund ..... 57c Breast Cancer Research Fund 57f Prostate Cancer Research Fund 57 Total voluntary contributions (add lines 57a through 57g) 57. 58 Total New York State, New York City, and Yonkers taxes, sales or use tax, 23. and voluntary contributions (add lines 50, 55, 56, and 57) 58.

2033081022



You must file all four pages of this original scannable return with the Tax Department.

だ <sup>*</sup> とき しま Page 4 of 4 IT-203 (2008)	*			
Page 4 of 4 IT-203 (2008)				
	☐ Enter your social security number 1368			
59 Total New York State, New York	City and Yonkers taxes, sales or use t	ax,		Delless
and voluntary contributions (fi	rom line 58 on page 3)		59.	Dollars 23.
Payments and refundable credits				
60 Part year NYC school tax credit (al	so complete (E) on front; see page 44)	60.	must be cor	and/or IT-1099-R opleted and attached
61 Other refundable credits (from Form	IT-203-ATT, line 17)	61.	to your retui federal Forn	is W-2 and/or 1099-R
52 Total New York State tax withheld		<b>62</b> . 39.	Staple them	& any other applicable top of this page 4.
A Total Yorkers tax withhold	***************************************	63.		on page 50 for the
55 Total estimated tax payments / am	ount paid with Form IT 370	64.	proper asser attachments	mbly of your return and
66 Total payments and refundable of	credits (add lines 60 through 65)	oə,	00	2.0
кетипа/amount overpaid				39.
7 Amount overpaid (if line 66 is more	than line 59, subtract line 59 from line 66)		67.	16.
8 Amount of line 67 that you want refe	unded to you. Complete line 72	Refund	68.	16.
Amount of line 67 that you want app	olied			10.
to your 2009 estimated tax. (see in	nstruction.)	69.		
mount you owe				
0 If line 66 is less than line 59, subtra	act line 66 from line 59. Complete line 72		e 70.	
1 Estimated tax penalty (Include this am	ount on line 70,	one of	e 70.	
or reduce the overpayment on line 67;	see page 46.)	71.		
Account information (see page 47	') Mark one: ● Refund - I	Direct deposit or	Owe - Electronic f	unds withdrawa!
Routing number		Electronic funds withdrawal effe	ctive date	
2b Account number   •				
2b Account number ●	7:	2c Account type  ● Checki	ina 🙎 s	avings
				aviligs
dditional information			g • 0	avings
Part-year residents only: If you we Mark an X in the box that describe	re a NYS resident for only part of the year bes your situation on the last day of the ta	r, enter date of last move (mm-dd-yy ix vear:	yy)▶	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta	oes your situation on the last day of the ta	r, enter date of last move (mm-dd-yy xx year:	yy)►	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril  73a Moved into New York Sta  73b Moved out of New York S	tate; received income from NYS sources	r, enter date of last move (mm-dd-yy ix year:	yy) <b>&gt;</b>	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S	tetation on the last day of the tatetate; received income from NYS sources tate; received no income from NYS sources	r, enter date of last move (mm-dd-yy ix year: 	yy) <b>&gt;</b>	01-31-2008
Mark an X in the box that descril  73a Moved into New York Sta  73b Moved out of New York S  73c Moved out of New York S  Nonresidents: Did you or your spo	pes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year: during nonresident period es during nonresident period	yyy) <b>&gt;</b>	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo	tetation on the last day of the tatetate; received income from NYS sources tate; received no income from NYS sources	r, enter date of last move (mm-dd-yy ix year: during nonresident period es during nonresident period	yyy) <b>&gt;</b>	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched	poes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year: during nonresident period es during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008 la. X lb.
Mark an X in the box that descril  73a Moved into New York Sta  73b Moved out of New York S  73c Moved out of New York S  Nonresidents: Did you or your spo  (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's no  signee? (see instr.)	poes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year: during nonresident period es during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched Third-party Print designee's na signee? (see instr.) es No E-mail:	pes your situation on the last day of the tate.  tate; received income from NYS sources tate; received no income from NYS sourc puse maintain living quarters in NYS in the B, and attach form.)	r, enter date of last move (mm-dd-yy ix year: during nonresident period es during nonresident period 2008?	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's ne signee? (see instr.) es No E-mail:  Pald preparer	pes your situation on the last day of the tate.  tate; received income from NYS sources tate; received no income from NYS sourc puse maintain living quarters in NYS in the B, and attach form.)	r, enter date of last move (mm-dd-yy ix year: during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's ne signee? (see instr.) es No E-mail:  Pald preparer	pes your situation on the last day of the tate.  tate; received income from NYS sources tate; received no income from NYS sourc puse maintain living quarters in NYS in the B, and attach form.)	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's ne signee? (see instr.) es No E-mail:  Pald preparer	poes your situation on the last day of the tatetate; received income from NYS sources tate; received no income from NYS sources tate; received no income from NYS sourcesuse maintain living quarters in NYS in the B, and attach form.)	r, enter date of last move (mm-dd-yy ix year: during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descrii 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spec (If Yes, complete Form IT-203-B, Sched Third-party Print designee's na Signee? (see instr.)  The Party Print designee's na Paid Paid preparer parer's signature	poes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7; 7	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's na signee? (see instr.) es No E-mail: Pald preparer parer's signature	poes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's na signee? (see instr.) es No E-mail:  Pald preparer parer's signature  P's name (or yours, if self-employed) off Business Services	poes your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spo (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's na signee? (see instr.) es No E-mail: Pald preparer parer's signature  It's name (or yours, if self-employed) Off Business Servicess 33—E George Todd Ro	poes your situation on the last day of the tate.  tate: received income from NYS sources tate; received no income from NYS sources tate; received no income from NYS sources maintain living quarters in NYS in use B, and attach form.)  "SSN or PTIN:  SSN o	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  a. X b. ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out of New York S 73c Moved out of New York S Nonresidents: Did you or your spc (If Yes, complete Form IT-203-B, Sched Third-party Print designee's no signee? (see instr.)  Third-party Print designee's no E-mail:  Pald preparer parer's signature  Party Party Print designee's no E-mail:  Pald preparer parer's signature  Off Business Servicess  33-E George Todd Roontgomery AL 36	poes your situation on the last day of the tate.  tate: received income from NYS sources tate; received no income from NYS sources tate; received no income from NYS sources maintain living quarters in NYS in use B, and attach form.)  "SSN or PTIN:  SSN o	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York S 73c Moved out	poes your situation on the last day of the tate.  tate: received income from NYS sources tate; received no income from NYS sources tate; received no income from NYS sources maintain living quarters in NYS in tale B, and attach form.)  "s use only   SSN or PTIN:  ———————————————————————————————————	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  ia. X  ib.  ic.  Personal identification number (PIN)
B Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York Sta 73c Moved out of New York S 73c Moved ou	poes your situation on the last day of the tate.  tate: received income from NYS sources tate; received no income from NYS sources tate; received no income from NYS sources maintain living quarters in NYS in tale B, and attach form.)  ""s use only   SSN or PTIN:  Odd And And A If self-employed Date  117  Odd -20-2009	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	Yes No	01-31-2008  a. X b. ic.  Personal identification number (PIN)
A Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York Sta 73b Moved out of New York Sta 73c Moved out of New York Sta Nonresidents: Did you or your specifies.  Third-party Print designee's nearly asignee? (see instr.)  Yes No E-mail: Paid preparer parer's signature  Paid preparer parer's signature  Paid preparer and prepa	Des your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	yyy) 73	01-31-2008  ia. X  ib. ic.  Personal identification number (PIN)
73a Moved into New York Sta 73b Moved out of New York Sta 73b Moved out of New York S 73c Moved out of New York S  4 Nonresidents: Did you or your sp (If Yes, complete Form IT-203-B, Sched  Third-party Print designee's ne pasignee? (see instr.) (res No E-mail: Paid preparer  eparer's signature  m's name (or yours, if self-employed) Off Business Service  fress 63—E George Todd Ro	Des your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	yyy)	01-31-2008  ia. X ib. ic.  Personal identification number (PIN)
A Part-year residents only: If you we Mark an X in the box that descril 73a Moved into New York Sta 73b Moved out of New York Sta 73b Moved out of New York Sta 73c Moved out of New York	Des your situation on the last day of the tate.  te	r, enter date of last move (mm-dd-yy ix year:  during nonresident period	yyy) 73	O1-31-2008  ia. X  ib. cc.  Personal identification number (PIN)

ocial security number



New York State Department of Taxation and Finance

### **Summary of W-2 Statements**

**IT-2** 

New York State • New York City • Yonkers
Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions on the back.

Taxpayer's last name

BHAVESH	B PATEL					-	1368
Spouse's first name and middle initial MITTALBAHEN	Spouse's last na R PATEL	ame					cial security number 5976
Box c Em	ployer's name and full	address (Including ZIP co	ode)				
W-2 ARAV Record 1	FOODMART	LLC					
	Box 12a	Amount		Code	Box 15 State	Box 16 State	e wages, tips, etc. (for NYS)
Box b Employer identification number (26-1197807	EiN) Box 12b	Amount	o o	Code		Box 17 New	York State income tax withheld
This W-2 record is for							
(mark an X in one box):	Box 12c	Amount		Code		Box 18 Loca	I wages, tips, etc.
Taxpayer X Spouse					Locality a		
Box 1 Wages, tips, other compensation	Box 12d	Amount		Code	Locality b		
12,000.						Box 19 Loca	l income tax withheld
Box 8 Allocated tips					Locality a		
	Box 13	Statutory employee			Locality b		
Box 9 Advance EIC payment	Box 14a	Amount		Description			Box 20 Locality name
_						Locality	'a
Box 10 Dependent care benefits	Box 14b	Amount		Description		Locality	b
Box 11 Nonqualified plans	Box 14c	Amount		Description			
							Corrected (W-2c)
Do not detach. Box c Em	nlover's name and full a	address (including ZIP co					· · · · · · · · · · · · · · · · · · ·
	FOODMART		uc,				
Record 2							
_	Box 12a	Amount		Code	Box 15 State	Box 16 State	wages, tips, etc. (for NYS)
Box b Employer identification number (			_	3023	DOX 10 CIGIC	DOX 10 Otate	wages, ups, etc. (101 1413)
26-1197807	Box 12b	Amount		Code		Box 17 New	York State income tax withheld
This W-2 record is for							
(mark an X in one box):	Box 12c	Amount		Code		Box 18 Local	wages, tips, etc.
Taxpayer Spouse X					Locality a		0 11 7 11
Box 1 Wages, tips, other compensation 22,000.	Box 12d	Amount		Code	Locality b	Roy 19 Local	income tax withheld
Box 8 Allocated tips					Locality a	DOX 13 LOCAL	Income tax withheld
·	Box 13	Statutory employee			Locality b		
Box 9 Advance EIC payment	Box 14a	Amount		Description			Box 20 Locality name
				•		Locality	•
Box 10 Dependent care benefits	Вох 14b	Amount		Description		Locality	
Box 11 Nonqualified plans	Box 14c	Amount		Description			

Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021081022

Corrected (W-2c)



. . 2008

New York State Department of Taxation and Finance

IT-2

Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions on the back.

	Taxpayer's last n PATEL	ame				Your social security number
Spouse's first name and middle initial	Spouse's last nar	ne				-1368  Spouse's social security number
MITTALBAHEN R	PATEL					5976
Box c Employer's	s name and full a	ddress (including ZIP co	ode)			
W-2 M & N G	ROCERS	INC	,			
Record 1						
Box b Employer identification number (EIN) 11-2695239	Box 12a	Amount		Code	Box 15 State NY	Box 16 State wages, tips, etc. (for NYS) 1, 160.
This W-2 record is for	Box 12b	Amount		l Code		Box 17 New York State income tax withheld
(mark an X in one box):	Box 12c	Amount				39.
Taxpayer X Spouse	DOX 120	Amount		Code		Box 18 Local wages, tips, etc.
Box 1 Wages, tips, other compensation	Box 12d	Amount		Code	Locality a	
1,160.	2011.20	THOUSE		Code	Locality b	
Box 8 Allocated tips						Box 19 Local income tax withheld
	Box 13	Statutory employee			Locality a	
Box 9 Advance EfC payment	Box 14a	Amount	٥	Description	Locality b	•
		, in our	_	Description		Box 20 Locality name
Box 10 Dependent care benefits	Box 14b	Amount		Description		Locality a
		, and one	_	Description		Locality b
Box 11 Nonqualified plans	Box 14c	Amount		Description		
			_	Description		
						Corrected (W-2c)
Do not detach. Box c Employer's i	name and full add	dress (including ZIP cod	e)			
Record 2						
	Box 12a	Amount		Code	Dan 45 Oct	
Box b Employer identification number (EIN)			_	Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
	Box 12b	Amount		Code		
This W-2 record is for			_	Code		Box 17 New York State income tax withheld
(mark an X in one box):	Box 12c	Amount	0	Code		
Taxpayer Spouse			_	Code	1 = 11	Box 18 Local wages, tips, etc.
Box 1 Wages, tips, other compensation	Box 12d	Amount		Code	Locality a	
			_	Code	Locality b	<b>.</b>
Box 8 Allocated tips					l ===##	Box 19 Local income tax withheld
	Box 13	Statutory employee			Locality a Locality b	
Box 9 Advance EIC payment		Amount		Description	Locality o	
			_	- osonpaon		Box 20 Locality name
Box 10 Dependent care benefits	Box 14b	Amount		Description		Locality a
			_	- 2001/01011		Locality b
Box 11 Nonqualified plans	Box 14c A	mount		Description		
						Company of the Co
						Corrected (W-2c)

Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021081022





Attach this form to Form IT-150, IT-201, or IT-203.

New York State Department of Taxation and Finance

# Claim for Earned Income Credit

IT-215

Name(s) as shown on return
BHAVESH B. & MITTALBAHEN R. PATEL

1 Did you claim the federal earned income credit for 2008? If No, stop; you do not qualify for these credits
1. Yes X No
2 Is your investment income (see instructions) greater than \$2,950? If Yes, stop; you do not qualify for these credits
2. Yes No X
3 Have you already filed your 2008 New York State income tax return? If Yes, you must file an amended NYS return.
3. Yes No X
4 Did you claim qualifying children on your 2008 federal Schedule EIC? If No, continue with line 5.
If Yes, in the spaces below, list up to two of the same children you claimed on federal Schedule EIC
4. Yes X No
If you claimed more than two, see instructions.

First name and Number of mentils Full- Person lived time with you student disability. Social security number Year of birth Last name middle initial Relationship Child 12 1165 • 2004 \* Mark an X in these boxes only if you checked Yes in the same box on your 2008 federal Schedule EIC (box 4a or 4b). 5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If No, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the New York City Earned Income Credit Worksheet C on page 3 of Form IT-215-I. Part year New York City residents must also complete line 28 on the back of this claim form ..... 5. Yes 6 Wages, salaries, tips, etc., from Worksheet A, line 3, on page 2 of the instructions, Form IT-215-I Dollars 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a 35,160. penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred Employer identification number (see instructions) 9 Enter your federal adjusted gross income 35,160. 291. .30 If you are a Form IT-201 or Form IT-203 filer, complete Worksheet B on the back page before continuing. 13 Form IT-150 filers, copy the amount from Form IT-150, line 27. Form IT-201 and 14 New York State household credit (from Form IT-150, line 28; Form IT-201, line 40; 783. 15 Enter the smaller of line 13 or line 14 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 17 If your New York State filing status is (3), Married filing separate return, complete line 17. The NYS EIC on line 16 87. above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you Federal adjusted gross income (from federal Form 1040EZ, line 4;

2151081022

Please file this original scannable form with the Tax Department.

Form 1040A, line 22; or Form 1040, line 38)



IT-215 (2008) (back) Part-year New York State resident earned income credit Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit. Dollars 87. If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. 783. If line 19 is less than line 18, continue on line 20 below. 21 Enter the amount from Form IT-203-ATT, line 31 (if you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) . . . . . . 21. If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below. 23 Enter the amount from line 18, Column D, of the Part-year resident 24 Enter the amount from line 18, Column A, of the Part-year resident  $26\,$  Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. New York City earned income credit (full-year and part-year New York City residents) 27 From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for Part-year New York City residents must also complete line 28 below. 28 Part-year New York City adjusted gross income: 28R Worksheet B (for Form IT-201 and Form IT-203 filers only) 783. 783.

2152081022

Please file this original scannable form with the Tax Department.

<b>₹104</b> (	J	<b>U.S. Individual Incom</b>	<u>e Tax Return</u>	<u> 2009</u>	(99)	IRS Use Only-I	Do not w		ple in this space.	
Label	Γ.	For the year Jan. 1-Dec. 31, 2009, or	other tax year beginning	, 20	09, ending	, 20			No. 1545-0074	
Labei	L	Your first name and initial	Last name				Your	social se	curity number	
See nstructions	В	BHAVESH B	PATEL						1368	
on page 14.) Jse the IRS	E L	If a joint return, spouse's first name and initial MITTALBAHEN R	Last name PATEL				Spou	se's soci	al security number -5976	
abel. Otherwise,	H	Home address (number and street). If y	ou have a P.O. box, see	page 14.		Apt. no.			u <b>mus</b> t enter SSN(s) above.	<b>A</b>
olease print or type.	R	City, town or post office, state, and ZIP			ge 14.				box below will not	t
Presidential	ـبًــا	MONTGOMERY	AL 3		1.4	10	cha	ange you	r tax or refund. u X Spous	
Election Campaig		Check here if you, or your spouse	f filing jointly, want \$3	to go to this fun	d (see pa	ge 14)  d (with qualifying p is a child but not yo	erson), (	See page		<u></u>
Tilina Cénérra	1 2 3	Single		4 qualify	ing person name here	is a child but not yo	our depe	ndent, ent	ter this	
Filing Status	3	Married filing jointly (even if only one by Married filing separately. Enter spouse		_		er) with dependent	child (se	e page 1	6)	
Check only one	3 L	and full name here.	s 3 GGIV above	C Calain,	ing meen(	o,,			-,	
00X.	6a	X Yourself. If someone can clain	n vou as a dependent.	do not check b	ox 6a			-	Boxes checked	2
Exemptions	b	X Spouse	. , , , , , , , , , , , , , , , , , , ,						on 6a and 6b - No. of children	
	C	Dependents:				(a) D	41-	(4) v if	on 6c who:	1
		•		(2) Depende		(3) Dependent relationship			e did not live with	
		(1) First name Last n	ame	social security r				page 1/)	you due to divorce or separation	
f more than four					1165	DAUGHTE	R	X	(see page 18)	
dependents, see page 17 and								+	— Dependents on 6c	
check here								<del> </del>	_ not entered above .	
								<u> </u>	– Add numbers on	3
	d	Total number of exemptions claime					<del></del>		lines above ▶ 16,	000
Income	7	Wages, salaries, tips, etc. Attach Form(:						7 8a	10,	000
	8a	Taxable interest. Attach Schedule			8b		••••	oa		
Attach Form(s) W-2 here. Also	ь 9а	Tax-exempt interest. Do not inclu Ordinary dividends. Attach Schedu			7		$\neg \neg$	9a		
attach Forms	b	Qualified dividends (see page 22)			9b					
W-2G and	10	Taxable refunds, credits, or offsets	of state and localists	om Haxes (se				10		
1099-R if tax was withheld.	11	Alimony received					- 1	11		
	12	Business income or (loss). Attach	Schedule C or C-EZ				· · · · · · ·	12		
If you did not get a W-2,	13	Capital gain or (loss). Attach Schedule D if requi	red. If not required, check here	<b>&gt;</b>				13		
see page 22.	14	Other gains or (losses). Attach For	m 4797					14		
	1 <b>5</b> a	IRA distributions	15a			mount (see page		15b		
	16a	Pensions and annuities	16a			mount (see page	′ .	16b		
Enclose, but do	17	Rental real estate, royalties, partne	erships, S corporations					17		0
not attach, any payment. Also,	18	Farm income or (loss). Attach Sch	edule F					18		
please use	19	Unemployment compensation in excess of \$2,44	00 per recipient (see page 27)		<u>.</u>		<u></u>	19		
Form 1040-V.	20a	Social security benefits	20a	В	i axable a	mount (see page	27)	20b		
	21 22	Other income. List type and amount (se Add the amounts in the far right co						22	16,	000
	23	Educator expenses (see page 29)			23	icome				
Adjusted	24	Certain business expenses of rese								
Gross		fee-basis government officials. Atta			24					
Income	25	Health savings account deduction.			25					
moonic	26	Moving expenses. Attach Form 39		1	26					
	27	One-half of self-employment tax.	ttach Schedule SE	L	27					
	28	Self-employed SEP, SIMPLE, and	qualified plans		28					
	29	Self-employed health insurance de			29					
	30	Penalty on early withdrawal of sav	ings		30					
	31a	Alimony paid <b>b</b> Recipient's SS			31a					
	32	IRA deduction (see page 31)			32					
	33	Student loan interest deduction (se			33					
	34 25	Tuition and fees deduction. Attach  Domestic production activities ded			35					
	35 36	Add lines 23 through 31a and 32 through						36		
	JU	Aug mico zo unough o la anu oz unoug								000

		VESH B & MITTALBAHEN R PATEL				
Tax and .	38	Amount from line 37 (adjusted gross income)			38	16,000
Credits	39a	Check You were born before January 2, 1945, Blind	Total box	xes		
,		if: Spouse was born before January 2, 1945, Blind	. 🗸 checked	▶ 39a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and chec	k here	▶ 39b	П	
Deduction	40a	Itemized deductions (from Schedule A) or your standard deduction	(see left margin	)	40a	11,400
for—	b	If you are increasing your standard deduction by certain real estate tax				
People who	-	vehicle taxes, or a net disaster loss, attach Schedule L and check here	•	▶ 40b	ı I	
check any box on line	41	Subtract line 40a from line 38		_	41	4,600
39a, 39b, or	42	Exemptions. If line 38 is \$125,100 or less and you did not provide hou				2,000
40b or who can be	72	displaced individual, multiply \$3,650 by the number on line 6d. Otherwi	•	•	42	10,950
claimed as a	42					0
dependent, see page 35.	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	0
All others:	44	Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972				0
Single or	45	Alternative minimum tax (see page 40). Attach Form 6251			45	
Married filing separately,	46	Add lines 44 and 45			46	
\$5,700	47	Foreign tax credit. Attach Form 1116 if required	47		_	
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441	48		_	
jointly or	49	Education credits from Form 8863, line 29	49		_	
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880	50		_	
\$11,400	51	Child tax credit (see page 42)	51			
Head of	52	Credits from Form: <b>a</b> 8396 <b>b</b> 8839 <b>c</b> 5695	52		7	
household,	53	Other credits from Form: a 3800 b 8801 c	53		7	
\$8,350	54	Add lines 47 through 53. These are your total credits			54	1
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-			55	0
	56	Self-employment tax. Attach Schedule SE			_	
Other	57	Unreported social security and Medicare tax from Form: a 413			56 57	
Taxes		· · · · · · · · · · · · · · · · · · ·	2000 .t .	919		
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach For	m 5329 it require	ea		
	59	Additional taxes: a AEIC payments b Household employment taxes. Attach Sch	iedule H		59	
	60	Add lines 55 through 59. This is your total tax			60	0
D	61	Federal income tax withheld from Forms W-2 and 1099	61	1,33	<u>/</u>	
Payments	62	2009 estimated tax payments and amount applied from 2008 return	62		_	
	63	Making work pay and government retiree credits. Attach Schedule M	63	80		
If you have a	64a	Earned income credit (EIC)	64a	3,04	3	
qualifying child, attach	b	Nontaxable combat pay election 64b				
Schedule EIC.	65	Additional child tax credit. Attach Form 8812	65	1,00	0	
	66	Refundable education credit from Form 8863, line 16	66			
	67	First-time homebuyer credit. Attach Form 5405	67		7	
	68	Amount paid with request for extension to file (see page 72)	68		7	
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69		7	
	70	Credits from Form: a 2439 b 4136 c 8801 d 8885	70		$\dashv$	
	71	Add lines 61, 62, 63, 64a, & 65 through 70. These are your <b>total payments</b>		<b>•</b>	71	6,180
Refund	72	if line <b>71</b> is more than line 60, subtract line 60 from line 71. This is the a	mount you ave		72	6,180
Direct deposit?	7 <b>3</b> a	Amount of line 72 you want refunded to you. If Form 8888 is attached	obook boro	paid	_	
See page 73					73a	6,180
and fill in 73b,	▶ b		king Savin	igs		
73c, and 73d, or Form 8888.	. <b>▶</b> _d	Account number 0776	1 1			
	74	Amount of line 72 you want applied to your 2010 estimated tax ▶	74	·	_	
Amount	75	Amount you owe. Subtract line 71 from line 60. For details on how to p	pay, see page 74	4 ▶	75	
You Owe	76	Estimated tax penalty (see page 74)	76	_		
Third Party	Do you	want to allow another person to discuss this return with the IRS (see pages)	ge 75)?	Yes. Comple		
Designee	Designe	e's Pe	ersonal identification	on number (PIN)	▶ 5	5555
Designee	пате	▶ SAJJAN G. RAJENDRA, CPA			<b>→</b> 33	4-277-0483
Sign	Under pe	nalties of perjury, I declare that I have examined this return and accompanying sche rue, correct, and complete. Declaration of preparer (other than taxpayer) is based of	edules and stateme	ents, and to the be	st of my l	knowledge and belief,
Here	Your sign			Willer preparer in	ao any Ki	Daytime phone number
loint return? See page 15.		MANAGER	Į.			
Keep a copy	Spouse's	signature. If a joint return, both must sign. Date Spouse's occu	pation			
or your ecords.		MANAGER	•			
	Preparer		-			Preparer's SSN or PTIN
Paid	signature	<b>P</b>	25/10 S	heck if elf-employed	X	P00170704
		CATTAN C DATENDRA LLC	s	omproyed [		20-3656711
Use Only	Firm's na	p.o. BOX 240513			EIN	
	, our on o	or-onpoyous P E.O. DOR 240010			Phone	no.
<b>,</b>	address.	and ZIP code MONTGOMERY	AL 36124	1_0512	224	-277-0483

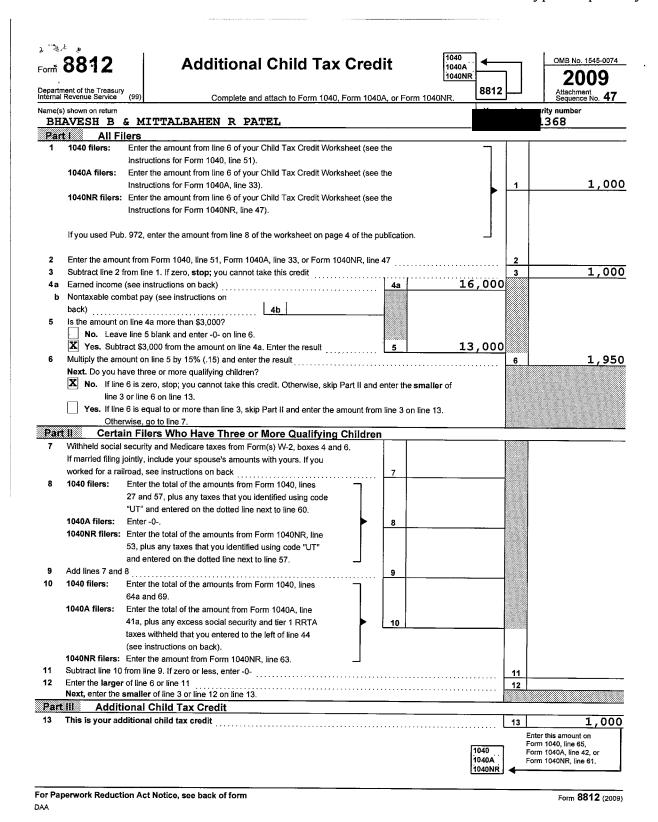
-										40		
	2,	saial acqueits aurabas if abour	an other side			Att	achme				mbor	Page 2
Nam	e(s) snown on return. Do not enter name and so	cial security number if snown	on otner side.					Your s	ociai seci	urity nu	mber	
partnership expenses? If you answered "Yes," see page E-7 before completing this section.    (a) Name   (b) Enter P for partnership: \$ (c) Check if foreign partnership: \$ (d) Employer identification and partnership partnership partnership for Scorpation partnership partnership partnership for Scorpation partnership partnership partnership in the state of the partnership partnership in the state of the partnership partnership in the state of the partnership partnership partnership in the state of the partnership partnership in the state of the partnership partnership partnership in the state of the partnership partnership in the state of the partnership partn	3											
						vity for	which					
27	Are you reporting any loss not allowed in	a prior year due to the at-	isk or basis limitatio	ns, a prior v	/ear							
	unallowed loss from a passive activity (if	hat loss was not reported	on Form 8582), or u	nreimburse				[	Yes	X	No	
28		(a) Name		partners	hip; S	fore	ign				(e) Ch any am not a	ount is
Α	OM SAI 1 LLC			S					3:	184		
							$\dashv$					
$\neg$			<del></del>				+			_		
	Passive Income and	Loss			Nonp	assive	Incor	ne and l	Loss		<del>-</del>	1
	• •											
A	* 0											
В					-							
C D			_		+				-+			
29a	Totals											
b	Totals											
30	Add columns (g) and (j) of line 29a								30			0
31 32	Add columns (f), (h), and (i) of line 29b	Income or (loca). Combin	o lines 20 and 24. E						31 (			0
32	Total partnership and S corporation result here and include in the total on li		ie lines 30 and 31. E	nier ine					32			0
Pi	art III Income or Loss From											<u>_</u>
33		(a) Name							ide		nployer on numb	er
Α												
В	Passive Incom	and i ana						• • • • • •				
	(c) Passive deduction or loss allowed	(d) Passive inc	ome	(e)		tion or le		Income	and Los		income fi	om.
	(attach Form 8582 if required)	from Schedule				dule K			(1)		edule K-	
<u> </u>												
<u>B</u> 34a	Totals											
b	Totals											
35	Add columns (d) and (f) of line 34a							Î	35			***************************************
36	Add columns (c) and (e) of line 34b								36 (			
37	Total estate and trust income or (loss include in the total on line 41 below	s). Combine lines 35 and 3	36. Enter the result h	ere and								
Pa	art IV Income or Loss From	Real Estate Mortga	ge Investment (	Conduits	(RF	MICs	)—R		37   LHolde	ar .		
38		(b) Employer	(c) Excess inclusion	from (				t loss)			me from	
	(a) Name	identification number	Schedules Q, line (see page E-8	320		chedule					s Q, line	3b
39	Combine columns (d) and (e) only. Ente	r the result here and inclu	de in the total on line	41 below					39			
	ert V Summary											
40 41	Net farm rental income or (loss) from Fo Total income or (loss). Combine lines 26, 3							<u>.</u> .	40			
42	Reconciliation of farming and fishing			, ine 17, or r	orm it	J4UNK,	iine 18		41			
	farming and fishing income reported on											
	K-1 (Form 1065), box 14, code B; Sched											
43	code U; and Schedule K-1 (Form 1041). Reconciliation for real estate profess			. 42								
73	professional (see page E-2), enter the n	et income or (loss) you rep	oorted									
	anywhere on Form 1040 or Form 1040N in which you materially participated under			. 43			<u> </u>					
DAA	y participated differ	*LOSS LIMITE					_	8	Schedu	ıle E (F	orm 10	40) 2009

License Type: Dispensary

Taxpayer Name	BHAVESH B	PATEL	
	MITTALBAHEN	R PATEL	
	DO NOT SUBMIT THIS !	DOCUMENT TO IRS U	UNLESS REQUESTED TO DO SO
ERO Declaration			
I declare that the infe	ormation contained in this ele	ectronic tax return is the	e information furnished to me by the
taxpayer. If the taxp	ayer furnished me a complet	ted tax return, I declare	that the information contained
		-	
		•	,
1) · · · · · · · · · · · · · · · · · · ·			
ERO Signature			
		PIN below.	
ERO's PIN 6318	9155555		
	<b></b>		
-	ons		
	anticas de la colona de la terrar e		
	• •	•	. , .
statements and scre	dules and, to the best of my	Knowledge and belief,	it is true, correct, and complete.
Consent to Disclos	ure		
			- , ,
			- · · · · · · · · · · · · · · · · · · ·
		refund offset; c) the rea	ason for any delay in processing or
eiuna, ana, a) me a	ate of any refund.		
Electronic Funds W	/ithdrawal Consent		
f applicable, I author	ize the U.S. Treasury and it	s designated Financial	Agent to initiate an ACH Electronic Funds
Nithdrawal (direct de	bit) entry to the financial ins	titution account indicate	ed in the tax preparation software for payment
of my Federal taxes	owed on this return and/or a	payment of estimated	tax, and the financial institution to debit the entry
			future Federal tax payments that I direct to be
			In order for me to initiate future payments, I
			access EFTPS. This authorization is to remain
			terminate the authorization. To revoke a
			3-4537 no later than 2 business days prior to the
			olved in the processing of the electronic payment as and resolve issues related to the payment.
		onic Funds Withdrawa	al Consent, if applicable, by entering my Self-Select PIN below.
Date (all numerics)	03/24/10		
Faxpayer's PIN (enter	five numbers, other than all zero	oes)	_31368
Spouse's PIN (enter fi	ve numbers, other than all zeroe	es)	<u>35976</u>
Under penalties of pe	ction indicates that I am req		es overpaid by or on behalf of the decedent.
Signature of person of			Date

SCHEDULE EIC	Ea	ırned Income (	Credit	1040A	$\leftarrow$	_ 0	MB No. 1545-0074
Form 1040A or 1040)	Qı	alifying Child Info	rmation	1040			2009
epartment of the Treasury ternal Revenue Service (99)		Complete and att only if	ach to Form 104 you have a qua	10A 01 1040		At	tachment 43
ame(s) shown on return					You	ır social security n	·
BHAVESH B MITTALBAHEN R	PATEL PATEL					120	•
		ctions for Form 1040A,	lines 41a and 4:	1b or Form 1040 F	inos 64s and 64h	-136	0
efore you begin:	sure that (a) you Be sure the ch Otherwise, at t	ou can take the EIC, an ild's name on line 1 and the time we process you card is not correct, call	d (b) you have a d social security ur return, we ma	a qualifying child. number (SSN) on l y reduce or disallo	line 2 agree with t w your EIC. If the	the child's social s name or SSN on	
for details.		ou are not eligible, you our return and issue you					
Qualifying Child In	formation	Chil	d 1	Chi	ld 2	CI	nild 3
Child's name		First name	Last name	First name	Last name	First name	Last name
If you have more than three children, you only have to I the maximum credit.	e qualifying st three to get						
Child's SSN							
The child must have an SS page 45 of the Form 1040/page 51 of the Form 1040/unless the child was born a 2009. If your child was born 2009 and did not have an S "Died" on this line and attact the child's birth certificate, or certificate, or hospital medi	ninstructions or nstructions nd died in a and died in SN, enter th a copy of death		1165				
Child's year of birth							
		Year 2004 If born after 1990 and than you (or your spous skip lines 4a and 4b; go	e, if filing jointly),	Year  If born after 1990 and than you (or your spou skip lines 4a and 4b; g		Year  If born after 1990 an than you (or your spo	
Was the child under age 2009, a student, and you your spouse, if filing jointly	nger than you (or	Yes.	No.	Yes.	No.	Yes.	No.
-	1000	Go to line 5.	Continue.	Go to line 5.	Continue.	Go to line 5.	Continue
<ul> <li>Was the child permanent disabled during any part</li> </ul>		Yes.	No.	Yes.	No.	Yes.	No.
2			The child is not a qualifying child.		The child is not a qualifying child.	Continue.	The child is not a qualifying child.
Child's relationship	to you						, zamynig omidi
(for example, son, daugh niece, nephew, foster chi		DAUGHT	ER				
Number of months with you in the Uni during 2009							
•If the child lived with yo half of 2009 but less than enter "7".			i				
olf the child was born or	died in 2009 and home for the	_ 12	e months		months	_	months

DAA



	*Z≠ • HEDULE M	ı	Making Work Pay and	d Governme	ent	OMB No. 1545	-0074
	m 1040A or 1040)		Retiree Cre		·····	200	9
Depai Intern	rtment of the Treasury al Revenue Service (99)	Attach to Form 1040A	, 1040, or 1040NR.	▶s	ee separate instructions.	Attachment Sequence No.	166
	e(s) shown on return				Your social sec		
_B	HAVESH B & M	ITTALBAHEN R	PATEL			1368	
	Check the "No" box be a taxable scholarship of performed while an inmideferred compensation.  Do you (and your spoul Yes. Skip lines 1a No. Enter your ear	ow and see the instructions r fellowship grant not reports tate in a penal institution, (d) plan or a nongovernmental se if filing jointly) have 2009 through 3. Enter \$400 (\$800 ned income (see instructions	ed as someone else's dependent if (a) you have a net loss from a bad on a Form W-2, (c) your wage; you received a pension or annuit section 457 plan, or (e) you are fivages of more than \$6,451 (\$12, if married filing jointly) on line 4 as;	ousiness, (b) you re s include pay for w ty from a nonqualif ling Form 2555 or 903 if married filing nd go to line 5.	eceived ork ied 2555-EZ.		
Þ	Nontaxable combat pay		1 45 1				
2	line 1a (see instructions		10	2			
	Multiply file tably 0.27	(.002)		4			
3	Enter \$400 (\$800 if ma	rried filing jointly)		3			
4	Enter the <b>smaller</b> of lin	e 2 or line 3 (unless you che	cked "Yes" on line 1a)		4		800
5	Enter the amount from	Form 1040, line 38*, or Forn	n 1040A, line 22	5	16,000		
6	Enter \$75,000 (\$150,00	00 if married filing jointly)		6	150,000		
7		more than the amount on lin					
	_ '	nter the amount from line 4					
	Yes. Subtract line	6 from line 5	• • • • • • • • • • • • • • • • • • • •	7			
8	Multiply line 7 by 2% (.0	)2)			8		
9	Subtract line 8 from line	4. If zero or less, enter -0-			9		800
10	may have received this income, railroad retirem instructions).	payment if you received so	economic recovery payment in 20 cial security benefits, supplementa ability compensation or pension b	al security			
		_	by you (and your spouse, if filing		10		0
		ot enter more than \$250 (\$50			····		
11	as an employee of the I	J.S. Government or any U.S	nsion or annuity in 2009 for servi . state or local government from v sion or annuity reported on Form v	vork not			
		ine 11 and go to line 12.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Yes. • if you chec	ked "No" on line 10, enter \$2	250 (\$500 if married filing jointly				
	and the an	swer on line 11 is "Yes" for b	oth spouses)		11		0
			0- (exception: enter \$250 if filing		·····		
			pension or annuity did not received	re			
12	an econom Add lines 10 and 11	ic recovery payment describ	,				
		e 9. If zero or less, enter -0-			12		800
			. Add lines 11 and 13. Enter the r		13		550
	and on Form 1040, line	63; Form 1040A, line 40; or	Form 1040NR, line 60		14	· · · · · ·	800
	*If you are filing Form 2555	2555-EZ, or 4563 or you are ex-	cludina income from Puerto Rico, see i	nstructions			

For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

Schedule M (Form 1040A or 1040) 2009

-Fofm 1040	Shareholder's Basis Worksheet Page 1		2009
Name		Taxpayer Ide	ntification Number
MITTALBAHEN	M SAI 1 LLC	E	5976 3184
Name of Entity C Passive Activity TypeN		K1 Ur	
rassive Activity Type IV	Shareholder Stock Basis	101	
Beginning of year sto	ck basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	0
Increases to stock I			
2. Capital contributions	2		
<ol><li>Ordinary business in</li></ol>	come 3		
<ol><li>Net rental real estate</li></ol>	income 4		
<ol><li>Other net rental incor</li></ol>	ne 5		
<ol><li>Interest, dividends ar</li></ol>	nd royalties 6.		*
7. Net capital gains			
Net section 1231 gail     Tay exampt interest.	1 8		
<ol> <li>Tax-exempt interest :</li> <li>Other income</li> </ol>	and other income 9		
11 Excess of deductions	for depletion over basis of property (other than oil and gas) 11.		
12. Other increases to st	ock basis 12.		
13. Total increases to sto	ock basis. Combine lines 2 through 12	13.	0
14. Stock basis before di	stributions and items of loss or deductionsAdd line 1 and line 13 and enter the result here	14.	
Decreases to stock			
<ol><li>15. Distributions allowed</li></ol>		15	
	ributions and before items of loss or deductionsSubtract line 15 from line 14. If zero or less, enter - 0		0
<ol><li>Losses and deduction</li></ol>	ns applied against stock basis. (See Shareholder Basis Worksheet Page 2) 17.		
<ol><li>Other decreases to s</li></ol>	tock basis 18.		
19. Amount used to resto			_
20. I otal decreases (other	er than distributions) to stock basis. Combine lines 17 through 19	20	_
21. Stock basis at the em	d of year.(Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero Shareholder Loan Basis	21	<u>_</u>
22 Reginging of year loa			
23. Loans to corporation			
25. Other increases to lo	an basis 25.		
26. Loan repayments from	n line 41 26.		
27. Loan basis before los	ses and deductions.Combine lines 22 through 26	27.	0
28. Losses and deduction	ns applied against loan basis. (See Shareholder Basis Worksheet Page 2) 28.		
<ol><li>Other decreases to lo</li></ol>	pan basis		
<ol><li>Total decreases to lo</li></ol>	an basis. Add lines 28 and 29	30	0
31. Loan basis at the end	of year(Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	0
32. Stock and loan basis	at the end of the year(Add lines 21 and line 31)	32	0
	Coin Becompined on France Birthilland		
22 5	Gain Recognized on Excess Distributions		
24. Stock books before di	reported in Box 16, Code D, Schedule K-1 (1120S)	33	·
34. Stock basis belote di 35. Total gain recognized	stributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18. on excess distributions (Subtract line 34 from line 33)	34 35.	
Sch D, short-term		···· 35. =	
2, 2, 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Oon D, long term capital gain		
	Gain Recognized on Repayment of Shareholder Loan		
36. Loan basis at beginni	ng of tax year	36.	
37. Basis restored - amoi	unt used in prior years to offset losses	37.	
38. Loan basis before loa	n repayment. Add line 36 and line 37	38.	
<ol> <li>Face amount of share</li> </ol>	cholder loan at beginning of tax year	39	
<ol><li>Loan repayments to s</li></ol>	hareholder during tax year	40.	
Nontaxable return of	oan basis. Divide line 38 by line 39 and multiply the result by line 40	41	
2. Gain recognized on re	epayment of shareholder loan(Subtract line 41 from line 40)	<sup>42.</sup>	
	on Schedule E page 2		
Sch Dilong term	capital gain		
Sui D, long-term	capital gain		

Form 1040			Shareholde	r's Basi	Shareholder's Basis Worksheet Page 2	t Page 2				2009
Name MITTALBAHEN R	N R PATEL								Taxpayor Monthier In Number	Number - 5976
Entity Name OM SAI 1 LLC	ပ္ပ		Z		3184 Passive Activity TypeNOT	Activity TypeNO	T PASSIVE	TVE	X	Kt Unit 1
BASIS REDUCED BY NONDED	Y NONDEDUC	UCTIBLE ITEMS	IS BEFORE	TOSS 1	AND DEDUCTION ITEMS	FION ITEM	ΙI			
		Loss A	Ilocated to	Shareh	Loss Allocated to Shareholder Stock and Loan Basis	and Loan E	asis			
	Suspended	Current Year Loss	Total	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss	Total Allowed Loss
Nondeductible noncapital exp & oil/gas depletion deduction:										
Losses and deductions:										
Ordinary business loss		38,170	38,170			38,170			38,170	
Net rental real estate loss										
Short-term capital loss										
Long-term capital loss			•							
28% capital loss										
4797 Part I										
4797 Part II						_				
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 pg 1										
Section 179 expense		,		-	-					
Cash contributions (50%)										
Nanash contributions (50%)										
Noncash contributions (30%)										
Can gain prop 60%, org (30%)										
Cap gain prop (20%)			•							
Portfolio deductions (2% floor)										
Portfolio deductions (other)			1		•					
Investment interest expense										
Depletion										
Deductions-royalty income										
Intang drilling expensed				-						
Preproductive period exp.										
Commercial revitalization ded										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
lotal losses and deductions		38,170	38,170			38,170	200000000000000000000000000000000000000			
l otal nonded and deductible items		38,170	38,170			38,170			38,170	

** **				
Form 1040	Child Tax Credit - Taxable Earned I	ncome Worksheet	:	2009
lame			Taxpayer I	dentification Number
BHAVESH B &	MITTALBAHEN R PATEL			-1368
<ul> <li>Disregard com</li> </ul>	theet only if you were sent here from the Line 11 Worksheet or line 4a of munity property laws when figuring the amounts to enter on this workshe jointly, include your spouse's amounts with yours when completing this w	et.	Гах Credit.	-
1.a. Enter the amount fi	rom Form 1040, line 7 or Form 1040NR, line 8.		1a	16,000
b. Enter the amount of	of any nontaxable combat pay received. Also enter this amount on Form	8812, line 4b.		
	d be shown in Form(s) W-2, box 12, with code Q.		1b.	
Next, if you are filing	ng Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 10 wise, skip lines 2a through 2e and go to line 3.			
2.a. Enter any statutory	employee income reported on line 1 of Schedule C or C-EZ		<b>2</b> a.	
<ul> <li>b. Enter any net profit (other than farming expense deduction</li> </ul>	or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1); and Schedule K-1 (Form 1065-B), box 9, code J1.* Reduce this amour, any depletion on oil and gas properties, and any unreimbursed nonfarmonot include any statutory employee income or any other amounts exem	(Form 1065), box 14, code Ant by any partnership section partnership expenses you d	\ 179 educted	
Schedule K-1 (Form 179 expense deductions farm partnership ex	profit or (loss) from Schedule F, line 36, and from farm partnerships, n 1065), box 14, code A.* Reduce this amount by any partnership section ction, any depletion on oil and gas properties, and any unreimbursed openses you deducted on Schedule E. <b>Do not</b> include any om self-employment tax			
	n optional method to figure net earnings from self-employment, enter chedule SE, Section B, line 15. Otherwise, skip this line and enter on line 1 line 2c			
e. If line 2c is a profit,	enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss	s) from line 2c.	2e	
2 Add lines to the 2	a, 2b, and 2e. If zero or less, <b>stop.</b> Do not complete the rest of this works Worksheet or line 4a of Form 8812, whichever applies.	book lasteed sates 0 as		
4. Enter any amount is	ncluded on line 1a that is:			
a. A scholarship or fel	lowship grant not reported on Form W-2	4a.		
<ul> <li>h For work done while</li> </ul>	e an inmate in a penal institution (enter "PRI" and this amount on to line 7 of Form 1040 or line 8 of Form 1040NR)			
<ul> <li>c. A pension or annuit plan (enter "DFC" a Form 1040NR). Th</li> </ul>	y from a nonqualified deferred compensation plan or a section 457 not this amount on the dotted line next to line 7 of Form 1040 or line 8 of its amount may be shown in box 11 of your Form W-2. If you received t box 11 is blank, contact your employer for the amount received as			
		4c		
2555, line 43, or Fo	ncluded on line 3 that is also included on Form rm 2555-EZ, line 18. <b>Do not</b> include any amount I on line 4a. 4b. or 4c above.			
doducted an Calcad	f any, from Form 2555, line 44, that is also ule C, C-EZ, or F, or included on Schedule E icome or (loss)			
c. Subtract line 5b from	uie C, C-E, or F, or included on Schedule E come or (loss)	5c.		
	om Form 1040, line 27		6.	
7. Add lines 4a throug	h 4c, 5c, and 6		7.	
3. Subtract line 7 from	line 3		8	16,000

- If you were sent here from the Line 11 Worksheet, enter this amount on line 2 of that worksheet.
- If you were sent here from Form 8812, enter this amount on line 4a of that form.
- If you are claiming the making work pay credit on Schedule M (Form 1040A or Form 1040), also enter this amount on line 1a of that form only if you check the "No" checkbox. You do not have to complete the worksheet in the Schedule M instructions.

<sup>\*</sup>If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to your return.

		K-1 Recond	iliation Work	K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797	B, D, Form 47	97		2009
Name MITTALBAHEN R	R PATEL					Taxpayer Identification Number	cation Number	-5976
Entity Name OM SAI 1 LLC	ບູ		EIN	3184		Sc	Screen K1	K1 Unit 1
Entity Type S CORPORATION	NO	Passive Ac	NOT	PASSIVE			Entire disposition of activity	of activity
	Current Year	PY Suspended	Disallowed Rasis I imitation	PY Suspended	Disallowed	PY Suspended	Disallowed	Tax
Schedule E page 2	amount .	Dasis Loss	Dasis Lillitation	At-115h E055	Action cilillation	rdssive Luss	LOSS EIIIIITATIOII	Verniii
Ordinary business income/-loss	-38,170		38.170					
Net rental real estate income/-loss								
Other net rental income/-loss								
Guaranteed payments								
Section 179 expense								
Disallowed Section 179 expense								
Depletion								
Intangible drilling expensed								
Preproductive period expense								
Commercial revitalization deduct								
Reforestation expense deduct								
Other deductions								
Unreimbursed expenses								
Other inc/loss - Schedule E								
Debt financed acquisition								
Dependent care benefits								
Total Schedule E page 2	-38,170		38,170					0
Schedule E page 1								
Royalties								
Deductions-royalty income								
Depletion								
lotal schedule E page 1								
Schedule B					-			
Interest Income								
Tax-exempt interest income								
Dividend Income								
Qualified dividends (1040, Page 1)								
Schedule D/6781								
Short-term capital gain/-loss								
Long-term capital gain/-loss								
28% capital gain/-loss								
Section 1202 exclusion								
1256 contracts and straddles								
Form 4797								
4797 Part I								
4/3/ Fall II								

£ 6-4	te.					
Form	1040	Sc	chedule EIC Worksheet	1		2009
Name		ý			Тахрауег	Identification Number
BHAV	ESH B &	MITTALBAHEN R PA	ATEL			-1368
		We	orksheet 1. Investment Incor	me		
Interest ar	nd Dividends					
1. Enter a	iny amount fro	m Form 1040, line 8a			1	
2. Enter a	iny amount fro	m Form 1040, line 8b plus any amo	ount on Form 8814, line 1b.		2	
4 Entort	ho amount from	a Form 1040 line 21 that is from E	Form 8814 if you are			
filing th	nat form to rep	ort your child's interest and dividen	d income on your return.		4	
	in Net Incom					
<ol><li>Enter t enter z</li></ol>	he amount from	n Form 1040, line 13. If the amoun	t on that line is a loss,	5	<u> </u>	
		form 4797, Sales of Business Prop line is a loss, enter zero. (But, if y				
lines 8	and 9 of Forn	4797, enter the amount from line	9 instead.)	6	_	
<ol><li>Subtralless th</li></ol>	ct line 6 of this an zero, enter	worksheet from line 5 of this works zero.)	sheet. (If the result is		7	
		come from Personal Property	***************************************			
<ol><li>Enter a rental</li></ol>	any royalty inco of personal pr	me from Schedule E, line 4, plus a perty shown on Form 1040, line 2	ny income from the	8	_	
9. Enter a expens	any expenses ses from the r	_				
10. Subtra	ect the amount sult is less that	on line 9 of this worksheet from the zero, enter zero.)	e amount on line 8. (If		10	
Passive A	ctivities					
		come from passive activities			11	
12 Add th	e amounts on	lines 1 2 3 4 7 10 and 11 Ente	r			
the tot	al. This is you	r Investment Income			12	
			Worksheet 2. Earned Incom	10		
1 Enter t	he amount fro	n line 7 (Form 1040 or Form 1040)	A) or line 1 (Form 1040EZ).			16,000
		ble scholarship or fellowship grant			1. —	
		ut was included in the total on line in 1040EZ), enter the amount.	7 (Form 1040 or Form	2	_	
amour	nt on line 2 of t	nember of the clergy who files Sch nat schedule includes an amount the pter that amount		1		
	, ,,			,	_	
on pag	e 20), enter a	f you received wages as a church ny amount you included on both lin 0)	employee (as defined e 5a of Schedule SE	ı	_	
plan of or Fort	r a section 457 m 1040A) or lii	sion or annuity from a nonqualified plan and it was included in the tota le 1 (Form 1040EZ), enter the amo	al on line 7 (Form 1040 ount. (This amount may			
		of your Form W-2. If you received act your employer for the amount of		5	<del></del>	•
	·		t		6. —	
7 16	easined monto	rable combat now that you clost to				
8. Subtra	ct line 6 of this	worksheet from line 1. Add to this	amount any nontaxable			
comba	t pay from line	7. This is your earned income	-		8	16,000

<u>)</u>	7 16		
F:	om 1040	Schedule EIC Worksheet 2	2009
Name	•	T	axpayer Identification Number
BE	IAVESH B	& MITTALBAHEN R PATEL	1368
		Earned Income Credit Worksheet B	
4	Self-Employed	Clergy and People with Church Employee Income Filing Schedule SE	
		at from Schedule SE, Section A, line 3, or	
u.		, whichever applies.	
h	Enter any amou	nt from Schedule SE, Section B, line 4b and line 5a.  1b.	
		1 1b. 1c.	
		at from Schedule SE, Section A, line 6, or	
		3, whichever applies.	
e.		from line 1c.	1e.
		NOT Filing Schedule SE	·
		n these lines any statutory employee income, any net profit from	
	services perforr	ned as a notary public, or any amount exempt from self-employment	
	tax as the result	of the filing and approval of Form 4029 or Form 4361, or any	
	income or loss t	rom a qualified joint venture reporting only rental real estate income	
	not subject to se	If-employment tax.	
a.	Enter any net fa	rm profit or (loss) from schedule F, line 36, and from	
	farm partnership	s, Schedule K-1 (Form 1065), box 14, code A	
b.	Enter any net p	ofit or (loss) from Schedule C, line 31; Schedule C-EZ,	
	line 3; Schedule	K-1 (Form 1065), box 14, code A (other than farming);	
		-1 (Form 1065-B), box 9, code J1. <b>2b.</b>	
		I 2b.	2c
3.		oyees Filing Schedule C or C-EZ	
		nt from Schedule C, line 1, or Schedule C-EZ, line 1, that	_
		a statutory employee.	3
	_	EIC Worksheet B	16 000
		ed income from Worksheet 2, line 8.	
D.		e, 2c, 3 and 4a. This is your total earned income.	46. 16,000
	_	sine 40 less than. 8,440 for married filing jointly) if you do not have a qualifying child,	
		0,443 for married filing jointly) if you have one qualifying child, or	
		5,295 for married filing jointly) if you have one qualifying children, or	
	_	8,279 for married filing jointly) if you have 2 qualifying children?	
		ue on to line 5.	
		ou cannot take the credit.	
5.		amount on line 4b above in the EIC Table in the instructions	
	•	. Use the correct column for your filing status. Enter	
		· · · · · · · · · · · · · · · · · · ·	53,043
6.	Enter your adjus	ted gross income (line 38 of Form 1040; line 22 of Form	•
	1040A; or line 4	of Form 1040-EZ).	6. 16,000
		unts on lines 4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8	<del></del>
7.	If you have:		
	<ul> <li>No qualifyin</li> </ul>	g children, is the amount on line 6 less than \$7,500 (\$12,500 if married filing jointly)?	
	1 or more q	alifying children, is the amount on line 6 less than \$16,450 (\$21,450 if married filing jointly)?	
	YES. Leave	line 7 blank; enter the amount from line 5 on line 8.	
	NO. Lookup	the amount on line 6 in the EIC table in the instructions.	
		correct column for your filing status. Enter the credit here.	
8.	Look at the amo	unts on lines 5 and 7. Then, enter the smaller amount on line 8. This is your earned income credit	

\$ (3 A				-		
Fe∉m <sup>a</sup> 10	40		Salaries & Wage	es Report		2009
Name						
T/S	BHAVESH B & MITTALBAHEN R PATEL  T/S Employer				s Federal Withheld	Soc Sec Wages
	& K LLC			6,0	00 44:	
BTOM				5,0	00 44	
	SAI 1 LL	C		5,0	00 449	5,000
<u>P</u>						
E						
๒ – –			<u></u>	<del></del>		
H				•		
		****				
J						
K				-		
<u>                                     </u>			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
M				· · · · · · · · · · · · · · · · · · ·	<del></del>	
			Taxpayer	16,0	00 1,33	7 16,000
			Spouse			
			Totals	16,0	00 1,33	7 16,000
	oc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips A	dvanced EIC Dep Care B	en Other, Box 14
A	372	6,000	87	•	·	
В	310	5,000	73			
С	310	5,000	73			
D						
E						
F G						
Н					<del></del>	<del>-</del>
l		-				
J						
K						
L						
М	<del> </del>					
	992	16,000	233			
Taxpayer Spouse						
Totals	992	16,000	233			
L						
State	State Wages	State Withheld	Name of Lo	cality	Local Wages	Local Withheld
A AL B AL	6,00 5,00					
C AL	5,00				<del></del>	
				· ·		
D						
F						
G						- ——
-						
j —						
к						
L						
M						
_	16,00	640				
Taxpayer	10,00					
Spouse Totals	16,00	640				
I Julia						

## Paid Preparer's Earned Income Credit Checklist

Depar	tment of the Treasury	Do not send to the IRS. Keep for your records.	
or th	ne definitions of the following  Investment	terms, see Pub. 596 for the year for which you are completing this form.	● Full-time Student
A	Taxpayer's name ▶ BE		
В	If joint return, spouse's nan	ne ▶ MITTALBAHEN R PATEL	-136
Pa	irt I All Taxpayei	s	1360
1	Year after 2008 for which y	ou are completing this form > 2009	
2	Is the taxpayer's filing statu	is married filing separately?	Yes X No
	If you checked "Yo continue.	es" on line 2, stop; the taxpayer cannot take the EIC. Otherwise,	
3		e taxpayer's spouse if filing jointly) have a social security number er to work or is valid for EIC purposes? See the instructions before	
			X Yes No
	If you checked "No continue.	o" on line 3, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise,	
1		2555 or Form 2555-EZ (relating to the exclusion of foreign earned	Yes X No
	If you checked "Yo continue.	es" on line 4, stop; the taxpayer cannot take the EIC. Otherwise,	
5a	Was the taxpayer a nonre	sident alien for any part of the year on line 1?	Yes X No
	► If you checked "You	es" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b	Is the taxpayer's filing state	us married filing jointly?	Yes No
	► If you checked "Y the EIC. Otherwise, co	es" on line 5a and "No" on line 5b, stop; the taxpayer cannot take ontinue.	
6		ent income more than the limit that applies to the year on line 1? See	Yes X No
	If you checked "Y continue.	es" on line 6, stop; the taxpayer cannot take the EIC. Otherwise,	
7		taxpayer's spouse if filing jointly, be a qualifying child of another 1?	Yes X N
	► If you checked "Y to Part II or Part III, wi	es" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go nichever applies.	
			Farm 8867 (Pay 12.1

-	MAVESH B & MITTALBAHEN R PATEL	-1368 Page 2			
20000000000	8867 (Rev. 12-2009) rt II Taxpayers With a Child			raye z	
	Caution. If there is more than one child, complete lines 8 through 14 for one	Child 1	Child 2	Child 3	
	child before going to the next column.				
8	Child's name				
9	Is the child the taxpayer's son, daughter, stepchild, foster child, brother,				
•	sister, stepbrother, stepsister, or a descendant of any of them?	X Yes No	Yes No	Yes No	
10	Is either of the following true?				
	The child is unmarried, or	•			
	The child is married, can be claimed as the taxpayer's dependent, and				
	is not filling a joint return (or is filling it only as a claim for refund).	X Yes No	Yes No	Yes No	
11	Did the child live with the taxpayer in the United States for over half of the				
••	year? See the instructions before answering	X Yes No	Yes No	Yes No	
12	Was the child (at the end of the year on line 1)-				
-	Under age 19 and younger than the taxpayer (or the taxpayer's spouse,				
	if the taxpayer files jointly),				
	Under age 24, a full-time student, and younger than the taxpayer (or the				
	taxpayer's spouse, if the taxpayer files jointly), or		l		
	Any age and permanently and totally disabled?	X Yes No	Yes No	Yes No	
	If you checked "Yes" on lines 9, 10, 11, and 12, the child is the				
	taxpayer's qualifying child; go to line 13a. If you checked "No" on line				
	9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the				
	instructions for line 12 on page 4.				
13a	Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	Yes X No	Yes No	Yes No	
	If you checked "No" on line 13a, go to line 14. Otherwise, go to		""		
	line 13b.		ļ		
ь	Enter the child's relationship to the other person(s)				
c	Under the tiebreaker rules, is the child treated as the taxpayer's qualifying	Yes No	Yes No	Yes No	
•	child? See the instructions before answering	Don't know	Don't know	Don't know	
	If you checked "Yes" on line 13c, go to line 14. If you checked	1 7 2011 (11.11.01.1	1.1	1 1	
	"No," the taxpayer cannot take the EIC based on this child and cannot				
	take the EIC for taxpayers who do not have a qualifying child. If there				
	is more than one child, see the <b>Note</b> at the bottom of this page. If you				
	checked "Don't know," explain to the taxpayer that, under the				
	tiebreaker rules, the taxpayer's EIC and other tax benefits may be				
	disallowed. Then, if the taxpayer wants to take the EIC based on this				
	child, complete lines 14 and 15. If not, and there are no other qualifying				
	children, the taxpayer cannot take the EIC, including the EIC for				
	taxpayers without a qualifying child; do not complete Part III. If there				
	is more than one child, see the <b>Note</b> at the bottom of this page.				
14	Does the qualifying child have an SSN that allows him or her to work or is	l		l	
• •	valid for EIC purposes? See the instructions before answering	X Yes No	Yes No	Yes No	
	If you checked "No" on line 14, the taxpayer cannot take the EIC				
	based on this child and cannot take the EIC for taxpayers who do not				
	have a qualifying child. If there is more than one child, see the <b>Note</b> at				
	the bottom of this page. If you checked "Yes" on line 14, continue.				
15	Are the taxpayer's earned income and adjusted gross income each less				
	than the limit that applies to the taxpayer for the year on line 1? See Pub.			X Yes No	
	596 for the limit			<b>□</b> · □ ·	
	If you checked "No" on line 15, stop; the taxpayer cannot take the				
	EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC.				
	Complete Schedule EIC and attach it to the taxpayer's return. If there				
	are two or three qualifying children with valid SSNs, list them on				
	Schedule EIC in the same order as they are listed here. If the taxpayer's				
	EIC was reduced or disallowed for a year after 1996, see Pub. 596 to				
	see if Form 8862 must be filed. Go to line 20.				
	SSS A 1 STRE GOOD ARGS, DO HIGG. GO TO HIRO AU.				
	Note. If you checked "No" on line 13c or 14 but there is more than one				
	child, complete lines 8 through 14 for the other child(ren) (but for no more				
	than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.				
DAA	9 10 20 20 20 20 20 20 20 20 20 20 20 20 20			Form <b>8867</b> (Rev. 12-2009)	

) For	BHAVESH B & MITTALBAHEN R PATEL  n 8867 (Rev. 12-2009)	-1368	Page 3
00000000	art III Taxpayers Without a Qualifying Child		
16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)	Yes	☐ No
	▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
17	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?	Yes	No No
	▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
18	Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?	Yes	☐ No
	▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
19	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit	Yes	☐ No
	▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.		
P	art IV Due Diligence Requirements		
20	Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?	X Yes	☐ No
21	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	X Yes	☐ No
22	Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)	X Yes	☐ No
23	Did you keep the following records?  Form 8867 (or your own form or files),  The EIC worksheet(s) or your own worksheet(s), and  A record of how, when, and from whom the information used to prepare the form and worksheet(s)		
	was obtained  If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.  If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.	X Yes	No

DAA Form **8867** (Rev. 12-2009)

	al Inco	ıma <b>2009</b> ne Tax Return -YEAR RESIDENTS							
For the year Jan. Your social securi Your first name  BHAVES	1 1	s. 31, 2009, or other tax year: Beginning: Ending: • ber Space SSALiftigint return 368 • Initial Last name B PATEL							
Spouse's first nam  MITTAI  Present home add  City, town or post  MONTGO	LBA dress (	number and street or P.O. Box number) State ZIP code							
Check if	addre			CHECK BOX IF AR	ΛEΝ	DED I	RETURN •	_	
Filing Status Exemptions		●	'	e. Complete Spouse SSN qualifying person).		_			_
	5	Wages, salaries, tips, etc. (list each employer and address separately):		A – Alabama tax withheld			B - Income		_
	а	SEE STATEMENT 1	5a	• 640	00	5a	16,0	00	00
	b		5b	•	00	5b			00
Income	c		5c		00	5c		$\overline{}$	00
and	d		5d	•	00	5d		-	00
Adjustment	6	Interest and dividend income (also attach Schedule B if over \$1,500)				6 •			00
Aujusunena	7	Other income (from page 2, Part I, line 9)				7 •		-	00
	8	Total income. Add amounts in the income column for line 5a through	ı line	97		8 •	16,0	00	00
	9	Total adjustments to income (from page 2, Part II, line 10)				9 •			00
	10	Adjusted gross Income. Subtract line 9 from line 8		<u> <u></u></u>		10 •	16,0	00	00
You Must Attach page 2 of Federal Form 1040, Fed.	11 <b>▶</b> 12	Check box a, if you itemize deductions, and enter amount from schoule A, a 2 Check box b, if you do not liemize deductions, and enter standard of duction set activities    a	11	P x a or b MUST be checked 7,500	00				
Form 1040A, Fed. Form 1040NR, or	-	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12		00				
page 1 of 1040EZ,	13	Personal exemption (from line 1, 2, 3, or 4)	13		00				
if claiming a deduc- tion on line 12.	14	Dependent exemption (from page 2, Part III, line 2)	14	• 1,000	00				
	15	Total deductions. Add lines 11, 12, 13, and 14				15 ●	11,5		
	16	Taxable income. Subtract line 15 from line 10				16 •	4,5		
	17	Income Tax due. Enter amount from tax table or check if from •		Form NOL-85A		17 •	10	62	00
	18	Less credits from: ● Schedule CR and/or ● Schedule	00	;		18 •			00
Tax	19a	Net tax due Alabama. Subtract line 18 from line 17				19a •	10	62	00
Staple Form(s) W-2, W-2G, and/or 1099	b	Consumer Use Tax (use worksheet on page 9)				19b •			00
here.	20	Alabama Election Campaign Fund. You may make a voluntary con						T	_
	а	Alabama Democratic Party \$1 \$2 X none		- 		20a ●			00
	b	1   4.     4.   1.				20b ●			00
	21	Total tax liability and voluntary contribution. Add lines 19a, 19b, 2		and 20b		21 •	1	62	00
	22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	22	• 640	00	Т			
	23	2009 estimated tax payments/Automatic Extension Payment	23	•	00				
Payments	24	Amended Returns Only — Previous payments (see instructions)	24	•	00				
ayıncınıs	25	Total payments. Add lines 22, 23 and 24				25 •	6-	40	00
	26	Amended Returns Only — Previous refund (see instructions)				26 •		$\sqcap$	00
	27	Adjusted Total Payments. Subtract line 26 from line 25				27 •	64	40	
ABAOLINIT	28	If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUN						T	
AMOUNT		Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V				28			00
YOU OWE	29	Estimated tax penalty. Also include on line 28 (see instructions page 11)	29		00				
	30	If line 27 is larger than line 21, subtract line 21 from line 27, and enter				30 •	4'	78	00
OVERPAID	31	Amount of line 30 to be applied to your <b>2010 estimated tax</b>	31		00	20 1º		- 1	<del></del>
Donations	32	Total Donation Check-offs from Schedule DC, line 2	32		00				
	33	REFUNDED TO YOU. (CAUTION: You must sign this return on the							_
REFUND				complete Part V, Page 2		33 •	4'	78	00

See page 15  2   Total number of dependents claimed above   Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)   2   1,000   00	50 A 3				3 mm=					1 3 6 0	Page 2
Authority recorded   Subjects income or plass) (altitude included in this return from a purpose of plass) (altitude included in this return from a purpose of plass) (altitude included in this return from a purpose of the plant income of plass) (altitude in this return from a purpose of the plant income of plass) (altitude in this return from a purpose of the plant income of plass) (altitude in this return from a purpose of the plant income of plant income	***********								1	1500	
Sign Price   Section   S	PARTI		Alimony received	Federal Pahadula C a		inetructions					-
Other Income  5									-	<u> </u>	
Total cuttor forces Add lines 1 through 5. Enter here and also on page 1, line 7.  PART IV  PART IV  1 Residency Check only one page 1, line 7.  1 Residency Check only one page 1, line 7.  1 Residency Check only one page 1, line 7.  1 Residency Check only one page 1, line 7.  1 Residency Check only one page 1, line 7.  1 Residency Check only one page 1, line 7.  2 Parm in corne or (lose) (status Factorial Schedule F).  2 Parm in Check only one page 1, line 7.  3 Parm in Check only one page 1, line 7.  4 Voru IRA deduction  2 Parmaint to a Keoph retirement plan and self-employment SEP deduction  2 Parmaint to a Keoph retirement plan and self-employment SEP deduction  2 Parmaint to a Keoph retirement plan and self-employment SEP deduction  2 Parmaint to a Keoph retirement plan and self-employment SEP deduction  3 Parmaint to a Keoph retirement plan and self-employment SEP deduction  4 See page 15)  5 Parmaint to a Keoph retirement plan and self-employment SEP deduction  5 Parmaint to a Keoph retirement plan and self-employment SEP deduction  5 Parmaint to a Keoph retirement plan and self-employment SEP deduction  5 Parmaint to a Keoph retirement plan and self-employment SEP deduction  7 Self-employed health insurance deduction for a maint of large the page 15 Parmaint Self-employed plan and large the page 15 Parmaint Self-employed plan and large the page 15 Parmaint Self-employed dece instructions  9 Parmaint Self-employed electronic plan and large the page 15 Parmaint Self-employed (see instruction)  9 Parmaint Self-employed dece instructions  9 Parmaint Self-employed dece instructions  10 Total adjustments. Add lines 1 through 9. Enter here and also on page 1, line 9.  10 Total number of dependents claimed above  10 Total number of dependents claimed above  11 Total number of dependents claimed above  2 Parmaint Self-employed (see instruction)  3 Parmaint Self-employed Self		-	· · ·						4b ●		00
Rechange   10   See page   12   Farm Incomer of (clas) (attach Foderal Shedule F)	Other										00
Fam income or (loss) (stack) Foderal Schoolule F   T   Fam income or (loss) (stack) Foderal Schoolule F   T   Fam income or (loss) (stack) Foderal Schoolule F   T   Fam income or (loss) (stack) Foderal Schoolule F   T   Fam income or (loss) (stack) Foderal Schoolule F   Fam income or (loss) (stack) Foderal Schoolule F   Fam income or (loss) (stack) Foderal Schoolule F   Fam income or (loss) (stack) Foderal Fam income or (loss) (stack) Fam income or (	ncome								6 •		00
Some composition sources seemed.  Total offerin (common, Add lines 1 through 8. Enter here and also on page 1, line 7  9	(See page 12)		Farm income or (loss) (attach	Federal Schedule	F)				7 •		00
Total comments to Adaman PACT Program or Adaman College Education Savings Program  Applications  PART IV 1  1a Your IRA deduction  2 Payments to a Keogh retirement plan and self-employment SEP deduction  2 Payments to a Keogh retirement plan and self-employment SEP deduction  2 Powerists to a Keogh retirement plan and self-employment SEP deduction  2 Powerists to a Keogh retirement plan and self-employment SEP deduction  3 Penalty on early withdraward of savings  SSN •					,				8 •		00
PART III   1a   vour IRA deduction   1a   vour IRA deduction   1b   0.00   0.			Total other income. Add lines	s 1 through 8. Ente	er here and	also on pa	ge 1, line 7		9 •		00
Spouse's IRA deduction  Payments to a Kegoin retirement plan and self-employment SEP deduction  2 Payments on analty withdrawal of savings  Adjont  3 Payments to A kegoin retirement plan and self-employment SEP deduction  3 Payments on analty withdrawal of savings  3 Payments to A kegoin retirement plan and self-employment SEP deduction  4 Payments to A labama PACT Program or A datama College Education Savings Program  5 Payments to A labama PACT Program or A datama College Education Savings Program  8 Payments to A labama PACT Program or A datama College Education Savings Program  9 Health insurance deduction for small employer employee (see instructions)  10 Total adjustments. Add lines 1 through 9. Enter here and also on page 1, line 9  PART III 12 Dependents  10 Dependents  11 Dependents  12 Dependents  13 Dependents  14 Dependents  15 DAUGHTER  15 Total number of dependents claimed above  Amount allowed, (futligly he bids number of dependents claimed above  Amount allowed, (futligly he bids number of dependents claimed above  11 Total number of dependents claimed above  12 Did you file an Alabama income tax return for the year 2008? X yes No  16 Total number of dependents claimed above  17 Total number of dependents claimed above  18 Part Year  19 Did you file an Alabama income tax return for the year 2008? X yes No  19 Total number of dependents claimed above  19 Did you file an Alabama income tax return for the year 2008? X yes No  19 Total number of dependents claimed above  2 Did you file an Alabama income tax return for the year 2008? X yes No  19 Total number of dependents claimed above  2 Did you file an Alabama income tax return for the year 2008? X yes No  19 Total number of dependents claimed above  2 Did you file an Alabama income tax return for the year 2008? X yes No  19 Total number of dependents claimed above  2 Did you file an Alabama income tax return for the year 2008 No  2 Did you file an Alabama income tax return for the year 2008 No  2 Did you file an Alabama income tax return for the	PARTII	1a							1a ●		00
Adjmt. 2 Peyments to a Keogh referement plan and self-employment SEP deduction   2   4   0.00   See page 15) 2 Penalty on an any withdrawal of savings   SSN   4   0.00   See page 15) 3 Adoption experieses   SSN   4   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama College Education Savings Program   8   0.00   Peyments to Adabama PACT Program or Alabama		b									-
See page 15)   5   6   0.00		2									
See page 15  5   Adoption expenses   5   6   00   00   00   00   00   00	Adjmt.	3		f savings							-
See page 15  5   Adoption expenses   5   6   000	to Income	4	Alimony pd. Reci- pient's last name				ssn •				
Federic Form 3603) to City  7 Self-employed health insurance deduction  8 Payments to Alabama PACT Program or Alabama College Education Savings Program  9 Health insurance deduction for small employer employee (see instructions)  9 e	(See page 15)		Adoption expenses			<b></b>			-		
7 Self-employed health insurance deduction 8 p Payments to Alabama PACT Program or Alabama College Education Savings Program 8 p		6	Moving Expenses (Attach Federal Form 3903) to City				State Z	IP	_		
Part   III   Par		7	Self-employed health insurance	ce deduction					<del>-</del>		
Total adjustments. Add lines 1 through 9. Enter here and also on page 1, line 9  Dependents  Do positionate to your posses  Con onlineture yourse for your spouse  Do not include yourself or your spouse  See page 15)  Total number of dependents claimed above  Amount allowed, (Mailty he total number of dependents claimed above  Do not include yourself or your spouse  See page 15)  Total number of dependents claimed above  Do not include yourself or your spouse  See page 15)  Total number of dependents claimed above  Do not include yourself or your spouse  See page 15)  Total number of dependents claimed above  Do not include yourself or your spouse  See page 15)  Total number of dependents claimed above  Do not include yourself or yourself or your spouse  See page 15)  Total number of dependents claimed above  Do you file an Alabama income tax return for the year 2008? Yes No  If no, state reason  General of file your spouse  This Section.  All Taxpayers  Must Complete  This Section.  Source  Source  Source  Source  Do you have income included in this return from a greantor trust?  Yes X No  PART V  To Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 18 of instructions to see if you qualify.)  Direct 1  Do you have income included in this return from a greantor trust?  Yes X No  PART V  To Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 18 of instructions to see if you qualify.)  Pro Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 18 of instructions to see if you qualify.)  To Direct Deposit of your refund, complete file in the specified in the season of the United States?  Yes X No  Preparer's Signature  Preparer's signature  Spouse's signature (in plant return, BOTH must sign)  Date Day/fine telephone number ManNaGer  Preparer's signature  Preparer's signature  Spouse's signature (in plant return, BOTH must sign)  Date Day/fine telephone number ManNaGer  Preparer's signature  Preparer's signature  Spouse's signature (in plant return, BOTH m		8	Payments to Alabama PACT I	Program or Alabar	na College	Education	Savings Program	١	8 •		
PART IV    1		9								<del></del>	
Dependents  On extendible pourself or your spouse your	*************************	10		1 through 9. Ente	r here and	- 1				(1) mil	
Dependents  Do not include yourself or your spokes  Do you have income with its reported on your Alabama return (pither than your state tax return)  Do you have income included in this return from a grantor trust?  PART Y  Direct  Direct  Do you have income included in this return from a grantor trust?  PO your spokes  Do you have income included in this return from a grantor trust?  PO your spokes  Do you have income included in this return from a grantor trust?  PO your spokes  Direct  Direct  Direct  Direct  Source  Source  Source  Source  Source  Do you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you have income included in this return from a grantor trust?  PO you spinsture  PO you have income included in this return from a grantor trust?  PO you spinsture  PO you have income included in this return from a grantor trust?  PO you spinsture  PO you have income included in this return from a grantor trust?  Po you spinsture  PO you have income included in this retur	PART III	1a	Dependents: (1) First name	Last name		(2)				more than one-ha	lf
Do not include yourself or yourse pouse yourself or yourself yourself or yourself yourself or yourself or yourself your	Dependents					-	-116	DAUGHT	ΞR		iti_
See page 15  2   Total number of dependents claimed above   Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)   Z   1,000   or through a mount from the med of page 1, the 14   Total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)   Z   1,000   or through a factor of the address of present employer (s).   Part Year From through   Find 1   Total number of the year 2008?   Part Year From through	•					-					
Scepage 15  2   Total number of dependents claimed above						•					
Amount allowed, (Muttley) the total number of dependents claimed on line to by the amount tom the dependent chart on page 10. 1 2 1 1,000 or fetter enumber there and on page 1, line 13 2 1 2 1 1,000 or fetter enumber the advantage 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	your spouse					•					
Amount allowed, (Muttley) the total number of dependents claimed on line to by the amount tom the dependent chart on page 10. 1 2 1 1,000 or fetter enumber there and on page 1, line 13 2 1 2 1 1,000 or fetter enumber the advantage 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ь	Total number of dependents of	claimed above						•	1
PART IV   2   Residency Check only one box   ■   E   Full Year   Part Year   From   through	(See page 15)	2	Amount allowed. (Multiply the total nur	mber of dependents clair 14	med on line 1b	by the amoun	from the dependent of	art on page 10.)	2 •	1,0	00 00
Comparison   Com	PARTIV	1		ox ▶ • X	Full Year	•				through	
If no, state reason   Give name and address of present employer(s).   Yours   OM   SAI 1   LIC   MONTGOMERY   AL			•	_		==	Yes No				
All Taxpayers  All Taxpayers  Must Complete  This Section.  (See page 15)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund an account that is located outside of the United States?  Yes X No  PART V  Direct  Deposit 1  Sign Here In Black Ink  Keep a copy of this refund going to or through an account that is located outside of the United States?  Your signature  Paid  Preparer's signature (if joint return, BOTH must sign)  Date Daytime telephone number  Sajjahn G. Rajendra, CPA  Preparer's Synotre Day In address How Manager  Firm's name (or yours if self-employed)  and address MONTGOMERY  Amount Amount Amount Amount (s) below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your refund that is located outside of the United States?  Yes X No   Page 1  In all to the best of my knowledge and belief, they are transpayer) is based on all information of which prepare has any knowledge.  Preparer's signature  Sajjahn G. Rajendra, CPA  Daytime telephone number  Sajjahn G. Rajendra, CPA  Preparer's signature  Sajjahn G. Rajendra, CPA  Daytime telephone number  Sajjahn G. Rajendra, CPA  Preparer's Synor PTIN  Preparer's signature  Sajjahn G. Rajendra, CPA  Daytime telephone number  Sajjahn G. Rajendra, CPA  Preparer's synory for the self-employed and address Montroperery All 34135-80001  If an addressed			-								
All Taxpayers Must Complete This Section.  (See page 15)  Direct  Cource  Do you have income included in this return from a grantor trust?  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  PART V  Direct  Routing Number:  Deposit  Account Number:  Deposit  Account Number:  Direct In Black Ink Keep a copy of this return for your refund complete that have examined this return and account that is located outside of the United States?  Your signature  Source  Date  Date  Date  Date  Daytime telephone number  Spouse's signature (if joint return, BOTH must sign)  Preparer's Syn or PTIN Preparer's Use Only  WHERE TO FILE FORM 40  Power Agouse's Account Number; Date  Non Tago Mary Preparer (or your return to: MANT AGER)  All authorize a representative of the Department of Revenue And Salama Dayarreturn in one of the addresse below.  WHERE TO FILE FORM 40  Prous regarded Adjusted Cross Income • \$ 16,000 and Federal Taxable Income • \$	General	3	Give name and address of pre	esent employer(s)							
All Taxpayers  Must Complete This Section.  This Section.  (See page 15)  Source Source Do you have income included in this return from a grantor trust?  PARTIVE  Direct  This Bection.  Source Do you have income included in this return from a grantor trust?  Poperation  The Particle of Do you have income included in this return from a grantor trust?  PARTIVE  Direct  This Bection.  Source Do you have income included in this return from a grantor trust?  Poperation  This Bection.  PARTIVE  Direct This Bection.  Source Do you have income included in this return from a grantor trust?  This Bection is the particle of poperation of your return from a grantor trust?  This Bection is the particle of poperation of your return from a grantor trust?  Proposit  Account Number:  Do you have income included in this return from a grantor trust?  This Bection is the particle of poperation of your return from a grantor trust?  This Bection is the particle of poperation of your return from a grantor trust?  Proposit  Account Number:  Do you have income included in this return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return, complete 1, 2, 3, and 4 below. (See Page 16 of Instructions to see if you qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your qualify.)  For Direct Deposit of your return from a grantor trust?  This Bection is the particle of your particl	Information		Yours OM SAI 1 L	'TC			MONTGO	MERY, AL			
Federal Individual Income Tax Return.    Federal Individual Income Tax Return.			Your Spouse's								
Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  If yes, enter source(s) and amount(s) below: (other than state income tax refund)  Source  Source  Amount  Amount  PART V  Direct  PROPERT V  Direct  1 Routing Number:  Do you have income included in this return from a grantor trust?  Yes X No  PO you have income included in this return from a grantor trust?  Properties of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Properties of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Properties of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Properties of your refund going to or through an account that is located outside of the United States?  Yes X No  Sign Here  In Black Ink  Keep a copy of this return for your records.  Preparer's signature  Date  Daytime telephone number  Spouse's signature (if joint return, BOTH must sign)  Date  Date  Daytime telephone number  Spouse's occupation  MANAGER  Preparer's SISN or PTIN  SAJJAN G. RAJENDRA, CPA  Date  SAJJAN G. RAJENDRA, LILC  Firm's name (or yours if self-employed) and address  MONTGOMERY  WHERE TO FILE FORM 40  WHERE TO FILE FORM 40  Do you have income which is reported on your return please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.  If you are making a payment, mail your return to return. Form 40V, and payment to:  Alabama Department of Revenue  Amount	All Taxpayers	4		<b>. •</b> \$	16,0	00 and Fe	deral Taxable Income	• \$		as reported or	your 2009
Source So	Must Complete	5	Do you have income which is reported on	ı your Federal return, but	not reported or	ı your Alabama	retum (other than your s	state tax refund)?	Yes	X No	
Solurice	This Section.		• •	ow: (other than state inco	me tax refund)			Amount			Tor
For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Direct  1 Routing Number:  0025 2 Type: X Checking Savings  Account Number:  1 Routing Number:  00776  4 Is this refund going to or through an account that is located outside of the United States? Yes X No  Sign Here In Black Ink  Keep a copy of this return for your records.  Paid  Preparer's Use Only  Preparer's Signature  SAJJAN G. RAJENDRA, CPA  Preparer's Suse Only  WHERE TO FILE FORM 40  FIRM addressed envelope came with your return, places use it and follow the instructions on the envelope. If you do not have one, mail your return for mail your return, all and poperary for your garpers of the addresses below.  If you are not making a payment, mail your return to:  Alabama Department of Revenue  Alabama Department of Revenue  Po. Box 2401  Brook Addressed envelope came with your return, placed and statements, and to the best of my knowledge and belief, they are to discuss my return and attachments with my preparer.  Your signature of perjury, 1 declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, connect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your occupation  MANAGER  Preparer's signature  Spouse's signature  SAJJAN G. RAJENDRA, CPA  Preparer's SSN or PTIN  Preparer's SSN or PTIN  Preparer's SSN or PTIN  Preparer's SSN or PTIN  Proparer's SSN o											
For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Preparer's  Use Only  WHERE TO FILE FORM 40  Proposit  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)  Checking Savings  No  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  Under penalties of perjury, 1 declare that 1 have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are unued to which preparer has any knowledge.  Your signature  Date Daytime telephone number Spouse's occupation MANAGER  Preparer's signature  Spouse's signature (if joint return, BOTH must sign) Date Daytime telephone number Spouse's occupation MANAGER  Preparer's Sundance Sanjan G. Rajendra, CPa  Firm's name (or yours if self-employed) Sanjan G. Rajendra, LLC  P.O. BOX 240513  E.I. No. 20-365671.  Salyan G. Rajendra, LLC  P.O. BOX 240513  If you are making a payment, mail your return to one of the addressed below. If you are making a payment, mail your return, Form 40V, and payment to:  Alabama Department of Revenue P.O. Box 2401  Montgomery, AL 36140-0001	(See page 15)			in this return from	a grantor	frust?	Ves X No	Amount	•	****	100
Direct Direct Deposit  Routing Number:  Account Number:  Sign Here In Black Ink Keep a copy of this return for your records.  Preparer's Use Only  WHERE TO FILE FORM 40  To statis refund going to or through an account that is located outside of the United States?  Yes X No  Preparer.  Yes X No  Yes X No  Date Date Department of Revenue to discuss my return and attachments with my preparer.  Under penalties of perjury, 1 declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are they are fund, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Spouse's signature (if joint return, BOTH must sign)  Date Daytime telephone number Spouse's occupation MANAGER  Preparer's Synor PTIN  SAJJAN G. RAJENDRA, CPA  Firm's name (or yours if self-employed)  And address MONTGOMERY  AL Daytime telephone no. 334-277-048:  If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.  If you are not making a payment, mail your return to:  Alabama Department of Revenue P. O. Box 12401  Montgomery, AL 36140-0001		•	Do you have income included								
Account Number: 9776  4 Is this refund going to or through an account that is located outside of the United States? Yes X No  Sign Here In Black Ink Keep a copy of this return for your records.  Preparer's signature  Preparer's signature  SaJJAN G. RAJENDRA, CPA  Firm's name (or yours if self-employed) and address MONTGOMERY  WHERE TO FILE FORM 40  WHERE TO FILE FORM 40  A suthorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  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 time, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Date  Date  Daytime telephone number  Spouse's signature  SAJJAN G. RAJENDRA, CPA  Date  O3/25/10  E.I. No. 20-365671.  ZIP Code 36124-051.  By Oalton the versue of the addressed below.  If you are making a payment, mail your return to one of the addresses below.  If you are making a payment, mail your return, Form 40V, and payment to:  Alabama Department of Revenue P. O. Box 2401  Montgomery, AL 36140-0001  A labama Department of Revenue P. O. Box 2401  Montgomery, AL 36140-0001		6					of instructions to se	e if vou qualify.)			
4 Is this refund going to or through an account that is located outside of the United States?  Sign Here In Black Ink Keep a copy of this return for your records.  Preparer's Use Only  WHERE TO FILE FORM 40  Is this refund going to or through an account that is located outside of the United States?  Yes X No  Is authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  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 they	PARTV		For Direct Deposit of your refund,	complete 1, 2, 3, and	i 4 below. (S	ee Page 16		e if you qualify.)			
Sign Here In Black Ink Keep a copy of this return for your records.  Preparer's Use Only  WHERE TO FILE FORM 40  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  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.  Date  Date Daytime telephone number  Vour occupation MANAGER  Preparer's signature  Spouse's signature  SAJJAN G. RAJENDRA, CPA  Date  O3/25/10  Date  O3/25/10  Self-employed  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  AC  O3/25/10  Self-employed  AC  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Self-employed  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Spouse's signature  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Spouse's occupation MANAGER  Preparer's SN or PTIN  Spouse's occupation MANAGER  Firm's name (or yours if self-employed)  MONTGOMERY  AL  Daytime telephone number  Spouse's occupation MANAGER  Preparer's SSN or PTIN  Spouse's occupation MANAGER  Firm's name (or yours if self-employed)  MONTGOMERY  If you are making a payment, mail your retur	PART V	1	For Direct Deposit of your refund, Routing Number:	0025 2	i 4 below. (S Type: 🔀	ee Page 16		e if you qualify.)			
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 bellef, they are time, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Property of this return for your records.  Preparer's signature  Spouse's sign	PART V	1	For Direct Deposit of your refund, Routing Number: Account Number:	complete 1, 2, 3, and 0025 2	14 below. (S Type: X	ee Page 16 Checkin	g Savings		X N	0	
Your signature   Date   Date   Daytime telephone number   Your occupation   MANAGER	PART V Direct Deposit	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu	0025 2 0776 ugh an account the	1 4 below. (S Type: X 6 at is located	ee Page 16 Checkin d outside of	the United State	s? Yes	arer.		
Reep a copy of this return for your records.  Prieparer's signature  Spouse's signature  Spouse's signature  Preparer's signature  SAJJAN G. RAJENDRA, CPA  Preparer's  Use Only  WHERE TO FILE FORM 40  Prieparer's Replaced and address of making a payment, mail your return to:  Alabama Department of Revenue  P. Date  Date  Date  O3/25/10  Date  O3/25/10  Date  Check if Self-employed SAJJAN G. RAJENDRA, LLC  E.I. No. 20-365671  ZIP Code 36124-051  By Oaytime telephone no. 334-277-048  If you are making a payment, mail your return to one of the addresses below.  If you are making a payment, mail your return to: Alabama Department of Revenue P. D. Box 154  Monttoomery, AL 36135-0001  MANAGER  Preparer's SSN or PTIN Self-employed SIP Code 36124-051  If you are making a payment, mail your return to one of the addresses below.  If you are making a payment, mail your return, Form 40V, and payment to: Alabama Department of Revenue P. D. Box 154  Monttoomery, AL 36135-0001  Montgomery, AL 36140-0001	PART V Direct Deposit Sign Here	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu	0025 2 0776 ugh an account the	1 4 below. (S Type: X 6 at is located	ee Page 16 Checkin d outside of	the United State	s? Yes	arer.		
Freparer's signature  Sajjan G. Rajendra, CPA  Preparer's signature  Sajjan G. Rajendra, CPA  Sajjan G. Rajendra, CPA  Firm's name (or yours if self-employed) and address  WHERE TO FILE FORM 40  WHERE TO FILE FORM 40  Spouse's signature  Date  O 3/25/10  Self-employed  Sajjan G. Rajendra, CPA  Date  O 3/25/10  Date  Date  O 3/25/10  Self-employed  Date  Sajjan G. Rajendra, CPA  Date  O 3/25/10  Self-employed  Date  Sajjan G. Rajendra, LLC  E.I. No. 20-365671  ZIP Code 36124-0513  Daytime telephone number  Spouse's occupation  MANAGER  Preparer's SSN or PTIN  Proparer's	PART V Direct Deposit Sign Here	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu  X authorize a representat Under penalties of perjury, 1 declare true, correct, and complete. Declaration or	0025 2 0776 ugh an account the	Type: X  f at is located at of Revenue return and acceptage is based	ee Page 16 Checkin doutside of e to discuss companying sch don all informa	the United State ry return and attact edules and statements, ion of which preparer has	s? Yes ments with my prepared to the best of my kr ss any knowledge.	arer.		
Preparer's signature  SAJJAN G. RAJENDRA, CPA  Preparer's Use Only  WHERE TO FILE FORM 40  Preparer's signature  SAJJAN G. RAJENDRA, CPA  Date  O3/25/10  Date  O3/25/10  Date  O3/25/10  Date  O3/25/10  Date  Check if SAJJAN G. RAJENDRA, CPA  D3/25/10  Self-employed SAJJAN G. RAJENDRA, LLC  E.I. No. 20-365671.  ZIP Code 36124-051.  Daytime telephone no. 334-277-048:  If you are making a payment, mail your return to one of the addresses below.  If you are making a payment, mail your return to one of the addresses below.  Alabama Department of Revenue P. D. Box 154 Monttoomery, AL 36135-0001  Alabama Department of Revenue P. O. Box 2401 Montgomery, AL 36140-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu  X authorize a representat Under penalties of perjury, 1 declare true, correct, and complete. Declaration or	0025 2 0776 ugh an account the	Type: X  f at is located at of Revenue return and acceptage is based	ee Page 16 Checkin doutside of e to discuss companying sch don all informa	g Savings the United State my return and attact edules and statements, ion of which preparer ha ephone number	s? Yes ments with my prey and to the best of my kr as any knowledge. Your occupation	arer.		
Paid Preparer's Use Only  WHERE TO FILE FORM 40  POID RAJENDRA CPA  SAJJAN G. RAJENDRA, CPA  SAJJAN G. RAJENDRA, LLC  SAJJAN G. RAJENDRA, LLC  P.O. BOX 240513  MONTGOMERY  AL  Daytime telephone no. 334-277-048:  If you are not making a payment, mail your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.  If you are making a payment, mail your return to: Alabama Department of Revenue P. O. Box 154  Montgomery, AL 36140-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu  X i authorize a represental Under penalties of perjury, 1 declara- true, correct, and complete. Declaration of	complete 1, 2, 3, and 0025 2 2 077 6 ugh an account that the of the Department that i have examined this of preparer (other than tax	Type: X  Type: X  fat is located on of Revenument and acceptage is based to be a seen of the company of the com	checkin Checkin d outside of the to discuss companying sch d on all informa Daytime te	the United State my return and attact dules and statements, on of which preparer ha ephone number	s? Yes nments with my preg and to the best of my kr ss any knowledge. Your occupation MANAGER	parer. lowledge a		
Preparer's Use Only  WHERE TO FILE FORM 40  FORM 40  Firm's name (or yours if self-employed) and address MONTGOMERY  AL  SAJJAN G. RAJENDRA, LLC  P.O. BOX 240513  MONTGOMERY  AL  Daytime telephone no. 334-277-048:  If you are making a payment, mail your return to one of the addresses below.  If you are making a payment, mail your return, Form 40V, and payment to:  Alabama Department of Revenue P. O. Box 14035-0001  Alabama Department of Revenue P. O. Box 2401  Montgomery, AL 36135-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu  X i authorize a represental Under penalties of perjury, 1 declara- true, correct, and complete. Declaration of	complete 1, 2, 3, and 0025 2 2 077 6 ugh an account that the of the Department that i have examined this of preparer (other than tax	Type: X  Type: X  fat is located on of Revenument and acceptage is based to be a seen of the company of the com	checkin Checkin d outside of the to discuss companying sch d on all informa Daytime te	the United State my return and attact dules and statements, on of which preparer he ephone number	s? Yes ments with my prey and to the best of my kr s any knowledge. Your occupation MANAGER Spouse's occupation MANAGER	parer. lowledge a	and belief, they are	
WHERE TO FILE FORM 40  WHERE TO FILE FORM 40  WHORE TO FILE FORM 40  WHERE TO FILE FORM 40  WHORE TO FILE FORM 40  FILE FORM 40  FILE FORM 40  WHORE TO FILE FORM 40  FILE FORM 40  FILE FORM 40  WHORE TO FILE FORM 40  FILE FORM	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the second through the second through the second true, correct, and complete. Declaration of Your signature  Spouse's signature (if joint return, Preparer's signature	complete 1, 2, 3, and 0025 2 2 0776 ugh an account the that have examined this of preparer (other than tax  BOTH must sign)	Type: X  Type: X  fat is located on of Revenument and acceptage is based to be a seen of the company of the com	cee Page 16 Checkin coutside of coutside	g Savings the United State my return and attact dules and statements, on of which preparer ha ephone number	s? Yes mments with my prey and to the best of my kr as any knowledge. Your occupation MANAGER Spouse's occupation MANAGER Check if	parer. lowledge a	ond belief, they are	
employed) and address MONTGOMERY AL Daytime telephone no. 334-277-048:  WHERE TO FILE FORM 40 Alabama Department of Revenue P. O. Box 154 Montgomery, AL 36135-0001  MONTGOMERY AL Daytime telephone no. 334-277-048:  Alabama Department of Revenue P. O. Box 2401 Montgomery, AL 36140-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the second through the second through the second true, correct, and complete. Declaration of Your signature  Spouse's signature (if joint return, Preparer's signature  SAJJAN G. RAJENI	complete 1, 2, 3, and 0025 2 2 0776 ugh an account the titve of the Department that have examined this of preparer (other than tax  BOTH must sign)	Type: 34  Type: 35  At is located to of Revenue return and acceptayer) is based Date  Date	ee Page 16 Checkin doutside of e to discuss companying sch don all informa Daytime te Daytime te	g Savings the United State my return and attact dules and statements, on of which preparer ha ephone number	s? Yes mments with my prey and to the best of my kr as any knowledge. Your occupation MANAGER Spouse's occupation MANAGER Check if	parer. powiedge a	Preparer's SSN or PT	4
WHERE TO FILE FORM 40	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or throu  X i authorize a representative, comed, and complete. Declaration or Your signature Spouse's signature (if joint return, Preparer's signature SAJJAN G. RAJENI Firm's name (or SAJJA)	complete 1, 2, 3, and 0025 2 2 0776  ugh an account the titve of the Department that I have examined this of preparer (other than tax BOTH must sign)  DRA, CPA  NG. RAJE	4 below. (S Type:   6 at is located to f Revenue return and acceptage) Date  Date  Date	ee Page 16 Checkin doutside of e to discuss companying sch don all informa Daytime te Daytime te	g Savings the United State my return and attact dules and statements, on of which preparer ha ephone number	s? Yes mments with my prey and to the best of my kr as any knowledge. Your occupation MANAGER Spouse's occupation MANAGER Check if	parer. lowledge a	Preparer's SSN or P1  • P0017070  No. 20-36	)4 5671:
WHERE TO   Flue    PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's	1	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the series of perjury, I declare true, correct, and complete. Declaration of Your signature  Spouse's signature (if joint return, Preparer's signature  SAJJAN G. RAJENI Firm's name (or yours if self-employed)  P.O.	complete 1, 2, 3, and 0025 2 2 0776 ugh an account the titve of the Department of preparer (other than tax BOTH must sign)  DRA, CPA  NG. RAJE  BOX 24053	4 below. (S Type:   6 at is located to f Revenue return and acceptage) Date  Date  Date	ce Page 16 Checkin Checkin d outside of e to discuss companying schol on all informa Daytime te Daytime te Date  Date  O LLC	g Savings the United State my return and attact dules and statements, on of which preparer ha ephone number	s? Yes ments with my pret and to the best of my kr is any knowledge. Your occupation MANAGER Spouse's occupatio MANAGER Check if self-employed	parer. owledge a	Preparer's SSN or P1  • P0017070  No. 20-36  Code 36124	671: -051:	
FILE Alabama Department of Revenue Alabama Department of Revenue P. O. Box 2401 FORM 40 Montgomery, AL 36135-0001 Montgomery, AL 36140-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's	1 3 4	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the properties of perjuny, I declare true, correct, and complete. Declaration of Your signature  Spouse's signature (if joint return, Preparer's signature  SAJJAN G. RAJENI Firm's name (or yours if self-employed) and address  MONTG	complete 1, 2, 3, and 0025 2 0776 ugh an account the titve of the Department that I have examined this of preparer (other than tax  BOTH must sign)  DRA, CPA  AN G. RAJE BOX 24053	14 below. (S Type: 3  6  at is located to f Revenu return and acceptager) is based to bate  Date  ENDRA	ee Page 16 Checkin d outside of e to discuss companying schol on all informa Daytime te Date  Date  O LLC  AL	Savings the United State my return and attact edules and statements, on of which preparer he ephone number ephone number	s? Yes mments with my pret and to the best of my kr se any knowledge. Your occupation MANAGER Spouse's occupation MANAGER Check if self-employed  Daytime telep	parer. lowledge a  E.I. ZIP bhone n	Preparer's SSN or P1  • P0017070  No. 20-36  Code 36124  o. 334-277	)4 5671: -051:
Montgomery, AL 36135-0001  Montgomery, AL 36134-0001  Moltgomery, AL 36140-0001  Moltgomery, AL 36140-0001	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's Use Only	1 3 4	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the series of the series o	complete 1, 2, 3, and 0025 2 2 0776 ugh an account the titve of the Department that I have examined this of preparer (other than tax BOTH must sign)  DRA, CPA  NG. RAJE  BOX 24053  GOMERY  m, please use it and followment, mail your returned that it is not considered to the construction of the construction	14 below. (S Type: 34 5 at is located to of Revenur return and accepacy) is based Date Date  ENDRA 13	ce Page 16 Checkin Checkin d outside of e to discuss companying schol on all informa Daytime te Date Date AL so the ervel	sthe United State my return and attact dules and statements, on of which preparer he ephone number ephone number  3/25/10  pe. If you do not have c	s? Yes  ments with my pret s and to the best of my kr s any knowledge.  Your occupation  MANAGER  Spouse's occupation  MANAGER  Check if self-employed  Daytime telepone, mail your return to o yment, mail your	E.I. ZIP Shone no of the a	Preparer's SSN or PT  • P0017070  No. 20-36  Code 36124  o. 334-277  addresses blow.	671: -051: -048:
	PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's Use Only  WHERE TO FILE	1 3 4	For Direct Deposit of your refund, Routing Number: Account Number: Is this refund going to or through the series of the series o	complete 1, 2, 3, and 0025 2 2 0776 ugh an account the titve of the Department that I have examined this of preparer (other than tax BOTH must sign)  DRA, CPA  NG. RAJE  BOX 24053  GOMERY  m, please use it and followment, mail your returned that it is not considered to the construction of the construction	14 below. (S Type: 34 5 at is located to of Revenur return and accepacy) is based Date Date  ENDRA 13	ce Page 16 Checkin Checkin d outside of e to discuss companying schol on all informa Daytime te Date Date AL so the ervel	sthe United State my return and attact dules and statements, on of which preparer he ephone number ephone number  3/25/10  pe. If you do not have c	s? Yes  ments with my pret s and to the best of my kr s any knowledge.  Your occupation  MANAGER  Spouse's occupation  MANAGER  Check if self-employed  Daytime telepone, mail your return to o yment, mail your	E.I. ZIP Shone no of the a	Preparer's SSN or PT  • P0017070  No. 20-36  Code 36124  o. 334-277  addresses blow.	671: -051: -048:

* SCHEDULE				ç	aauS	lemer	ital Incon	ne	and	d Loss	21	ስበር
<i>₹ * ★</i> (FORM 40)	(From Rer	ntal Real Estate, Royalties, F	Partnerships, S	S Corporation	ons. Es	tates. Tru	sts, REMICs,	etc.				
ame(s) shown on return	<u> </u>	ATTACH TO FORM 40.	SEE INSTR	RUCTIONS	FOR S	CHEDUL	E E (FORM 4	υ <sub>λ</sub> .		nur social sec	urity n	umber
BHAVESH B & M											13	368
PART I Income of	Loss Fron	n Rental Real Estate and F and expenses from your bus	loyalties	sa namanal	proper	tv on Sch	edula C or C	-F7				
		and expenses from your out Rental Real Estate Propert		на регоона	· proper	.,	2 For each re			tate property		Yes 1
Show the kind and locality	or cucin i			-	-		listed on lir	ne 1,	did yo	or your family		1
										ear for personal n the greater of:	A	_
·		***************************************					• 14 days	, or			в	
						_	• 10% of i			s rented	С	
,			Proper							Tot		
come:		Α	В				С	_	(/	Add Columns	А, В,	and C)
Rents received	3	00			00			00	3			
Royalties received	4	00			00	-		00	4		_	
xpenses:	_				20			00				
Advertising	6	00		-	00			00				
Auto and travel Cleaning and maintenance	7	00			00			00	1			
Cleaning and maintenance  Commissions	8	00			00			00				
	9	00			00			00	1			
D Insurance	10	00			00			00				
1 Management fees	11	00			00			00	ļ			
2 Mortgage interest	12	00		<del></del> +	00			00	12			
3 Other interest	13	00			00			00				
4 Repairs	14	00			00			00	-			
5 Supplies	15	00			00			00	1			
7 Taxes	16	00			00			00	1			
7 Utilities	18	00			00			00	1 1			
3 Other (list) ▶	10	00			00			00	1 1			
		00			00	-		00				
9 Add lines 5 through 18	19	00			00			00	19			
Depreciation expense												
or depletion	20	00			00			00	20		<del></del>	
1 Total expenses.	1							00				
Add lines 19 and 20 2 Income or (loss). Subtract	21	00			00			00	1			
2 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	00			00			00	] ]			
3 Total Real Estate and R		ne or (loss). Add columns A		n line 22 an	d enter	the resul	***		23	<u></u>		
	rom Partne ind Trusts	erships, S Corporations,	(h)	l n I	E-4-4-	ا ۔۔۔۔ ا	(i) Employ			(i)		
	ame and Ac	dress	Check One	I :	Estate or Trust	S Corp.	Identifica Numb	tion	١	A	moun	ıt
OM SAI 1 LL				Simp	or musi	7,	Numb		0.4			
						X	-	زد	.84			
			_									
,												
A TOTAL INCOME EROM P	ARTNERSHI	PS, S CORPORATIONS, EST	ATES, AND TR	USTS. Add	the amt	in column	(i) Enter the		1			
total here and include on lin							U): E11101 1.10	•	24			

1368	Alabama Stateme	nts		
Name	Statement 1 - Form 40 - Wages, Sala	aries, Tips, etc.		
P & K LLC	Address		ma Tax nheld	Income
OM SAI 1 LLC	MONTGOMERY, AL	\$	300 \$	6,000
OM SAI 1 LLC	MONTGOMERY, AL		170	5,000
TOTAL	MONTGOMERY, AL	\$	170 640 \$	5,000 16,000

License Type: Dispensary

Activity OM SAI 1 LL/C BASIS REDUCED BY NONDEDU						aña Laguerra	ne z		_	2008
SIS REDUCED BY N	Z.	PATEL			_				Taxpayer Ideni	Taxpayer Identification Null her
jö		TICHTDIE TEN	EIN		3184	12	ECE			-5976
is		SWHIT FOR	MS BEFORE	SSOT :	AND DEDUC	AND DEDUCTION ITEMS		FASSIVE		K1 Unit 1
<u>ี</u> ชั		Loss	Loss Allocated to Shareholder Stock and Loan Basis	Shareh	older Stock	c and Loan	Basis			
_	Suspended	Current	Total		Alfowed	a di di				
Nondeductible noncap expenses	Losses	Year Loss	Loss	Percent	Stock Loss	Stock Loss		Allowed	Disallowed Loss	S Total
& oil/gas depletion deduction						200	Lecent	Loan Loss	Carryforward	Allo
Losses and deductions:										
Ordinary business loss	-	38 170								
Net rental real estate loss	_	0.1.00	0/T'85			38,170			6	
Other net rental loss									38,170	
Short-term capital loss							_			
Long-term capital loss				_						
28% capital loss				_						
4797 Part I										
4797 Part II										
Other nortfolio loss					_					
1956 Contracts and attack	_									
Other least of the straddles	_						_			
Other losses - Scriedule E				_						
Ornel losses - 1040 pg 1										
Section 179 expense	_	_		_					_	
Cash contributions (50%)	_									
Cash contributions (30%)	_									
Noncash contributions (50%)	_	_							_	
Noncash contributions (30%)		_								
Cap gain prop 50% org (30%)				_	_					
Cap gain prop (20%)					_	_				
Portfolio deductions (2% floor)										
Portfolio deductions (other)	_	_		_			_			
Investment interest expense	•	•	ī				_			
Depletion		_			_				_	
Deductions-royalty income		_						_	_	
Intang drilling expensed		_		_				_	_	
Preproductive period exp		_			_	_				
Commercial revitalization ded		-					_	_		
Reforestation expense ded						_		_		
Other deductions	_	_	·	_					_	
Foreign taxes	_			_					_	
Total deductible items	$\frac{1}{ }$						_			
ate population and all districts		38,170	38,170		1					
local ilolided and deductible items		38,170	38,170	-	_	38,170			38.170	
	<u> </u> 			<u>  </u> _		38,170			38,170	
				_	_					

Form AL-40	Alahama K 4 Baassa			
Name	Alabama K-1 Reconc	iliation Workshee	et	2009
Name	<del>_</del>		Taxpayer	Identification Number
BHAVESH B & MITTALBAHI	EN R PATEL			
Activity Name OM SAI 1 LLC				-1368
Address			Form <u>K-1</u>	Unit
			EIN	3184
	Cumanti			
AL Schedule E, Part II	Current Year	Basis Adjustment	At-Risk Adjustment	Tax Return
K1 Income:				
Ordinary income (loss)	(38,170)	<b>\</b>	ĺ	
rioritarical estate income (loss)	l l	4		
Other rental income (loss)				
Royalties		-		
Short term capital gains (loss)		<b>-</b>		
Long term canital gains (loss)		_		
Long term capital gains (loss) Other portfolio income (loss)			ľ	
Other portfolio income (loss)				
Section 1231 gain (loss)		}		
Other income (loss), Schedule E		]		
Other income from 1040, line 21		1		
rotal KT Income	(38,170)	1		
The Decide of the second of th		1		
Investment interest expense, Sch E (Passive)	)	]	1	
Depreciation			1	
cyberise deduction		}	}	
Expenses other than auto				
Royalty expenses				
Auto expenses Home office expense				
Home office expense	····-			
Home office expense Other	· · · · · · · · · · · · · · · · · · ·			
Other Total K1 Deductions	· · · · · · · · · · · · · · · · · · ·		]	
Total K1 Deductions	·····			
K1 Net Income	(38,170)	38,170		
Form 40		/		
Guar payments to ptr Form 40, Page 2, Ln 8				
Penalty for early w/d Page 2, Part II, Ln 3				
Schedule A				***************************************
SE medical ins premiums				
real estate taxes				0
Charitable contributions				
Cash (50%) Schedule A, Line 14	····			
Cash (30%) Schedule A, Line 14	····			
Noncash 50% Schedule A, Line 15				
Noncash 30% Schedule A, Line 15	····			
Capital gain property to 50% Schedule A, Line				
Capital gain (20%) Service	19 15			
Capital gain (20%) Schedule A, Line 15				
ortfolio income expense (Fed subj to 2% AGI)				
ortfolio income expense (Fed not subj to 2% AG	)			
Form 4952A				
Investment interest expense 4952A, Line 1				
Investment income adjustment 4952A, Line 4				
Investment expenses 4952A, Line 4	. 10000	· · · · · · · · · · · · · · · · · · ·	\$500000000000000000000000000000 <b>1</b>	

<b>1040</b>	)	Department of the Treasury—Internal Reve U.S. Individual Income	enue Service Tax Return	2010	(99)	IRS Use Only-D	o not write	or staple in this space.
	Р	For the year Jan. 1-Dec. 31, 2010, or oth			2010, ending	, 20		OMB No. 1545-0074
Name,	R		ast name	, -		, _ ,	Your soc	cial security number
Address,	l ¦		Patel					-1368
and SSN	Ϊ	If a joint return, spouse's first name and initial La					Snouse's	s social security number
See separate	ç	1 - Li L	Patel					-5976
instructions.	L E	Home address (number and street). If you	have a P.O. box, see	instructions.		Apt. no.		ike sure the SSN(s) above nd on line 6c are correct.
	A R	_					<u>Ρ</u> α	TIG OIT IIITE OF GIT COITEOL.
	L	City, town or post office, state, and ZIP co		-	e instructions.			ng a box below will not
Presidential	LY	Montgomery			fund			your tax or refund.  You X Spouse
Election Campai		Check here if you, or your spouse if	filing jointly, want \$3	to go to this	d of househo	d (with qualifying p		
Filing Status	1	Single				d (with qualifying poon is a child but no	ot your dep	endent, enter this
Filing Status		7			's name here			
Check only one	3	Married filing separately. Enter spouse's	SSN above	<b>5</b> Qual	lifying widow(	er) with dependent	child	
box.		and full name here. <b>u</b>		1				¬ Boxes checked •
Evenntions	6a	Yourself. If someone can claim y						
Exemptions	b_	X Spouse	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			No. of children on 6c who:
	С	Dependents:		(2) Depen	dent's	(3) Depender	nt's gua	al. child • lived with you 1
				social security	y number	relationship to	for you tax	child cr. (see • did not live with
16 th f		(1) First name Last name	9			<u> </u>	paç	ge 15) you due to divorce
If more than four dependents, see					-1165	Daughter	`	(see instructions)
instructions and							-+	Dependents on 6c
check here ${f u}$							-+	not entered above
								Add numbers on
	d	Total number of exemptions claimed					·····	
Incomo	7	Wages, salaries, tips, etc. Attach Form(s)	W-2				7	45,500
Income	8a	Taxable interest. Attach Schedule B			1 1		8a	
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include			8b			
attach Forms	9a	Ordinary dividends. Attach Schedule	B if required		[ <b></b>		9a	
W-2G and	b	Qualified dividends			9b			
1099-R if tax	10	Taxable refunds, credits, or offsets	state and local ind	ome taxes			10	_
was withheld.	11	Alimony received	bodulo C or C F7				11	+
If you did not	12 13	Business income or (loss). Attach So					13	
get a W-2,	14	Capital gain or (loss). Attach Schedule D if required.	1707	<b>u</b>			_	+
see page 20.	15a	Other gains or (losses). Attach Form IRA distributions 15a	.		Toyoblo	mount	14	-
	16a	Pensions and annuities 15a	_		Taxable a		15k	
Enclose, but do	17	Rental real estate, royalties, partners					17	
not attach, any	18	Farm income or (loss). Attach Sched						
payment. Also,	19	Unomployment componention	lule I				19	
please use Form 1040-V.	20a	Unemployment compensation Social security benefits 20a			Tavable a	mount	20k	
101111 1040-1.	21	Other income. List type and amount					21	
	22	Combine the amounts in the far right					u 22	44 0-0
-	23	Educator expenses			23	Jan Hilling		01,0,5
Adjusted	24	Certain business expenses of reserv	ists, performing arti-	sts. and				
Gross		fee-basis government officials. Attach	, i	,	24			
Income	25	Health savings account deduction. A	ttach Form 8889		25			
income	26	Moving expenses. Attach Form 3903			26			
	27	One-half of self-employment tax. Atta	oh Cohodulo CE		27			
	28	Self-employed SEP, SIMPLE, and qu			28			
	29	Self-employed health insurance ded	uction		29			
	30	Penalty on early withdrawal of saving	is		30			
	31a	Alimony paid <b>b</b> Recipient's SSN 1			31a			
	31a				32			
	33	IRA deduction Student loan interest deduction			33			
	34	Tuition and fees. Attach Form 8917			34			
	35	Domestic production activities deduc	tion. Attach Form 8		35			
	36	Add lines 23 through 31a and 32 through 3					36	
	37	Subtract line 36 from line 22. This is		s income			u 37	
For Disclosure, Privac		and Paperwork Reduction Act Notice, see sepa						Form <b>1040</b> (2010)

Form 1040 (20	10) <b>Bha</b>	vesh B & Mitalbahen	R Pa	atel						-1368 Page 2
Tax and	38	Amount from line 37 (adjusted gross in	ncome)						38	64,873
Credits		Check   You were born before	January 2	2, 1946,	i	Slind.	Total box	es [		
O. Gaile		if: Spouse was born befo	re Janua	ıry 2, 19	46.	3lind.	_			
	b	If your spouse itemizes on a separate return				n, check	here	u 39b	$\sqcap$	
	40	Itemized deductions (from Schedule							40	11,400
	41	Subtract line 40 from line 38	,			,				53,473
	42	<b>Exemptions.</b> Multiply \$3,650 by the nu	ımber or	line 6d	 I				42	10,950
	43	Taxable income. Subtract line 42 from line 41. If line	42 is more	than line 41	·				43	42,523
	44	Tax (see instr.). Check if any tax is from: a	Form(s) 881	4 h 🗍	Form 4972				44	5,541
	45	Alternative minimum tax (see instruc	tions) At	ttach Fo	rm 6251				45	7,012
	46	Add lines 44 and 45			020 .				1 40	5,541
	47	Foreign tax credit. Attach Form 1116 if					47	ι	·	3,312
	48	Credit for child and dependent care ex				⊢	48		$\dashv$	
	49	Education credits from Form 8863, line					49		$\dashv$	
	50	Retirement savings contributions credit					50		$\dashv$	
	50 51	Child tax gradit (and instructions)	i. Allacri	roiiii d		⊢;	50	1,00		
	52	Child tax credit (see instructions)				·· ⊢;	52	1,00	<del>Ч</del>	
		Residential energy credits. Attach Forr Other credits from Form: a 3800 b					53		$\dashv$	
	53 54								54	1 000
	54	Add lines 47 through 53. These are yo								1,000 4,541
	55 56	Subtract line 54 from line 46. If line 54	is more	than iine	e 46, ente	I -U		ι	•	7,511
Other	56 57	Self-employment tax. Attach Schedule SE . Unreported social security and Medica				4127			56	
Taxes	57	Additional toward IDA and an available	ie lax iii	JIII FUIII	a	4131	p	اع است	57	
	58	Additional tax on IRAs, other qualified		nt plans	, etc. Atta	cn Forn	n 5329 ir requ	irea	58	
	59	a Form(s) W-2, box 9 b S		н	С	For	m 5405, line 1			A E A 1
	60	Add lines 55 through 59. This is your total to	<u> </u>			·····		t	_	4,541
Payments	61	Federal income tax withheld from Form					61	2,37	괵	
rayineins		2010 estimated tax payments and amount ap					62	90		
	63	Making work pay credit. Attach Schedu	ule IVI				3	80	<u> </u>	
If you have a qualifying	64a	Earned income credit (EIC)				6	4a		-	
child, attach	b	· · · L	64b				_			
Schedule EIC		Additional child tax credit. Attach Form					65		_	
	66	American opportunity credit from Form					66		-	
	67	First-time homebuyer credit from Form					67		_	
	68	Amount paid with request for extension					68		_	
	69	Excess social security and tier 1 RRTA					69		-	
	70	Credit for federal tax on fuels. Attach F				⊢	70		-	
	71			_	d 88	_	71			2 105
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These an							_	3,175
Refund	73	If line 72 is more than line 60, subtract							73	
5	74a	Amount of line 73 you want <b>refunded</b>	$\neg$					_	74a	
Direct deposit? See		Routing number	l u	с Тур	e:	checking	g Saving	js		
instructions.		Account number	00	N4445		-				
Amount	75	Amount of line 73 you want applied to					75			1 266
Amount	76	Amount you owe. Subtract line 72 from line		details on	i now to pay	1	1	ι	ı <u>76</u>	1,366
You Owe	77 Do voi	Estimated tax penalty (see instructions want to allow another person to discus		turn with	the IPS		77   etructions\2 <b>Y</b>	Yes. Comp	loto bolo	ow. No
Third Par	ty ´	·	5 1115 16	tuiii witi	i ille ilvo	•	onal identification	, .		55555 NO
Designee	Designe name	<sup>e's</sup> u Sajjan G. Rajendı	ra (	CPA		Feisc	orial identification	Phone no.	~~	34-277-0483
Sian	Under p	enalties of perjury, I declare that I have examin	ned this re	turn and	accompany	ing sche	dules and stater	nents, and to th	e best of	my knowledge and belief,
Sign Here	they are Your sig	true, correct, and complete. Declaration of pre	eparer (oth	er than ta Date	axpayer) is Your oc	based or	n all information	of which prepar	er has ar	ny knowledge.  Daytime phone number
Joint return?	Tour sig	nature		Date	Manag	•				Daytime priorie number
See page 12. Keep a copy	Chausale	a signature. If a joint vature bath mount since		Data			41			
for your records.	Spouses	s signature. If a joint return, <b>both</b> must sign.		Date	Spouse's <b>Mana</b>		llion			
records.	Print/Type	preparer's name	Prepare	r's signat		, C <u> </u>		Date	Chr	eck X if PTIN
Paid		G. Rajendra, CPA		-	ajendra	מסי		05/21/		
Preparer	Firm's name	u Sajjan G. Rajeno		LLC	به علامت ر ب	, CFA		130, 22/	Firm's	00 0050511
Use Only	Firm's address	D 0 D 040E10	<del></del>						Phone	
<b>y</b>		Montgomery			AL	361	24-0513		I	1-277-0483
										Form <b>1040</b> (2010)

		orm 1040) 2010					Atta			nce No. 13		Page 2
Nam	ie(s) shown o	on return. Do not enter name and s	social security number if shov	wn on other side.				'	Your soc	cial security	number	
E	haves	h B & Mitalbahe	en R Patel					Ш		-136	8	
	tion. The l	RS compares amounts report	•		,			(	1	-1-1		
_	art II	Income or Loss From any amount is not at risk, yo									ror wnicr	1
	unallowed	porting any loss not allowed ir loss from a passive activity (if expenses? If you answered	that loss was not reporte	ed on Form 8582), or	unreimburs	•			X	Yes	No	
28	paratoromp	oxponede. Il you anowordu	(a) Name	ore completing the coc	(b) Enter F partnership for S corpor	P for (correction or	c) Chec foreigr artnersl	k if	ìdentif	nployer ication mber	aný ar	neck if nount is at risk
Α	Om	Sai 1 LLC			S	rution p			na	3184	1100 0	at non
<u>B</u>		PYA - Basis L	imitation		S					3184		
<u>C</u>												
_		Passive Income and	Loss		N	lonpas	sive I	ncome	and Lo	oss		
	٠,	Passive loss allowed n <b>Form 8582</b> if required)	(g) Passive income from Schedule K-1	(h) Nonpassiv from <b>Schedu</b>			•		expense orm 4562	1	lonpassiv m <b>Sched</b>	
Α					0						5'	7,543
<u>B</u>				3	8 <b>,</b> 170							
<u>C</u>												
29a	Totals										5'	7,543
b				•	8,170							
30 31	Add colu	mns (g) and (j) of line 29a							—	30   31 (	38	7,543 3,170)
32	Total pa	mns (f), (h), and (i) of line 29b rtnership and S corporation	income or (loss). Comb	oine lines 30 and 31. E	nter the				···   -	31 (		,,170
	•	ere and include in the total on	line 41 below						:	32	1	9,373
P	art III	Income or Loss From	Estates and Trust	ts					1			
33			(a) Name								Employer ation num	ber
A B												
		Passive Income	e and Loss			N	onpas	sive l	ncome a	and Loss		
		ive deduction or loss allowed n Form 8582 if required)	(d) Passive in from Schedu		٠,	Sched					er income hedule K	
<u>A</u>												
<u>В</u> 34а	l Totals											
b												
35									:	35		
36		mns (c) and (e) of line 34b tate and trust income or (los							-	36 (		)
37		n the total on line 41 below	s). Combine lines 35 and	a so. Enter the result r	iere and				] ;	37		
Р	art IV	Income or Loss From	Real Estate Mort			ts (R	EMIC	s)—F	Residu	al Holder	•	
38		(a) Name	(b) Employer identification number	(c) Excess inclusion f Schedules Q, line (see page E-8)	<sub>20</sub>   (u	l) Taxab rom <b>Scl</b>					come from	
	0			all to the discount of the	. 44 1 . 1							
39 P	art V	columns (d) and (e) only. Enter Summary	ter the result here and in	iclude in the total on III	ne 41 belov	w		<u></u>	-	39		
40		rental income or (loss) from I	Form 4835. Also, comple	ete line 42 below					L	40		
41		ome or (loss). Combine lines 26,		esult here & on Form 1040						41	1	9,373
42		liation of farming and fishing and fishing income reported or										
	•	m 1065), box 14, code B; Sch										
		and Schedule K-1 (Form 1041			42							
43	professio anywhere	liation for real estate profes anal (see page E-2), enter the e on Form 1040 or Form 1040 you materially participated un	net income or (loss) you DNR from all rental real e	u reported estate activities	43							

#### SCHEDULE M (Form 1040A or 1040)

# **Making Work Pay Credit**

OMB No. 1545-0074 **2010** 

Department of the Treasury Internal Revenue Service

u Attach to Form 1040A or 1040.

u See separate instructions.

chment quence No. 160

Name(s) shown on return

Bhavesh B & Mitalbahen R Patel

Your social security number -1368

!	
CAUTION	

To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

-
CALITION
071011011

You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Impo	rtant: Check the "No" box on line 1a and see the instructions if:				
•	(a) You have a net loss from a business,				
	(b) You received a taxable scholarship or fellowship grant not reported on a Form	W-2,			
	(c) Your wages include pay for work performed while an inmate in a penal institution				
	(d) You received a pension or annuity from a nonqualified deferred compensation		ngovernmental		
	section 457 plan, or		J		
	(e) You are filing Form 2555 or 2555-EZ.				
	(4)				
1a	Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,	903 if marrie	d filing iointly)?		
	X Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 a		• • • • • • • • • • • • • • • • • • • •		
	No. Enter your earned income (see instructions)	0			
b	Nontaxable combat pay included on line 1a				
	(see instructions) 1b				
2	Multiply line 1a by 6.2% (.062)	2			
3	Enter \$400 (\$800 if married filing jointly)	3			
4	Enter the <b>smaller</b> of line 2 or line 3 (unless you checked "Yes" on line 1a)			4	800
5	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	5	64,873		
6	Enter \$75,000 (\$150,000 if married filing jointly)	6	150,000		
7	Is the amount on line 5 more than the amount on line 6?				
	No. Skip line 8. Enter the amount from line 4 on line 9 below.				
	Yes. Subtract line 6 from line 5	7			
8	Multiply line 7 by 2% (.02)			8	
	Cultivact line 0 from line 4 If your or loss onter 0				800
9	Subtract line 8 from line 4. If zero or less, enter -0-			9	800
10	Did you (or your spouse, if filing jointly) receive an economic recovery payment in 20	<b>10?</b> You may	,		
	have received this payment in 2010 if you did not receive an economic recovery payr	ment in 2009			
	but you received social security benefits, supplemental security income, railroad retire benefits, or veterans disability compensation or pension benefits in November 2008,				
	2008, or January 2009 (see instructions).	December			
	X No. Enter -0- on line 10 and go to line 11.				
	Yes. Enter the total of the payments you (and your spouse, if filing jointly) receive	ed in <b>2010.</b> [	Do .		
	not enter more than \$250 (\$500 if married filing jointly)			10	0
11	Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Form 1040, line 63; or Form 1040A, line 40.	the result		11	800
	here and on Form 1040, line 63; or Form 1040A, line 40			- 11	
	*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see	instructions.			

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

Schedule M (Form 1040A or 1040) 2010

201002 03/13/2012 12:09 AM

For the year Jan. 1-D		2011, or other tax yea			Return		2011, ending		, 20			write or staple in this arate instructions	
Your first name and in		2011, or other tax yet	Last name			,	2011, 01101119		, 20	1		security number	<del></del>
Bhavesh	В		Patel									-1368	
If a joint return, spous	e's first	name and initial	Last name							Spou	se's s	ocial security number	er
_Mitalbal	nen	R	Patel									-5976	
Home address (numb	er and	street). If you have a F	P.O. box, see instruction	ons.					Apt. no.	$\mathbf{p}$		sure the SSN(s) above on line 6c are correct	
_			<b>.</b>									esidential Election C	
Montgome		e, and ZIP code. If you	u have a foreign addre		complete spaces belo 117	w (see instructions	).				Ch	eck here if you, or your ling jointly, want \$3 to g	r spouse
Foreign country name			Foreign province/co				T <sub>F</sub>	oreign postal	rode		fun	d. Checking a box belo change your tax or ref	ow will
·g,			r c.c.g p.cc.	,			ľ	g p					pouse
Filing Status	1	Single				4 Hea	d of househol qualifying pers	d (with qualif son is a child	ying person). (S but not your de	See instr	uctions t, enter	s.) If this	
	2	Married filing join	tly (even if only one ha	ad income	9)		s name here						
Check only one	3 [	Married filing sep	arately. Enter spouse's	s SSN ab	ove	5 Qua	lifying widow(	er) with depe	ndent child				
box.		and full name he										Boxes checked	
Exemptions	6a	II	f someone can c									on 6a and 6b	2
Exemplions	b_	X Spouse Dependents:				T		<u></u>		(4)	a if d unde	No. of children on 6c who:	_
	·	Dependents.				(2) Depen	dent's	(3)	Dependent's	age	d unde 17 qu child	al. Inved with you	1
		(1) First name	Last	name		social security	number	relati	onship to you	tax	credit e instr.	<ul> <li>did not live wit you due to divorce</li> </ul>	
If more than four							-1165	Daug	hter	ì	X	or separation (see instructions)	.)
dependents, see instructions and												– Dependents on 6	r
check here <b>u</b>											Ш	not entered above	
_											Ш	- Add numbers on	
	d		of exemptions cla								<del></del>	lines above u	F00
Income	7 8a		s, etc. Attach Form(s) st. Attach Sched		required					8a	+	63,	<u>500,</u> 23
Attach Form(s)	b		iterest. <b>Do not</b> in		n line Oo		8b			06			
W-2 here. Also	9a	•	nds. Attach Sche				0.0			92			
attach Forms	b	Qualified divide			70		9b						-
W-2G and 1099-R if tax	10	Taxable refund	s, credits, or offs		state and local i	ncome taxes				10	)		
was withheld.	11	Alimony receiv	ed							11	_		
If you did not	12		ne or (loss). Atta							12	_		
get a W-2,	13		Attach Schedule D if re						Ц	13			
see instructions.	14 15a	IRA distribution	(losses). Attach	15a	/9/		Taxable			15	_		
	16a	Pensions and		16a			Taxable			16			
Enclose, but do	17		ate, royalties, pa		ps, S corporation					17	_	47,	296
not attach, any	18	Farm income of	or (loss). Attach S	Schedul	e F					18	3	-	
payment. Also, please use	19		compensation	. ,						19	,		
Form 1040-V.	20a	Social security be	enefits	20a		b	Taxable	amount .		20	b		
	21		List type and am							21		110	01.0
	22		mounts in the far			_	T	ır total in	come u	. 22	2	110,	819
Adjusted	23 24	Educator expe	nsesss expenses of r		ts performing a		23						
Gross			rnment officials.				24						
Income	25	Health savings	account deducti	on. Atta	ach Form 8889		25						
moonic	26	Moving expens	es. Attach Form	3903			26						
	27	Deductible part	of self-employm	nent tax	. Attach Schedu	ile SE	27						
	28	Self-employed	SEP, SIMPLE, a	and qua	llified plans		28			_			
	29	Self-employed	health insurance	deduc	tion		29			_			
	30		ly withdrawal of s				30			-			
	31a 32	Alimony paid IRA deduction	<b>b</b> Recipient's				31a 32						
	33		nterest deduction				33						
	34	Tuition and fee	s. Attach Form 8	 3917			34						
	35	Domestic produ	uction activities of	deductio	n. Attach Form	8903	35						
	36	Add lines 23 th								36	5		
	37	Subtract line 36	6 from line 22 Th						u	. 37	,   <sup>-</sup>	110,	819

Form 1040 (2011)		vesh B & Mitalbahen R Patel				-1368 Page 1
Tax and	38	Amount from line 37 (adjusted gross income)			38	110,819
Credits	39a		Total boxes			
		C Depoted was some solder sandary 2, 10 11,	-	39a	4	
Standard	b	If your spouse itemizes on a separate return or you were a dual-state				11 600
Deduction	<u>40</u>	Itemized deductions (from Schedule A) or your standard deducti	•		40	11,600 99,219
for—	41	Subtract line 40 from line 38			41	11,100
People who check any	42	Exemptions. Multiply \$3,700 by the number on line 6d			_	88,119
box on line 39a or 39b <b>or</b>	43 44	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- Tax (see instr.). Check if any from: a $\begin{bmatrix} Form(s) \\ 8814 \end{bmatrix}$ b $\begin{bmatrix} Form \\ 4972 \end{bmatrix}$ c $\begin{bmatrix} 962 \\ 962 \\ 962 \end{bmatrix}$			43	14,281
who can be claimed as a	45	Tax (see instr.). Check if any from: a			45	14,201
dependent, see	46				46	14,281
instructions.	47	Add lines 44 and 45		u	40	14,201
All others:		Foreign tax credit. Attach Form 1116 if required  Credit for child and dependent care expenses. Attach Form 2441	48		$\dashv$	
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441	40		-	
separately, \$5,800	49	Education credits from Form 8863, line 23	49 50		$\dashv$	
Married filing	50	Retirement savings contributions credit. Attach Form 8880	50	OE (	$\dashv$	
jointly or Qualifying	51	Child tax credit (see instructions)	51	950	4	
widow(er),	52	Residential energy credits. Attach Form 5695	52		4	
\$11,600 Head of	53	Other credits from Form:a 3800 b 8801 c	53			05/
household, \$8,500	54	Add lines 47 through 53. These are your <b>total credits</b>			54	950 13,331
40,000	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	•	u		13,331
Other	56	Self-employment tax. Attach Schedule SE			56	
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 41			57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach I			58	
	59a	Household employment taxes from Schedule H			59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if require			59b	
	60	Other taxes. Enter code(s) from instructions			60	12 221
	61	Add lines 55 through 60. This is your total tax		u		13,331
Daymanta	62	Federal income tax withheld from Forms W-2 and 1099	62	5,916	긱	
<u>Payments</u>	63	2011 estimated tax payments and amount applied from 2010 return	63		4	
If you have a	64a	Earned income credit (EIC)	64a		4	
qualifying child, attach	b	Nontaxable combat pay election 64b				
Schedule EIC.	65	Additional child tax credit. Attach Form 8812	65		4	
	66	American opportunity credit from Form 8863, line 14	66		4	
	67	First-time homebuyer credit from Form 5405, line 10	67		4	
	68	Amount paid with request for extension to file	68		4	
	69	Excess social security and tier 1 RRTA tax withheld	69		4	
	70	Credit for federal tax on fuels. Attach Form 4136	70		4	
	71	Credits from Form: <b>a</b> 2439 <b>b</b> 8839 <b>c</b> 8801 <b>d</b> 8885	71			
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		u		5,916
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the			73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attack	ned, check here	u 📙	74a	
Direct deposit?	u b	Routing number u c Type: Chec	king Savings			
See Instructions.	u d	Account number	1 1			
	75	Amount of line 73 you want applied to your 2012 estimated tax u	75			
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how	to pay, see instructio	ns $\dots$ ${f u}$	76	7,415
You Owe	77	Estimated tax penalty (see instructions)	77			
Third Party	, Do you	want to allow another person to discuss this return with the IRS (see	instructions)? X	es. Comple		
Designee	Designee		Personal identification number	er (PIN)		55555
	name	u Sajjan G. Rajendra, CPA				4-277-0483
Sign Here	they are	nalties of perjury, I declare that I have examined this return and accompanying schedules an rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all info	d statements, and to the bes rmation of which preparer ha	st of my knowled as any knowled	edge and lge.	belief,
	Your sign	· · · · · · · · · · · · · · · · · · ·				Daytime phone number
Joint return? See instr.		Manage:	<u> </u>			
Keep a copy of for your	Spouse's	signature. If a joint return, <b>both</b> must sign.  Date Spouse's occu	pation			If the IRS sent you an Identity Protection PIN,
ecords.		Manage:	<u> </u>			enter it here (see instr.)
P	rint/Type p	reparer's name Preparer's signature		Date	Che	ck X if PTIN
Paid s	ajjan	G. Rajendra, CPA Sajjan G. Rajendra, C	PA	03/13/		
Preparer F	rm's name	u Sajjan G. Rajendra, LLC			Firm's El	Nu 20-3656711
Jse Only F	rm's addres	s u PO Box 240513			Phone no	0.

AL 36124-0513

Montgomery

334-277-0483

Form **1040** (2011)

Sche	edule E (F	orm 1040) 20	011						Atta	chme	nt Sequ	ence	No. <b>13</b>		Page 2
Name	(s) shown on	return. Do not er	nter name and social s	ecurity number if shown on other s	side.								urity numbe	er	-
ъ	harred	h B c	Mitalbab	en R Patel									-1368		
_				ted on your tax return with	h amounts show	n on S	Schedule(s	s) K-1.				_	-1300		
	art II	Income	or Loss Fron	n Partnerships and you must check the box in	S Corporation	ons	Note. If y	ou repo					activity fo	r which	
	unallowed	loss from a	passive activity (i	n a prior year due to the a f that loss was not reporte "Yes," see instructions be	ed on Form 8582	2), or u	ınreimbur					Ye	s X	No	
28		<u> </u>	•	a) Name	<u></u>		(b) Enter F partnership for S corpor	o for (c)	c) Cheo	n	iden	Employe		any ar	heck if
A	Om	Sai 1	LLC				S COIPOI	ашоп р	artners	nip	n	umber	3184	not a	at risk
В	Om	Sai 2	Inc				S					5	5183		
<u>C</u>										Н					
D										<u> </u>					
			sive Income and		(I) No.			T .			ne and I	Loss	(D. N.)		
		f) Passive loss al ach Form 8582 if		(g) Passive income from Schedule K-1		passive chedule					expense Form 4562			npassive i Schedule	
Α							0							47	,510
В							214					$\Box$			
С															
<u>D</u>	T													4 -	7,510
29a b	Totals Totals						214							*	,510
30		umns (a) and	(j) of line 29a					1				30		47	7,510
31			and (i) of line 29								[	31 (			214)
32	Total pa	artnership ar	nd S corporation	n income or (loss). Com											
Pa	result h		de in the total on or Loss Fron	line 41 belown Estates and Trust	:s							32		47	,296
33				(a) Name									(b) Er identificati	mployer on numb	er
<u>A</u>															
В			Passive Incom	no and Loss				N/	anna	ecivo	Income	and	Loss		
	(c) Pass	sive deduction or		(d) Passive inco	ome		(e) [	Deduction			IIICOIIIC	anu	(f) Other i	ncome fro	m
		ach Form 8582 if		from Schedule				n <b>Schedu</b>						lule K-1	
Α															
<u>B</u>															
34a b	Totals Totals														
35		umns (d) and	(f) of line 34a	1							_	35			
36		. ,	(e) of line 34b									36 (			)
37	Total es	state and tru	st income or (lo	ss). Combine lines 35 and	d 36. Enter the r	esult h	nere and				΄ Γ				
_			line 41 below	- Deal Fatata Marta					- 5.416	·····		37	laldan		
_ P	art IV	income	or Loss Fron	n Real Estate Morto	(c) Excess inclu		m	ts (RE (d) Taxabi				ual F		me from	
38		(a) Name		(b) Employer identification number	Schedules Q (see instruc			from Sch					Schedule		Bb
39	Combine	e columns (d)	and (e) only Fr	Inter the result here and inc	clude in the total	on line	e 41 helo	w			_	39			
	art V	Summar		and reductions and inc		U.1 III I	1 5010	**							
40	Net farm	n rental incon	ne or (loss) from	Form 4835. Also, comple	te line 42 below							40			
41				32, 37, 39, & 40. Enter the re		m 1040	, li <u>ne 17, o</u>	Form 1	040NF	line.	18 🕨	41		47	7,296
42			-	ng income. Enter your gr											
	U	U		on Form 4835, line 7; Scholle K-1 (Form 1120S), box											
				e 14, code F (see instruct			42								
43	profession anywher	onal (see inst re on Form 1	tructions), enter the day or Form 104	ssionals. If you were a re he net income or (loss) yo ONR from all rental real e	ou reported state activities										
	in which	you materia	lly participated ur	nder the passive activity lo	oss rules		43								
DAA													Schedul	e E (Form	1040) 2011

201002 05/12/2013 6:06 PM

<u></u> 1040			ury—Internal Revenue	Tax Return	201	<b>12</b>	OMB N	o. 1545-0074	IRS Use	Only–Do	not w	rite or staple in this	s space.
For the year Jan. 1-De	ec. 31, 2	2012, or other tax year	beginning			, 2012	2, ending	, 2	0	See s	separ	ate instructions	3.
Your first name and in			Last name							Your s	ocial s	security number	
Bhavesh	В		Patel									-1368	
If a joint return, spouse			Last name							Spouse	's soc	cial security numb	er
Mitalbah	nen	R	Patel									5976	
Home address (number	er and s	treet). If you have a P.	O. box, see instructions					Α.	pt. no.	<b>p</b> <sup>1</sup>		ure the SSN(s) abo	
_										_		on line 6c are correction	
		, and ZIP code. If you		also complete spaces be	elow (see instructio	ns).					Chec	idential Election k here if you, or you	r spouse
Montgome			AL	36117							fund.	g jointly, want \$3 to Checking a box below	ow will
Foreign country name			Foreign province/stat	e/county			F	oreign postal code	:			thange your tax or re	
Filing Status	4	T a			4 🗆	Head of	household	(with qualifying p	person). (See	instruction			Spouse
rilling Status	1 2	Single  Married filing jointly	/aa. if a a.a. b.a.d	:)	4 📙	the quali	fying perso ame here.	n is a child but n	ot your deper	ndent, en	ter this	5	
Chook only one	3	┥	y (even if only one had arately. Enter spouse's		5 🗆			) with dependent	abild				
Check only one box.	<b>3</b> [	and full name here		SSIN above	3 □	Qualityin	g widow(ei	) with dependent	child				
	6a			im you as a depen	dent do not d	heck ho	ny 6a				<u> </u>	Boxes checked	2
Exemptions	b	X Spouse	someone can de	iiii you as a depen	ident, do not c	JIECK DO	JA 0a				· }	on 6a and 6b	
_xomptione		Dependents:								(4) I	ü if	No. of children on 6c who:	_
	·	2000			(2)	Dependen	t's	(3) Depe	endent's	age 1	7 qual.		
		(1) First name	Last	name	social	security nu	umber	relationshi	ip to you	tax ci	edit	<ul> <li>did not live w you due to divor</li> </ul>	
If more than four		(7				<b>—</b>	1165	Daught	er	<u> </u>	X	or separation (see instruction:	s)
dependents, see											$\top$		•
instructions and check here <b>u</b>											T	Dependents on one not entered above	
check here <b>u</b>											T		
	d	Total number of	f exemptions clair	ned								Add numbers or lines above <b>u</b>	ີ 3
	7	Wages, salaries, tips	s, etc. Attach Form(s) V	I-2						7		69	,600
Income	8a			e B if required						8a			15
Attach Form(s)	b	Tax-exempt in	terest. <b>Do not</b> inc	lude on line 8a		L	8b						
W-2 here. Also	9a	Ordinary divider	nds. Attach Sched	lule B if required						9a			
attach Forms W-2G and	b	Qualified divide	nds				96 <u> </u>						
1099-R if tax	10	Taxable refunds	s, credits, or offset	ts of state and loca	al income taxes	s				10			
was withheld.	11	Alimony receive			<b>/</b> !					11			
If you did not	12			Schedule C or C-						12			
get a W-2,	13			quired. If not required, che					Ц	13			
see instructions.	14			orm 4797						14			
	15a	IRA distributions		15a 16a			axable			15b			
Enclose, but do	16a	Pensions and a			tiono truoto o	_	axable			16b		E2	,080
not attach, any	17 18			nerships, S corpora						18		32	,000
payment. Also,	19			hedule F						19			
please use Form 1040-V.	20a	Social security be	compensation	20a			axable			20b			
101111 1040 4.	21		ist type and amo	int		_				21			
	22			ight column for line	s 7 through 21				u	22		121	,695
	23						23						,
Adjusted	24	Certain busines	s expenses of re	servists, performing	artists, and								
Gross			•	tach Form 2106 or		:	24						
Income	25	Health savings	account deduction	n. Attach Form 888		··· [:	25						
	26		es. Attach Form 3				26						
	27	Deductible part	of self-employme	nt tax. Attach Sche	dule SE		27						
	28	Self-employed S	SEP, SIMPLE, and	d qualified plans		<u>L</u>	28						
	29	Self-employed h	nealth insurance	deduction		L	29						
	30	Penalty on early	y withdrawal of sa	vings		🗔	30						
	31a			SN <b>u</b>			1a						
	32	IRA deduction					32						
	33	Student loan int	terest deduction			;	33						
	34	Tuition and fees	s. Attach Form 89	17		L:	34			-			
	35	Domestic produ	ction activities de	duction. Attach For	rm 8903	Li	35			1			
	36	Add lines 23 thr								36	$\vdash$	101	
	37			s is your <b>adjusted</b> e separate instructions	•	e			u	37		121 Form 10	<u>,695</u>

201002 05/12/20 Form 1040 (2012		vesh B & Mitalbahen	R Pa	atel						-1368 Page 2
Tax and		Amount from line 37 (adjusted gross inc							38	121,695
	39a	Check / You were born before Ja	,					·····	- 50	
Credits	33a	if: Spouse was born before	-		-	`	Total boxes checked u	39a		
		C opered was bein below		•	. —	•			-	
Standard	b	If your spouse itemizes on a separate re		•				39b		10 175
Deduction	40	Itemized deductions (from Schedule A	, ,			,	<b>o</b> ,		40	12,175
for—	41	Subtract line 40 from line 38							41	109,520
People who	42	Exemptions. Multiply \$3,800 by the nur	nber on	line 6d					42	11,400
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line	42 is more	than line 41,	enter -0-				43	98,120
39a or 39b or who can be	44	Tax (see instr.). Check if any from: a Form(s)	b F	orm c	962				44	16,591
claimed as a	45	Alternative minimum tax (see instruction	ons). At	tach Fori	n 6251				45	
dependent, see	46	Add lines 44 and 45	,					u	46	16,591
instructions.	47	Foreign tax credit. Attach Form 1116 if I	oguirod			47	1	u		20,002
All others:		Conditions abild and dependent and are	equireu			40			-	
Single or Married filing	48	Credit for child and dependent care exp							-	
separately,	49	Education credits from Form 8863, line	19			49			_	
\$5,950	50	Retirement savings contributions credit.								
Married filing jointly or	51	Child tax credit. Attach Schedule 8812,	f require	ed		51		400	)	
Qualifying widow(er),	52	Residential energy credits. Attach Form								
\$11,900	53	Other credits from Form: a 3800 b	8801			53				
Head of	54	Add lines 47 through 53. These are you	_ total c	redits					54	400
household, \$8,700	55	Subtract line 54 from line 46. If line 54 is							55	16,191
			inore u	iaii iiile 2	o, enter -o			<u>u</u>	+	10/151
Other	56	Self-employment tax. Attach Schedule SE		<u>.</u>					56	
Taxes	57	Unreported social security and Medicare							57	
	58	Additional tax on IRAs, other qualified re							58	
	59a	Household employment taxes from Sche	edule H						59a	
	b	First-time homebuyer credit repayment.	Attach F	orm 540	5 if required				59b	
	60	Other taxes. Enter code(s) from instruct							60	
	61	Add lines 55 through 60. This is your total tax						u	61	16,191
	62	Federal income tax withheld from Forms				62	T	5,129		-
Payments		2012 estimated tax payments and amount app	lied from	2011 ratu	rn	63		0,	1	
	64a					64a			-	
If you have a qualifying		Earned income credit (EIC)				04a			-	
child, attach	b		4b			-				
Schedule EIC.	65	Additional child tax credit. Attach Sched				65				
	66	American opportunity credit from Form 8	8863, line	e 8		66			_	
	67	Reserved				67				
	68	Amount paid with request for extension	to file			68				
	69	Excess social security and tier 1 RRTA				69				
	70	Credit for federal tax on fuels. Attach Fo				70				
	71		served c		d 8885	71			-	
				_	u 8885	<u>'</u>			72	5,129
D - ( 1	72	Add lines 62, 63, 64a, and 65 through 71. These are yo		<u> </u>	O This is the	<u> </u>		u	72	3,123
Refund	73	If line 72 is more than line 61, subtract li							73	
	74a	Amount of line 73 you want refunded to	you. If	Form 88	is attached	d, chec	k here	u 📙	74a	
Direct deposit?	u b	Routing number	u	с Туре	: Chec	king	Savings			
See instructions.	u d	Account number								
ii isti dottoris.	75	Amount of line 73 you want applied to	your 20	13 estim	ated tax u	75				
Amount	76	Amount you owe. Subtract line 72 from	line 61	. For deta	ails on how to	pav. s	ee instructions	u	76	11,225
You Owe	77	Estimated tax penalty (see instructions)				77		163	3	•
	Davie	want to allow another person to discuss	this retu	ırn with th	ne IRS (see in		ons)?	Yes. Comp		low. No
Third Part	ty Do you	want to allow another person to discuss	tilis ictu	iiii vvidi d	,		identification numbe			5555 L
Designee	Designee			PA.		eisoliai	identification numbe	` '		<del>3535</del> 4-277-0483
0:	name	u Sajjan G. Rajendr nalties of perjury, I declare that I have examined this ref			schedules and st	atements	and to the hest of			
Sign	they are t	rue, correct, and complete. Declaration of preparer (other	er than tax	payer) is ba	sed on all informat	tion of w	nich preparer has ar	ny knowledge.	and Delici	,
Here	Your sign	ature		Date	Your occupation	n				Daytime phone number
Joint return? See instr.					Manager	:				
Keep a copy	Spouse's	signature. If a joint return, both must sign.		Date	Spouse's occup	oation				If the IRS sent you an Identity Protection PIN,
for your records.		-			Manager					enter it here (see instr.)
	Print/Type pr	eparer's name	Preparer'	s signature				Date	Chor	x X if PTIN
Paid	Caddan	G. Rajendra, CPA	Cadda-	n G P-	dendra G	27.		05/12/1	_	P00170704
		u Sajjan G. Rajend		LLC	ijendra, CF				Firm's Ell	. ,
Preparer _	Firm's name	DO D 040E13	ıa,	יייר						
Use Only	Firm's addres				3.7 3.	c 1 0 ·	0513		Phone no	
		Montgomery			AL 30	0124	<del>l</del> -0513		334	-277-0483

Form **1040** (2012)

SCHEDULE A				Itemized Ded	uctions			OMB No. 15	545-0074
(Form 1040)		▶ Infor	mation about Schedu	lle A and its separate		s at www.irs.gov/for	n1040.	201	12
Department of the Treasu	ry			► Attach to Form				Attachment Sequence No	. 07
Internal Revenue Service Name(s) shown on Form	1040	(99)				You	r social s	security number	. 01
Bhavesh 1	В	Mitalbah	en R Patel					-1368	
Medical		Caution. Do not in	nclude expenses reimb	ursed or paid by others.					
and	1	Medical and denta	I expenses (see instru	ctions)	1				
Dental	2	Enter amount from Fo		2					
Expenses	3	Multiply line 2 by 7	.5% (.075)		3				
	4	Subtract line 3 fror		e than line 1, enter -0-			. 4		
Taxes You	5	State and local (c	heck only one box):						
Paid		a X Income ta	xes, or		5	4,19	8		
		b General s	7						
	6				6	1,39	6		
	7	Personal property					_		
					'		$\dashv$		
	8	Other taxes. List ty	pe and amount						
	۵	Add lines 5 through			8		9		5,594
Interest			est and points reported to	vou on Form 1000	10	6,55		-	<u> </u>
You Paid				*		0,55	-		
Tou Faiu	11	0 0		Form 1098. If paid to the					
NI-4-				nstructions and show that					
Note. Your mortgage		person's name, identi	fying no., and address						
interest									
deduction may									
be limited (see	40				11		_		
instructions).	12		I to you on Form 1098	. See instructions for	12	2	23		
	13	•		uctions)			<u> </u>		
			t. Attach Form 4952 if				-		
					14				
	15						. 15		6,581
Gifts to			eck. If you made any				. 13		0,301
Charity	10				16				
-	17		or check. If any gift o	f \$250 or more, see			-		
If you made a	.,		nust attach Form 8283	<b>(</b> 500	17				
gift and got a benefit for it,	1Ω	Carryover from pri					-		
see instructions.		Add lines 16 through					19		
Casualty and	-13	raa iiros 10 tiriou	gir 10					+	
Theft Losses	20	Cacualty or theft le	ose(es) Attach Form A	684. (See instructions.)			20	.	
Job Expenses					·····		. 20		
and Certain	21	iob education, etc.	oloyee expenses—job Attach Form 2106 or	2106-EZ if required.					
		(See instructions.)	<b>&gt;</b>	· 					
Miscellaneous					21				
Deductions	22	Tax preparation fe	es		22				
			nvestment, safe depos						
		and amount							
					23				
	24	Add lines 21 throu	gh 23		24				
	25	Enter amount from Fo	orm 1040, line 38 2	5					
	26	Multiply line 25 by	2% (.02)		26				
				more than line 24, enter			27		
Other			instructions. List type						
Miscellaneous			, , , , , , , , , , , , , , , , , , ,					4	
Deductions							28	+	
Total	29		•	or lines 4 through 28. Al				_	
Itemized							. 29	1	2,175
Deductions	30	•		ough they are less than	your standard	, -	- I		
		deduction, check h				<b></b>	ليلك		
For Paperwork Re	duc	on Act Notice, se	e Form 1040 instruc	tions.			Sc	hedule A (Form 1	040) 2012

Sch	edule E (Fo	rm 1040)	2012						Atta	chme	nt Seq	uence N	lo. 13		Page 2
Name	(s) shown on r	etum. Do not	enter name and social sec	curity number if shown on other side	е.						Your se	ocial secu	rity numb	er	
P	hawed	h B &	Mitalbahe	n R Datel									-1368	2	
				ed on your tax return with	amounts shown	on Sch	edule(s) I	K-1.					1500		
P	art II			n Partnerships and bu must check the box in the									ctivity fo	r which	
27	Are you rep	orting any	loss not allowed in	a prior year due to the at-	risk or basis limit	ations,	a prior ye	ear							
				that loss was not reported Yes," see instructions befo	**			t				□ v <sub>=</sub>	s X	N.	
	partifership	expenses	e ii you ariswered	res, see instructions bere	ore completing the	115 5601	(b) Enter f	P for	(c) Che	ck if	(c	Ye:			Check if
28			(	a) Name			partnership for S corpo	o; S ration	foreig			lentification number		any a	mount is at risk
Α	Om						S						3184		
<u>B</u>	Om	Sai 2	Inc				S		_	+		5	183		
<u>C</u>										+					
<u></u>		Pa	assive Income and	Loss				Nonp	assive	Incon	ne and	Loss			
	(f)	) Passive loss		(g) Passive income	(h) No	npassive		Τ			expense		(j) N	onpassive	income
	(attac	h Form 8582	2 if required)	from Schedule K-1	from S	chedule			deductio	n from	Form 456	62	froi	n Schedul	
<u>A</u>							0	+							5,022
<u>В</u> С							0	<u>'</u>							7,058
<u>D</u>															
29a	Totals													5	2,080
b	Totals														
30												30		5	2,080 0
31 32		( / / (	), and (i) of line 29b	income or (loss). Comb								31 (			0
-		-	lude in the total on I									32		5	2,080
P	art III	Incom	e or Loss From	Estates and Trusts	S										
33				(a) Name										Employer ation numb	er
<u>A</u>															
В			Passive Incom	e and Loss					Nonna	ssive	Incom	e and I	oss		
	(c) Pass	ive deduction	or loss allowed	(d) Passive inc	ome		(e)	Deduct	tion or loss			<u> </u>		income fro	om
	(attac	ch Form 8582	2 if required)	from Schedule	K-1		froi	m Sch	edule K-1				Sche	edule K-1	
<u>A</u>															
<u>В</u> 34а	Totals														
b	Totals														
35	Add colu	mns (d) ar	nd (f) of line 34a									35			
36		` '	nd (e) of line 34b									36 (			,
37			,	ss). Combine lines 35 and	36. Enter the re-	sult her	re and					37			
P	art IV		on line 41 below e or Loss Fron	n Real Estate Mortg	age Investm	ent C	Conduit	s (F	REMIC	s)—	Resid		older		
38		(a) Nam		(b) Employer identification number	(c) Excess incl Schedules C (see instru	usion fror <b>Q,</b> line 2c		(d) Ta	schedule	me (net	loss)		(e) In	come from les Q, line	3b
				<u> </u>											
39 P	Combine art V	Summ Summ		er the result here and inclu	ide in the total or	n line 4	1 below .					39			
40			-	form 4835. Also, complete	line 42 below							40			
41				9, and 40. Enter the result here and	-			18			. •	41		5	2,080
42			•	g income. Enter your gro											
	•		•	Form 4835, line 7; Sched K-1 (Form 1120S), box 1											
	•	* -		14, code F (see instruction			42								
43	Reconcil	liation for	real estate profes	sionals. If you were a rea	l estate										
				e net income or (loss) you NR from all rental real est											
				ler the passive activity loss			43								

Form **6251** 

## Alternative Minimum Tax—Individuals

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

OMB No. 1545-0074

2012

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service

u Attach to Form 1040 or Form 1040NR.

Inte	nal Revenue Service (99) u Attach to Form 1040 or Form 1040NR.		Sequence No. 32
	ne(s) shown on Form 1040 or Form 1040NR  Bhavesh B & Mitalbahen R Patel	Your social securit	y number L368
_	Part I Alternative Minimum Taxable Income (See instructions for how to complete each		1300
_	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise,		
٠	enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	109,520
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	·····   ·	200,020
-		2	
3			5,594
4	Taxes from Schedule A (Form 1040), line 9  Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line		0,000
5	Miscellaneous deductions from Schedule A (Form 1040), line 27		
6	Skip this line. It is reserved for future use		
7	Tax refund from Form 1040, line 10 or line 21	7 (	
8	Investment interest expense (difference between regular tax and AMT)	8	
	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative territorial and an entire description	بايمما	
12			
	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		15	
	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17		17	
	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
10	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	-23
21	Circulation costs (difference between regular tax and AMT)	21	
21	Long-term contracts (difference between AMT and regular tax income)	22	
22	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25 (	
	Later wilder deliberation and the second	1 00 1	
	Other adjustments, including income-based related adjustments		
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filling separately, see		
20	instructions.)	28	115,091
	Part II Alternative Minimum Tax (AMT)	20	220,002
_	Exemption. See instructions	29	78,750
	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	36,341
31			
	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as		
	refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here.	31	9,449
	<ul> <li>All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract</li> </ul>		•
	\$3,500 (\$1,750 if married filing separately) from the result.		
32	Alternative minimum tax foreign tax credit (see instructions)	32	
Ī	· /		
33	Tentative minimum tax. Subtract line 32 from line 31	33	9,449
	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	16,591
	-		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	0
	Paparwork Reduction Act Notice see your tay return instructions		Form 6251 (2012)

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

Form <b>10</b>	40		Salaries & Wag	es Report				2012
Name Bhaves	h B & Mita	lbahen R F	Patel				Taxpayer	Identification Number
T/S  A <u>T</u> <u>Om</u> B <u>S</u> <u>Om</u>	Sai 1 LLC Sai 1 LLC Sai 2 Inc	Employer		22,	9es 000 000 600	Federal	Withheld 3,321 1,458 350	Soc Sec Wages 36,000 22,000 11,600
M			Taxpayer Spouse Totals	22,	600 000 600		3,671 1,458 5,129	47,600 22,000 69,600
A B C D E F G H I J K L M Taxpayer Spouse Totals	1,512 924 487 1,999 924 2,923	47,600 22,000 69,600	Medicare Withheld  522  319  168  690  319  1,009	Soc Sec Tips	Allocate	d Tips I	Dep Care Ber	Other, Box 14
State A AL B AL C AL D F G I J K L M Taxpayer Spouse Totals	\$\text{State Wages} \\ 36,000 \\ 22,000 \\ 11,600 \\ \\ 22,000 \\ 69,600 \end{array}	666 130 130 1,474 666	Name of Lo	ocality		Local V	Vages	Local Withheld

For the year Jan. 1–De				Tax Return	, 20	013, ending	, 20	See s	epara	te instructions.	
Your first name and in		o or other tax you	Last name					Your so	ocial se	curity number	
BHAVESH			PATEL							1368	
If a joint return, spouse			Last name					Spouse	's soci	5976	
MITALBAI			PATEL				Apt. no.	<b>▲</b> M	lake su	re the SSN(s) above	_
Home address (numbe	er and st	reet). If you have a P	.O. box, see instruction	ns.			Apt. Ho.		and or	line 6c are correct.	
City town or post office	e. state.	and ZIP code, if you	have a foreign addres	s, also complete spaces be	low (see instructions).				Check	dential Election Cam here if you, or your sp	ouse
MONTGOMI			AL_	36117					if filing	i jointly, want \$3 to go ti Checking a box below i	to this will
Foreign country name			Foreign province/stat	te/county		Foreig	n postal code		_	ange your tax or refund	
iling Status	1	Single			4 Head	of household (wit	h qualifying person). (S a child but not your de	iee instruc	tions)	If .	
ming Status	2 3	-l "	tly (even if only one ha	ad income)	child's	s name here.		portuona			
Check only one	3		arately. Enter spouse's		5 Quali	fying widow(er) w	ith dependent child				
ox.		and full name her								Boxes checked	
	6a	=	f someone can cl	laim you as a depend	lent, do not che	ck box 6a				on 6a and 6b -	2
emptions	b_	X Spouse			· · · · · · · · · · · · · · · · · · ·	<u></u>		(4)	if under	No. of children on 6c who: • lived with you	4
	С	Dependents:			(2) Depend	1	(3) Dependent's	1101 01	แน	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	<u>_</u>
		(1) First name	Last	name	social security	/ number	relationship to you	tax cr		you due to divorce	
f more than four		( ) rastratio	2400			-1165 I	DAUGHTER		X_	or separation (see instructions) _	
lependents, see								$\perp \perp$	$\bot$	Dependents on 6c	
nstructions and theck here									+	not entered above	
										Add numbers on lines above	3
	d		of exemptions cla				<u> </u>	7	<del></del>	72,0	000
naama	7		os, etc. Attach Form(s)	w-2 ule B if required				8a			16
ncome	8a b		terest. Do not in			8b					
ttach Form(s) V-2 here. Also	9a			edule B if required		L		9a			
ttach Forms	b	Qualified divide				9b		_			
V-2G and 099-R if tax	10			sets of state and loca	il income taxes			10	-		
vas withheld.	11	Alimony receiv						11			
f you did not	12			ich Schedule C or C-				12	+		
get a W-2,	13			equired. If not required, check			L		+		
see instructions.	14			Form 4797		Taxable am		15b	+		
	15a 16a	Pensions and	ns annuities			Taxable am		16b	-		
	17	Rental real est	ate, royalties, pa	rtnerships, S corpora	ations, trusts, etc	. Attach Sche	dule E	17		29,6	595
	18			Schedule F					ـــــ		
	19	Unemploymen	t compensation	* 				19	_		
	<b>20</b> a		enefits	20a		Taxable am	ount				
	21	Other income.	List type and an	nount				21	+	101,	711
	22			r right column for line	s / through 21.	23	otal income	- 22	-	101,	<u>/ 1 -</u>
Adjusted	23	Educator expe		eservists, performing	artists and	23		$\dashv$			
Adjusted	24			Attach Form 2106 o		24					
Gross	25	•		ion. Attach Form 888		25					
ncome	26	_	ses. Attach Form	0000		26					
	27			nent tax. Attach Sch	edule SE	27		_			
	28			and qualified plans		28		$\dashv$			
	29			e deduction		29					
	30			savings		30		$\dashv$			
	31a	• •		ssn ▶		31a 32	·	$\dashv$			
	32	IRA deduction				33		$\dashv$			
	33 34	Tuition and for	es Attach Form	n 8917		34					
	35	Domestic proc	duction activities	deduction. Attach Fo	ırm 8903	35					
	36	Add lines 23 to						36	L		
	37			his is your adjusted			1	37		101,	71

,			-1368 Page <u>2</u>
n 1040 (2013)	вна	ESH B & MITALBAHEN R PATEL	-1368 Page 2 38   101,711
x and	38	Amount from line 37 (adjusted gross income)	53
redits	39a	Check F   1100 were born before barraary -1	
•		if: 1     Shoulse was horn before January 2, 1949,	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	12,349
tandard └ eduction ┌	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	41 89,362
or—	41	Subtract line 40 from line 38	42 11,700
People who	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	43 77,662
neck any ox on line	43		44 11,276
ea or 39b or ho can be	44	Tax (see instr.). Check if any from: a	45
aimed as a ependent,	45	Alternative minimum tax (see instructions). Attach 1 of the 6251	46 11,276
ee estructions.	46	Add lines 44 and 45	
All others:	47	Foreign tax credit. Attach Form 1110 in required	1
ingle or	48	Credit for child and dependent care expenses. Attach to the child and dependent care expenses.	
Married filing eparately,	49	Education credits from Form 6663, life 19	1 1
6,100	50	Retirement savings contributions credit. Attach Form 6000	
Married filing pintly or	51	Child tax credit. Attach Scriedule 6612, il required	7 1
Qualifying vidow(er),	52	Residential energy credits. Attach i offit soos	
12,200	53	Other credits from Form: a   3000 b   3001 b	54 1,000
lead of nousehold,	54	Add lines 47 through 53. These are your total credits  Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 10,276
8,950	55	Subtract line 54 from the 15th	56
ther	56	Self-employment tax. Attach Schedule SE  Unreported social security and Medicare tax from Form: a 4137 b 8919	57
axes	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
unc-	58	Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax on IRAs, other qualified retirement plains, etc. Additional tax of tax o	59a
	598	First-time homebuyer credit repayment. Attach Form 5405 if required	59b
	ь	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	60
	60	Taxes from: a From 8999 b From 8990 b From	61 10,276
	61	Add lines 55 through 60. This is your total tax  Federal income tax withheld from Forms W-2 and 1099  62  5,20	3
4.	62	2013 estimated tax payments and amount applied from 2012 return 63	
Payments		64a	
If you have a	64	La Company (CAI)	
qualifying child, attach		Additional child tax credit. Attach Schedule 8812 65	
Schedule EIC.	65	American opportunity credit from Form 8863, line 8	
	66		
	67	Reserved Amount paid with request for extension to file 68	
	68	Excess social security and tier 1 RRTA tax withheld 69	
	69	Credit for federal tax on fuels. Attach Form 4136	
	70	Credit for rederal tax of riders. Attack of the state of	
	71	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	5,203
	72	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73
Refund	73	If Form 8888 is affached check here	74a
	74	Charling   Savings	
Direct deposit? See		Routing number	
nstructions.	-	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75	
Ama::n4	75	Amount you gave Subtract line 72 from line 61. For details on how to pay, see instructions	
Amount	, /t	Estimated tax penalty (see instructions) 77 8	1
You Owe			nplete below. No
Third Part	ιy	Personal identification number (Pilv)	<b>▶</b> 55555
Designee	Desig		► 334-277-0483
Ciar	unde	▶ SAUJAN G. RAUENDRA. CFA  penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my know to true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	viedge and beliet, edge.
Sign Here		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on all information of the preparer (other than taxpayer) is based on the preparer (other than taxpayer).	Daytime phone number
Joint return?	TOUL	MANAGER	If the IPS cent you an Identity
See instr. Keep a copy		e's signature. If a joint return, <b>both</b> must sign.	If the IRS sent you an Identity Protection PIN, enter it here
for your	Spou	MANAGER	(see instr.)
records.	Print/Tve	preparer's name Preparer's signature Date	Check X if PTIN
Doid		109/15	/14 self-employed P00170704
Paid	SAJJZ	CATTAN C PATENDRA LIC	Firm's EIN ▶ 20-3656711
	Circula -		
Preparer	Firm's n	PO BOX 240513	Phone no.
		PO BOX 240513 MONTGOMERY AL 36124-0513	Phone no. 334-277-0483 Form 1040 (2013)

Viennie i		Itemized Deduction	ons		OMB No. 1545-0074
CHEDULE A Form 1040)		► Information about Schedule A and its separate instru		www.irs.gov/schedulea.	2013 Attachment
epartment of the Treasury ternal Revenue Service		(99) Attach to Form 1040.			Sequence No. U/
ame(s) shown on Form 10	140	· · · · · · · · · · · · · · · · · · ·		Your social secu	nty number 1368
BHAVESH B	8	MITALBAHEN R PATEL			
/ledical		Caution. Do not include expenses reimbursed or paid by others.	1		
nedical ind	1	Medical and dental expenses (see instructions)  Enter amount from Form 1040, line 38 2			
Dental	•	Multiply line 2 by 10% (10). But if either you or your spouse was			
xpenses		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-	<del>,,,,,,,,,,,,</del>	4	
axes You	5	State and local (check only one box):	5	4,523	
Paid		a X Income taxes, or }			
		b General sales taxes	6	1,352	
		Real estate taxes (see instructions)	7		
		Personal property taxes	-		
	8	Other taxes. List type and amount ▶	8		
	۵	Add lines 5 through 8		9	5,875
nterest		Home mortgage interest and points reported to you on Form 1098	10	6,451	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the			
	•	person from whom you bought the home, see instructions and show that			
Note. Your mortgage		person's name, identifying no., and address ▶			
nterest					
deduction may			11		
be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for	12	23	
,		special rules	13		
	13	Mortgage insurance premiums (see instructions) Investment interest. Attach Form 4952 if required. (See	- <del>"</del> -		
	14	instructions.)	14		
	15	Add lines 10 through 14		15	6,474
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,			
Charity		see instructions	16		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see	1,-		
gift and got a		instructions. You must attach Form 8283 if over \$500	17		
benefit for it, see instructions.		Carryover from prior year Add lines 16 through 18		19	
Casualty and	19	Add lines 16 through 18			
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses		The single of ampleyee expanses in travel union dues			
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous		(See instructions.) ▶	21		
Deductions		Tay propagation fees	22		
	22	Tax preparation fees Other expenses—investment, safe deposit box, etc. List type			
		and amount ▶			
			23		
		Add lines 21 through 23	24		
		Enter amount from Form 1040, line 38 25	26		
		Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -		27	
Other	21	Other—from list in instructions. List type and amount			
Miscellaneous	40	Calor Holli liot in mondocolor - lot type and a line in the line in the late of the line in the line in the late of the line in the line in the late of the late o		28	
Deductions		Is Form 1040, line 38, over \$150,000?		20	
Total	25	No Your deduction is not limited. Add the amounts in the far r	ight column	7	
Itemized Doductions		for lines 4 through 28. Also, enter this amount on Form 1040, I	ine 40.	29	12,34
Deductions		Ver Your deduction may be limited. See the Itemized Deduct	ons		
	_	Worksheet in the instructions to figure the amount to enter.  If you elect to itemize deductions even though they are less than y	our standard	,	
	3(	•		P	
		deduction, check here ction Act Notice, see Form 1040 instructions.		Sch	edule A (Form 1040) 201

45	& &											
Scho	dule E (Form 1040) 2013					Atta	chme	nt Sequ	ence	No. 13		Page 2
	s) shown on return. Do not enter name and social sec	curity number if shown on other s	ide.						•••	urity numb		
BI	HAVESH B & MITALBAHE	N R PATEL								136	8	
	ion. The IRS compares amounts reporte	ed on your tax return with	amounts showr	on Schedul	e(s) K-1							
20000000	Income or Loss From any amount is not at risk, yo	u must check the box in	column (e) on li	ne 28 and at	tach Fo	rm 619	8. Se	e instru	t-risk ctions	activity f	or which	
u	are you reporting any loss not allowed in inallowed loss from a passive activity (if ou answered "Yes," see instructions bef	that loss was not reporte	ed on Form 8582	m loss, or ba ), or unreimb	asis limi ursed p	tations artners	a prio	or year openses	? If Y∈	s X	No	
28		) Name		(b) Ent	er P for ship; S poration	(c) Che foreig partner	an l	ide	Employ entification		(e) Ch any ame not at	ount is
A	SEE STATEMENT 1			101 0 001	porducii	, parmior						
В							1					
С						_	++					
D							Innar	no and	Locs		<u>_</u>	
	Passive Income and		(h) Non	passive loss	Мопр			ne and expense	LUSS	/i) N	onpassive in	come
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1		chedule K-1				Form 456	2		m Schedule	
$\overline{A}$												
В												
С		<u> </u>			$\perp$							
D		4.3	3.0								25	,365
	Totals	4,3	30		Т							1303
ь 30	Totals  Add columns (g) and (j) of line 29a		I		\				30		29	,695
31	Add columns (f), (h), and (i) of line 29b								31	()		)
32	Total partnership and S corporation		bine lines 30 and	31. Enter th	e							
	result here and include in the total on								32		29	<u>,695</u>
Pa	art III Income or Loss From	Estates and Trust	'S						Γ			
33		(a) Name									Employer ation numbe	<u> </u>
В				~								
<u> </u>	Passive Incom	e and Loss				Nonpa	ssive	Incom	e and	Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive inc			(e) Deduct						r income fror edule K-1	n
A												
В												
	Totals											
5 35	Totals  Add columns (d) and (f) of line 34a								35			
36									36	(		
37	Total estate and trust income or (los											
	include in the total on line 41 below	· · · · · · · · · · · · · · · · · · ·							37			
Pa	art IV Income or Loss From	Real Estate Morto	(c) Excess inclu	ent Cond					<u>lual</u>			<del></del>
38	(a) Name	(b) Employer Identification number	Schedules Q (see instruc	, line 2c		xable inco				(e) in Schedu	come from des Q, line 3	b
39	Combine columns (d) and (e) only. En	ter the result here and in	clude in the total	on line 41 h	elow				39	<b></b>		
*******	art V Summary	tor the result here and in	orace in the total	. J., 71 D	vi					·		
40	Net farm rental income or (loss) from I	Form 4835. Also, comple	ete line 42 below					. ,	40			
41	Total income or (loss). Combine lines 26, 32, 37, 39						<del>(</del>	<u> </u>	41		29	,695
42	Reconciliation of farming and fishin											
	farming and fishing income reported of											
	(Form 1065), box 14, code B; Schedul V; and Schedule K-1 (Form 1041), box			42								
43	Reconciliation for real estate profes	sionals. If you were a re	eal estate ou reported	·····	,							
	anywhere on Form 1040 or Form 1040 in which you materially participated un	DNR from all rental real e der the passive activity l	state activities oss rules	43						6.1	ula E re-	4040) 2042
DAA										эспес	lule E (Form	1040) 2013

1368		Federal	Statements				
	<u>Stater</u>	nent 1 - Sche	dule E, Page 2,	Line 28			
Name							
	P For S Ptr EIN	Not at Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
DM SAI 1 LLC	S 27-0583	184	\$	\$	\$	\$	\$ 24,842
OM SAI 2 INC	S 45-4005	183					523
MBM 01 INC	S 46-3245						
OTHER RENTAL INCOME	S 46-3245			2,165	5		
1BM 01 INC	S 46-3245						
OTHER RENTAL INCOME	S 46-3245			2,165	5		
TOTAL	5 10 5211	·	\$ 0			\$ (	\$ 25,36
							1

*	- · ·			
Fo	m 1040 General Sales Ta	ax Deduction Worksheet		2013
	as shown on return		Taxnaver Ide	ntification Number
	AVESH B & MITALBAHEN R PATEL	Locality of		1300
State	or ABAMA	Locality of MONGTGOMERY		
		es Tax from IRS Tables		
	General Sale	s fax from ind fables		
	Enter the amount of adjusted gross income (AGI) from Form 1040,			
	Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 2			
3.	Add the following nontaxable items: nontaxable combat pay, public Also include any amounts which increase spendable income, such received in 2013	as the refundable portion of refundable tax cre	edits	
4.	Add lines 1 through 3, this is income for general sales tax table pur			
	Enter the amount from the sales tax table in the Schedule A instruc			000
	Part-year residents, complete lines 6 - 8; Full-year residents	skip lines 6 - 8		
	and enter the amount from line 5 on line 9	_		
	Enter the number of days of residence in state		365	
7. 8.	Total days in year Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.		
	Multiply line 5 by line 8, this is the deductible general sales tax usin		, 9	830
		-		
	Local Sales	Tax Using IRS Tables		
10.	Enter the amount from the sales tax table in the Schedule A instruc	tions.	10	830
	If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georg	gia, Illinois, Louisiana, Missouri		
	New York State, North Carolina, South Carolina, Tennessee, Utah,		44	
	the amount from the applicable Optional Local Sales Tax Table in t	he Schedule A instructions.	11	
12	Enter the local general sales tax rate (exclude statewide local sales	stax rate) 12. 6.00	000	
13.	Enter the state general sales tax rate (include statewide local sales	tax rate) 13. 4.0		
14.	Divide line 12 by line 13 (rounded to at least 3 decimal places)	141.	500	
	If you entered an amount on line 11, multiply line 11 by line 12. The			
	using the optional local sales tax tables.			
	Part-year residents, complete lines 16 - 18; Full-year residen	ts skip lines 16 - 18		
	and enter the amount from line 15 on line 19  If you did not enter an amount on line 11, multiply line 10 by line 14	This is the local sales tay	15.	1,245
	using the optional state and certain local sales tax tables.	. This is the local sales tax	10	
	Part-year residents, complete lines 16 - 18; Full-year residen	ts skip lines 16 - 18		
	and enter the amount from line 15 on line 19			
	Enter the number of days of residence in locality			~
	Total days in year	17.	365	
18. 19	Divide line 16 by line 17 (rounded to at least 3 decimal places)  Multiply line 15 by line 18. This is the deductible general local sale		19.	1,245
	Wildings and 10 by mile 10. This is the deductible general local scale			_,
	General Sa	iles Tax Summary		
20.	Enter the sum of line 9 from all General Sales Tax Deduction Work	sheets	20	830
21.	Enter the sum of line 19 from all General Sales Tax Deduction World	ksheets	21	1,245
22.		tables	22	
23.	Enter the actual state and local general sales taxes paid		23	2,075
24. 25.		13000	24 25.	
25. 26.		10300)	25 26.	2,075
	Enter total state and local income taxes paid		27.	4,523
E	inter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is g	reater, mark Schedule A, line 5b. If line 27 is g	greater, mark So	chedule A, line 5a.

Form <b>1040</b>	Child Tax Credit Worksheets		2013
ame	MITALBAHEN R PATEL	Taxpayer Id	entification Number
		O 40NID. I	
Child	Tax Credit Worksheet - Form 1040, Line 51, Form 1040A, Line 33 or Form 1	1040NR, L	ine 48
1. Number of qualifyin	g children: 1 ×\$1,000. Enter the result.	1	1,000
	om Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37.		101,711
<ol><li>Enter the total of ar</li></ol>	y exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 1		
4. Add lines 2 and 3.		4	
	arried filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separa e 4 more than the amount on line 5?	tely. <b>5.</b>	110,000
X No. Leave lis	e 6 blank. Enter -0- on line 7.		
	t line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.		0
	on line 6 by 5% (.05). Enter the result.		<u></u>
	line 1. If zero or less, stop here; you cannot take this credit.	8	1,000
	om Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44.		11,276
	om Form 1040 lines 47, 48, 49 & 50, or Form 1040A lines 29, 31 & 32, or Form 1040NR, lines 45, 46 & 47, plus		
	form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	10,	
	y of the following credits?		
Mortgage interest cr	•	Columbia iirst-iiri	ne nomedayer credit, Form t
	e amount from line 10.	44	
2. Subtract line 11 fro	e amount from Child Tax Credit - Line 11 Worksheet below.	11	11,276
	n line 9. Enter the <b>smaller</b> of line 8 or line 12 here and on Form 1040, line 51, Form 1040A, line 33 or Form 1040NR, lin		
	if you checked "Yes" on line 11 of the Child Tax Credit Worksheet above. om line 8 of the Child Tax Credit Worksheet above.	1	
	om line 8 of the Child Tax Credit Worksheet above.  Irned income from the Child Tax Credit Taxable Earned Income Worksheet.		
	e 2 more than \$3,000?	··· ••	-
F1	e 3 blank, enter -0- on line 4, and go to line 5.		
<del></del>	t \$3,000 from the amount on line 2. Enter the result.	3.	
	on line 3 by 15% (.15) and enter the result.		
	e 1 of the Child Tax Worksheet above \$3,000 or more?		
No. If line 4	above is:		
the amount	the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, from Child Tax Credit Worksheet line 10 on line 11, and complete lines 12 and 13. ero, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below.	, enter	
	above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on go to line 6.		
Worksheet to figure	nheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA To the amount to enter, otherwise enter the total social security and Medicare taxes withheld from your pay (and		
	g a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.  Be amounts from Form 1040, line 27 and line 57 (Form 1040NR, lines 27 and 55), plus any taxes identified with	<b>6.</b>	
	W. H	7.	
8. Add lines 6 and 7.			
	om Form 1040, lines 64a and 69 or Form 1040A, line 38a and excess social security tax included on line 41 or		·····
	55. Enter total.		
Form 1040NR, line	line 8. If the result is zero or less, enter -0		
Form 1040NR, line  0. Subtract line 9 from			
<ol><li>Subtract line 9 from</li></ol>	ine 4 or line 10.		
<ol> <li>Subtract line 9 from</li> <li>Enter the larger of</li> </ol>	ine 4 or line 10. e 11 of this worksheet more than the amount on line 1?		
<ul><li>10. Subtract line 9 from</li><li>11. Enter the larger of</li><li>12. Is the amount on line</li></ul>			
<ul><li>10. Subtract line 9 from</li><li>11. Enter the larger of</li><li>12. Is the amount on line</li></ul>	e 11 of this worksheet more than the amount on line 1? line 11 from line 1. Enter the result.	12	
Subtract line 9 from     Enter the larger of     Is the amount on lin     No. Subtract     Yes. Enter  Next, complete Forms	e 11 of this worksheet more than the amount on line 1? line 11 from line 1. Enter the result0  8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.		
10. Subtract line 9 from 11. Enter the larger of 12. Is the amount on lin  No. Subtract  Yes. Enter  Next, complete Form 13. Enter the total of the	e 11 of this worksheet more than the amount on line 1? line 11 from line 1. Enter the result0  8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable. e amounts from Form 8396, line 9, Form 8839, line 15 and Form 8859, line 3.	13	
10. Subtract line 9 from  11. Enter the larger of  12. Is the amount on lin  No. Subtract  Yes. Enter  Next, complete Form  13. Enter the total of th  14. Enter the amount fr	e 11 of this worksheet more than the amount on line 1? line 11 from line 1. Enter the result0  8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.	13 14	

	A Comment of the Comm
Ĵ368 <b>F</b> 6	ederal Statements
	A, Line 5 - State and Local Taxes
Description STATE WITHHOLDING ON W-2S	### Amount
STATE TAX PAYMENTS	2,293
TOTAL INCOME TAXES*	4,523
GENERAL SALES TAX	2,075
TOTAL SALES TAXES	2,075
*INCOME TAXES ARE BEING DEDUCTED	)
Schedule A, Line 10 - Hor	me Mortgage Interest & Points From Form 1098
Description	Amount
WELLS FARGO BANK TOTAL	\$6,451 \$ 6,451
TOTAL	\$ 0,±31
Schedule A, Line	12 - Points Not Reported on Form 1098
Description	Amount
IBERIABANK MORTGAGE CO	\$ 23
TOTAL	\$23_
	-
•	
- T-	

orm 104	<b>0</b> ,		Salaries & Wage	es Report			2013
ne			\			Taxpayer	Identification Number
HAVESH T/S	B & WIL	ALBAHEN R I Employer	ATEL	Federal Wa	nne F	ederal Withheld	Soc Sec Wages
	CAT 1 TT				000 _	3,263	36,000
	SAI 1 LL SAI 1 LL				000	1,570	24,000
	SAI 2 IN				000	370	12,000
<u>OM</u>	DAL & LA						
				***			
·							
l							
			<b>T</b>	4.9	000	3,633	48,000
			Taxpayer	24	000	1,570	24,000
			Spouse Totals	72.	000	5,203	72,000
			lotais		=======================================		
	Con Withhall	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated	Tips Dep Care Ben	Other, Box 14
		_	522	our sec rips	Allocated	Tips Dep Care Beil	Other, Dox 14
·	2,232 1,488	36,000 24,000	348				
	744	12,000	174				
:		12,000					
,							
;	-						
·							
(							
1						<del></del>	
	2 076	48 000	696			<del></del>	
axpayer	2,976 1,488	48,000 24,000	348				
pouse	4,464	72,000	1,044		<del></del>		
otals							
State	State Wages		Name of Lo	ality		Local Wages	Local Withheld
AL	36,00	$\frac{00}{1,357}$					<del></del>
AL AL	24,00 12,00	00 728 00 145					
<u> </u>	12,00						
_							
						<del></del>	•
_							
							<del></del>
· ·							
	40 00	1,502					
axpayer	48,00	$\frac{1,502}{728}$					
pouse otals	24,00 72,00						

## **Filing Instructions**

## Form 40 - Alabama Individual Income Tax Return

#### Taxable Year Ended December 31, 2013

Name:

Bhavesh B & Mitalbahen R Patel

**Date Due:** 

AS SOON AS POSSIBLE

Remittance:

No check is required. Authorization for the Alabama Department of Revenue to debit your Wachovia Bank checking account for the amount of \$1,544 on April 15, 2014 has been designated in the electronic return. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Signature:

Sign and date Form AL8453, Alabama Individual Income Tax Declaration for

Electronic Filing. Return it as soon as possible to:

Sajjan G. Rajendra, LLC

PO Box 240513

Montgomery, AL 36124-0513

Other:

Your return is being filed electronically. Do not mail Form 40. Initial and date

the copy of the return and retain it for your records.

•	FORM	
A	L845	3

# ALABAMA DEPARTMENT OF REVENUE ndividual Income Tax Declaration for Electronic Filing

2013

		For the year January 1 – December 31, 2013		_	
Your first name and init	ial	Last name	Y	our social se	curity number
BHAVESH					-1368
f a joint return, spouse'  MTTALBA		_	Spous	se's soc. sec.	no. if joint return
		d street). If a P.O. Box, see instructions.  Apt. no.	T	elephone nui	mber (optional)
torne address (ridines:	. 4,14				
City, town or past office	e, sta	ate, and ZIP code			
MONTGOM					T4 001
Part I		Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	⊢	1	74,801
Tax Return		2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)		2	3,663 2,230
nformation		3 Total payments (Form 40, line 26 or Form 40NR, line 26)	⊢	3 4	2,230
Whole dollars only.)	4	Refund (Form 40, line 34 or Form 40NR, line 33) Mount you owe (Form 40, line 29 or Form 40NR, line 29)		5	1,454
Dest II		A fillount you owe (Form 40, line 25 of Form 4041), line 23)		<u> </u>	
Part II Refund	4	Routing number: 0025			
and	•	Todaing Hambot.			
Payment Information	2	2 Account number:			
monnation		3 Type of account: X Checking Savings			
	4	Type of transaction: Direct Deposit X Direct Debit			
	5				
Part III		Under penalties of perjury, I declare that I have compared the information contained on my return with the info			
Declaration		return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresp			
C T		and the second s			
		ual income tax return. To the best of my knowledge and belief this return, including any accompanying schedu	les and	statements	, is true, correct, and
Sign only after Part I		complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below	les and	statements	, is true, correct, and
Sign only after Part I		complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.	iles and s ow, any i	statements nformation	, is true, correct, and
Sign only after Part I s completed.)		complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.    X	iles and s ow, any i	statements nformation	, is true, correct, and
Sign only after Part I	<b>•</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.	iles and s ow, any i	statements nformation	, is true, correct, and
Sign only after Part I s completed.}		complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.    X	les and sow, any i	statements nformation r.	, is true, correct, and concerning the dis-
Sign only after Part I s completed.)  Sign Here	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of the signature of the processing of my return.	prepare  H must sig	statements nformation r. n. orm are cor	o 9/15/14  Date  plete and correctly
Sign only after Part I scompleted.)  Sign Here	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all other.	ow, any in prepared H must sign on this for er requirements.	nformation  r.  nn.  orm are corements des	o 9/15/14  Date  plete and correctly scribed in IRS PUB.
Sign only after Part I scompleted.)  Sign Here Part IV Declaration of	<b>•</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my O9/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI  I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al	ow, any i  prepare  H must sig  on this for  er requir  abama i	nformation  r.  n.  orm are corements detail	09/15/14  Date  nplete and correctly scribed in IRS PUB. or Electronic Filers of
Sign only after Part I scompleted.)  Sign Here  Part IV  Declaration of Electronic	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my O9/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the All Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury,	ow, any i  prepare  H must sig  on this for  er requir  abama H	nformation  r.  orm are cor ements detandbook fee that I ha	09/15/14  Date  nplete and correctly scribed in IRS PUB. or Electronic Filers of ve examined this
Sign only after Part I scompleted.)  Sign Here  Part IV Declaration of Electronic Return	<b>)</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my O9/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI  I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the	ow, any i  prepare  H must sig  on this for  er requir  abama H	nformation  r.  orm are cor ements detandbook fee that I ha	09/15/14  Date  nplete and correctly scribed in IRS PUB. or Electronic Filers of ve examined this
Sign only after Part I scompleted.)  Sign Here  Part IV  Declaration of Electronic Return  Originator	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my O9/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the All Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury,	ow, any i  prepare  H must sig  on this for  er requir  abama H	nformation  r.  orm are cor ements detandbook fee that I ha	09/15/14  Date  nplete and correctly scribed in IRS PUB. or Electronic Filers of ve examined this
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my open and the processing of my return.  O 9 / 15 / 14  Your signature  Date  Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only	ow, any i  prepare  H must sig  on this for  er requir  abama H	nformation  r.  prim are correments determined determined to the transfer of trans	09/15/14  Date  nplete and correctly scribed in IRS PUB. or Electronic Filers of ve examined this
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my O9/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI  I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only	ow, any i  prepare  H must sig  on this for  er requir  abama H	n.  orm are corements detaindbook feet that I have, correct,	09/15/14 Date Date notelectronic Filers of ve examined this and complete.
Sign cniy after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI  I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only	ow, any i prepared H must signon this for er require abama in I declar y are true	n.  orm are corements detaindbook feet that I have, correct,	09/15/14 Date Date and correctly scribed in IRS PUB. or Electronic Filers of we examined this and complete.
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return  Originator (ERO) and Paid  Preparer	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries represented based on all information of which I have any knowledge. I also declare that I have 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  ERO's Use Only  ERO's SAJJAN G. RAJENDRA, CPA  Date 09/15/14  Check if also paid preparer	H must sign on this for er required abama H declar y are tru	in.  in.  in.  in.  in.  in.  in.  in.	09/15/14 Date Date Date nplete and correctly scribed in IRS PUB. or Electronic Filers of ve examined this and complete.  20-3656711
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries represented based on all information of which I have any knowledge. I also declare that I have followed all of 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  ERO's Use Only  ERO's SAJJAN G. RAJENDRA, CPA  Date  O9/15/14  Check if also paid preparer  Check if also paid preparer  Check if also paid preparer  AL	H must sign on this for er required abama H declar y are tru	n. orm are corements detaindbook fee that I hate, correct,	09/15/14 Date Date and correctly scribed in IRS PUB. or Electronic Filers of we examined this and complete.
Sign cniy after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	•	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries or represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  Date Only  Check if also paid preparer  SAJJAN G. RAJENDRA, CPA  Date Only  Check if also paid preparer  PO BOX 240513  MONTGOMERY  AL  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and the return and a	H must sign on this for require abama H declar y are true	in.  In.  In.  In.  In.  In.  In.  In.	09/15/14 Date Date Date nplete and correctly scribed in IRS PUB. or Electronic Filers of we examined this and complete.  20-3656711 36124-0513
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	•	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.    I authorize a representative of the Department of Revenue to discuss my return and attachments with my	H must sign on this for require abama H declar y are true	in.  in.  in.  in.  in.  in.  in.  in.	09/15/14 Date Date Date nplete and correctly scribed in IRS PUB. or Electronic Filers of we examined this and complete.  20-3656711 36124-0513
Sign cniy after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	<b>&gt;</b>	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  ERO's Use Only  ERO's Use Only  ERO's SAJJAN G. RAJENDRA, CPA  Date  O9/15/14  Check if also paid preparer  if self-employed)  MONTGOMERY  AL  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete.	H must signon this format signon	in.  in.  in.  in.  in.  in.  in.  in.	op/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  and complete.  109/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  10170704 10170704 10170704 10170704 10170704 10170704 10170704 10170704
Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer	•	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature  Date  Spouse's signature. If a joint return, BOTI  I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries of represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual Income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  ERO's  ERO's  SAJJAN G. RAJENDRA, CPA  Date  O9/15/14  Check if also paid preparer  SAJJAN G. RAJENDRA, LLC if self-employed and address  MONTGOMERY  AL  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete.  Preparer's signature  Date  Check if self-employed	H must signon this format signon	in.  in.  in.  in.  in.  in.  in.  in.	op/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  and complete.  109/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  10170704 10170704 10170704 10170704 10170704 10170704 10170704 10170704
of Taxpayer Sign only after Part I s completed.)  Sign Here  Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)	•	complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described beld bursement of the refund requested or any problems encountered in the processing of my return.  I authorize a representative of the Department of Revenue to discuss my return and attachments with my 09/15/14  Your signature Date Spouse's signature. If a joint return, BOTI I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries or represented based on all information of which I have any knowledge. I also declare that I have followed all oth 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Al Individual income Tax Returns (Tax Year 2013). If I am also the paid preparer, under penalties of perjury, return and accompanying schedules and statements, and to the best of my knowledge and belief, the ERO's Use Only  ERO's Use Only  ERO's Use Only  ERO's Use Only  ERO's SAJJAN G. RAJENDRA, CPA  Date  O9/15/14  Check if also paid preparer  I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete.  Preparer's  Date  Check if  Check if	H must signon this format abama F I declar y are tru	in.  in.  in.  in.  in.  in.  in.  in.	op/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  and complete.  109/15/14 Date Inplete and correctly scribed in IRS PUB. or Electronic Filers of the examined this and complete.  10170704 10170704 10170704 10170704 10170704 10170704 10170704 10170704

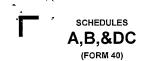
DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

1022

ž.			
Form AL-40	Ala	abama Electronic Funds Withdrawal	2013
Name			Taxpayer Identification Number
BHAVESH B	& MITALBAHEN R	PATEL	-1368
	Name of financial institution	WACHOVIA BANK	
	Routing transit number	0025	
	-		
	Account number	0776	
	Account type	☑ Checking or ☐ Savings	
	Date of electronic withdrawal	04/15/14	

5 &					
<b>—</b> .				l par	
	RM				
4 Ind	I <b>O</b> A lividua	abama 2013 Income Tax Retum s part-year residents			
		8 PART-YEAR RESIDENTS 31, 2013, or other tax year:			
Beginning:	1-00	Ending:   Endin			NA POVINS VISUATOR DE LA PROPI
our social ecurity number	4	1368 Spouse's SSN • 5976			
our first name		Initial Last name			
<ul><li>BHAV</li></ul>	ESI	B PATEL			
Spouse's first nam  MITA		Initial Last name  AHEN R PATEL			
Present home ad	idress (	number and street or P.O. Box number)			
City, town or pos	et office	0.4. 710	K BOX IF A	MENDE	ED RETURN •
• MONT		Cileck il address Tracegir			
Filing Status		● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spo	rise SSN		
anny Status Exemptions					
				T	B - Income
	5 a	Wages, salaries, tips, etc. (list each employer and address separately): A – Alabama tax v SEE STATEMENT 1 5a • 2	, <b>230</b> 00	5a ●	72,000 00
	a b	SEE STATEMENT 1 5a 5b •	00		00
	c	5c •	00	$\overline{}$	00
ncome	d	5d ●	00	5d ●	00
nd djustments	6	Interest and dividend income (also attach Schedule B if over \$1,500)		6 •	16 00
ajustinents	7	Other income (from page 2, Part I, line 9)		7 •	29,695 00 101,711 00
	8	Total income. Add amounts in the income column for line 5a through line 7		8 •	101,711 00
	9 10	Total adjustments to income (from page 2, Part II, line 12)  Adjusted gross income. Subtract line 9 from line 8		10 •	101,711 00
	11	Box a or b MUST be checked.		100	101/111/00
eductions	•	Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.			
fust Attach 2 of Federal		Check box b, if you do not itemize deductions and enterstandard deduction (see instructions)	13,334		
1040, al Form	12	Federal tay deduction (see instruction)			
A, Federal 1040NR, or 1 of 1040EZ		DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W 2(S) 12 •	10,276		
ming a de-	13	Personal exemption (from line 1, 2, 3, or 4)	3,000 300	_	
	14	Dependent exemption (from page 2, Part III, line 2)		15 •	26,910 00
	15 16	Total deductions. Add lines 11, 12, 13, and 14  Taxable income. Subtract line 15 from line 10		16 •	74,801 00
	17	Income Tax due. Enter amount from tax table or check if from • Form NOL-	85 <b>A</b>	17 •	3,663 00
	18	Net tax due Alabama. Enter amount from Schedule NTC, line 7		18 ●	3,663 00
ax	19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box	X	19 •	0 00
taple Form(s) V-2, W-2G,	20	Alabama Election Campaign Fund. You may make a voluntary contribution to the fo			
nd/or 1099 here		Alabama Democratic Party \$1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		20a ●	00
	b 21	Alabama Republican Party \$1 \$2 X none Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		20b ●	3,663 00
	22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	2,230		3,003 00
	23	2013 estimated tax payments/Automatic Extension Payment 23 •		00	
	24	Amended Returns Only — Previous payments (see instructions) 24 ●		00	
	25	Refundable portion of Alabama Accountability Act of 2013 Credit		00	2 222
	26	Total payments. Add lines 22, 23, 24 and 25		26 •	2,230 00
	27	Adjusted Total Payments, Subtract line 27 from line 26		27	2,230 00
	28 29	Adjusted Total Payments. Subtract line 27 from line 26  If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE.		28 •	4,230 00
MOUN	23	If time 21 is larger than line 28, subtract line 26 from line 21, and enter AWOUNT 100 OWE.  Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY	PAYMENT.)	29 •	1,454 00
OU OWE	30	Estimated tax penalty. Also include on line 29 (see instructions page 11)	21	$\overline{}$	
	31	If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERI	PAID	31 ●	00
VERPAID	32	Amount of line 31 to be applied to your 2014 estimated tax 32 •		00	
	33	Total Donation Check-offs from Schedule DC, line 2 33 ●		00	
	34	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31.		34 •	00
REFUND		For Direct Deposit, check here   and complete Part V, Page 2.   Check this box to he	ave vour refu		
		INT 18 FTP 72			1022

Form 4	40 (2013)			Page 2
BHA	VESH B & MITALBAHEN R PATEL			1368
1	Alimony received			0
2			••••	0
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)		3 ●	0
4a				0
5a				00 605
				29,695
				0
	· · · · · · · · · · · · · · · · · · ·			29,6950
			·····	
				0
	Spouse's IRA deduction			0
			1 1	
_				
			— h	0
	Moving Expenses (Attach			
_	Federal Form 3903) to: City			0
	Payments to Alahama PACT Program or Alahama College Education Savings Program		8	0
-				0
				0
				lo
				0
1a	Dependents: (2) Dependent's		(3) Dependent's	s (4) Did you provide
		165 DA	HIGHTER	
	•	203   22.	COGILLEIC	
	la la			
h				1h a 1
b 2	Total number of dependents claimed above		2	
2	Total number of dependents claimed above  Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, line.14	<u></u>	2 •	3000
1	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line to by the amount from the dependent chart on page 10, Enter amount from the dependent chart on page 10, Enter amount from the dependent chart on page 10, Enter amount here and on page 1, line.14  Residency Check only one box   Table 1 Full Year   Part Year From	<u></u>	2 •	1 12 12
2	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line to by the amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box   Table 1. Full Year  Part Year  From Did you file an Alabama income tax return for the year 2012?  Xame Yes  No	<u></u>	2 •	3000
1	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10, Enter amount from on page 1, line.14  Residency Check only one box	<u></u>	2 •	3000
1 2	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount here and no page 1, line 14.  Residency Check only one box ▶ ♠ ☒ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ☒ Yes ☐ No If no, state reason Give name and address of present employer(s).	<u></u>	2 e	3000
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and no page 1, line 14  Residency Check only one box ▶ ♠ ▼ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s).  Yours OM SAI 2 INC MONTGO	m	2 e th	3000
1 2	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount here and on page 1, line 14  Residency Check only one box	OMERY,	2 e th	3000
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, line 14  Residency Check only one box	OMERY,	2 e th	300 o
1 2 3	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount from and on page 1, line 14.  Residency Check only one box ▶ ♠ ▼ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONT Enter the Federal Adjusted Gross Income ♠ \$ 101,711 and Federal 1	OMERY, GOMERY	AL , AL	300 o
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount from and on page 1, line 14  Residency Check only one box ▶ ♠ ▼ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Enter the Federal Adjusted Gross Income ♠ \$ 101,711 and Federal Treported on your 2013 Federal Individual Income Tax Return.	OMERY, GOMERY	AL , AL	300 o rough
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount here and on page 1, line 14  Residency Check only one box	OMERY, 'GOMERY Taxable Income	AL , AL	300 o rough
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box	OMERY, 'GOMERY Taxable Income than your state to	th  AL , AL  • • \$	300 o rough
1 2 3	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box	OMERY, GOMERY Taxable Income than your state ta	AL , AL ax refund)?  mount  mount	300 o rough
1 2 3	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line to by the Amount mine dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box ▶ ♠ ▼ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Tenter the Federal Adjusted Gross Income ♠ \$ 101,711 and Federal 1 reported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Source	OMERY, GOMERY Taxable Income than your state ta A A o see if you qua	AL , AL ax refund)?  mount  mount	300 o rough
2 1 2 3 5 4	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount mit dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, ine-14.  Residency Check only one box ▶ ♠ ☒ Full Year ♠ Part Year Fro Did you file an Alabama income tax return for the year 2012? ☒ Yes ☐ No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Enter the Federal Adjusted Gross Income ♠ \$ 101,711 and Federal Teported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Source For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to	DMERY, GOMERY Taxable Income than your state ta A A o see if you qua ount Number:	AL , AL ax refund)?  mount  mount	300 o rough
2 1 2 3 5 4 5	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line 14.  Residency Check only one box ▶ ▼ ▼ Full Year ▼ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Enter the Federal Adjusted Gross Income ▼ 101,711 and Federal 1 reported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to Routing Number: 2 Type: Checking Savings 3 Acco Is this refund going to or through an account that is located outside of the United S I authorize a representative of the Department of Revenue to discuss my return and attachments with my pre	OMERY, GOMERY Taxable Income than your state ta A Disee if you qua ount Number: tates?	AL , AL e • \$  ax refund)?  mount  info/  yes No	300 o rough
2 1 2 3 3 5 4 5	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 16 by the Amount allowed, (Multiply the total number of dependents claimed on line 16 by the Amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box	OMERY, GOMERY Taxable Income than your state ta A Disee if you qua ount Number: tates?	AL , AL e • \$  ax refund)?  mount  info/  yes No	300 o rough
2 1 2 3 3 5 4 5 5 4 Under comple	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount and the dependent chart on page 10, Enter amount here and on page 1, line.14  Residency Check only one box	OMERY, GOMERY Taxable Income than your state ta A Disee if you qua ount Number: tates?	AL , AL e • \$  ax refund)?  mount  info/  yes No	300 o rough
2 1 2 3 3 5 4 5 5 4 Under comple	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line.14.  Residency Check only one box ▶ ▼ ▼ Full Year ▼ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Tenter the Federal Adjusted Gross Income ◆ \$ 101,711 and Federal 1 reported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Source For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to Routing Number: 2 Type: Checking Savings 3 According Number: 2 Type: Checking Savings 3 According Number: 2 Type: Checking Savings 3 According Number: 1 Savings 1 and 1 statements with my pre remaities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to Estimator Page 1 Deposite of prepare (other than taxpayer) is based on all information of which preparer has any knowledge.  Bignature Daydme Telephone Number	COMERY, COMERY Taxable Income than your state to A A a see if you qua ount Number: tates?	th  AL  AL  AL  Ax refund)?  ax refund)?  amount  infount  out  out  Yes No	300 o rough
2 1 2 3 3 5 4 5 5 1 4 4 Winder complex Your S	Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the Amount mit dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and no page 11. ine.14  Residency Check only one box ▶ ▼ ▼ Full Year ▼ Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC MONTGO Your Spouse's OM SAI 1 LLC MONTGO Enter the Federal Adjusted Gross Income ◆ \$ 101,711 and Federal 1 reported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Source For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to Routing Number: 2 Type: Checking Savings 3 According Number: 2 Type: Checking Savings 3 According Number: 1 authorize a representative of the Department of Revenue to discuss my return and attachments with my pre penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to Lederated on prepare (other than taxpayer) is based on all information of which preparer has any knowledge.  Date Daytime Telephone Number	DMERY, GOMERY Taxable Income than your state to A a see if you qua ount Number: tates?  Insparer. In the best of my kn Your Occupation	th  AL  AL  AL  AX  AX  AX  AX  AX  AX  AX	300 o rough
2 1 2 3 3 5 4 5 5 1 4 4 Winder complex Your S	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount from the dependent chart on page 10. Enter amount from and on page 1, line.14  Residency Check only one box ▶ ● ▼ Full Year ● Part Year Fro Did you file an Alabama income tax return for the year 2012? ▼ Yes No If no, state reason Give name and address of present employer(s). Yours OM SAI 2 INC  MONTGO Your Spouses OM SAI 1 LLC  MONTGO The the Federal Adjusted Gross Income ● \$ 101,711 and Federal 1 reported on your 2013 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return (other If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Source For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to Routing Number: 2 Type: Checking Savings 3 Acct Is this refund going to or through an account that is located outside of the United S I authorize a representative of the Department of Revenue to discuss my return and attachments with my pre renalities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to sete. Declaration of preparer (other than taxpoyer) is based on all information of which preparer has any knowledge. Paymer Telephone Number Seriandary (if joint return, BOTH must sign)  Date Daytime Telephone Number Seriandary (if joint return, BOTH must sign)	DMERY, GOMERY Taxable Income than your state to a page ount Number: tates? the best of my kn Your Occupation MANAGE	th  AL  AL  AL  S  Ax refund)?  mount  Ilify.)  Yes No  owledge and belief	300 o rough
2 1 2 3 5 4 5 1 4 Variation of the complex of the c	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 16 by the Amount mit dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box	DMERY, GOMERY Taxable Income than your state to A A D see if you qua ount Number: tates? the best of my kn Your Occupation MANAGE! MANAGEI ad Preparer's S	th  AL  AL  AL  AN  AL  AN  AN  AN  AN  AN	300 orough
2 1 2 3 5 4 5 1 4 Variation of the complex of the c	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line it by the Amount allowed, (Multiply the total number of dependents claimed on line it by the Amount allowed, (Multiply the total number of dependents claimed on line it by the Amount allowed, (Multiply the total number of dependents claimed on line it by the Amount and the dependent chart on page 10, Enter amount here and on page 1, line 14  Residency Check only one box  I full Year  Part Year  Fro  Did you file an Alabama income tax return for the year 2012?  Yes No  If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  MONTGO  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income \$ 101,711 and Federal Teported on your 2013 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on your Alabama return (other  If yes, enter source(s) and amount(s) below. (other than state income tax refund)  Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to Routing Number:  2 Type: Checking Savings 3 Acco  I authorize a representative of the Department of Revenue to discuss my return and attachments with my pre refundlies of perjury, I declare that I have examined this return and accompanying schedules and statements, and to  ele. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Page Daytime Telephone Number  Daytime Telephone Number  Daytime Telephone Number  Daytime Telephone Number  Check if Self-employe  Total G. RAJENDRA, CPA  Daytime Telephone Number	DMERY, GOMERY Taxable Income than your state to A A D see if you qua ount Number: tates? the best of my kn Your Occupation MANAGE! MANAGEI ad Preparer's S	th  AL  AL  AL  AX  AX  AX  AX  AX  AX  AX	300 orough
2 1 2 3 s 4 5  1 4  • X  Under leading to the second secon	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount mit dependent chart on page 10, Enter amount here and on page 1, line 14  Residency Check only one box	OMERY, GOMERY Taxable Income than your state ta  A D see if you qua ount Number: tates?  paper. tyour Occupation MANAGE: Spouse's Occupat MANAGE: ed Preparer's S	th  AL  AL  AL  AN  AL  AN  AN  AN  AN  AN	300 o rough
2 1 2 3 s 4 5  1 4  • X  Under leading to the second secon	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount mit dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount from the dependent chart on page 10. Enter amount here and on page 1, line.14  Residency Check only one box	OMERY, GOMERY Taxable Income than your state ta  A D see if you qua ount Number: tates?  paper. tyour Occupation MANAGE: Spouse's Occupat MANAGE: ed Preparer's S	th  AL  , AL  ax refund)?  mount  ilify.)  Yes No  owledge and belief  R  ion  R  SN or PTIN  7 0 7 0 4  Daytime  Telephone No.  ZIP	300 orough
2 1 2 3 s 4 5  1 4  • X  Under leading to the second secon	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount allowed, (Multiply the total number of dependents claimed on line 1b by the Amount mit dependent chart on page 10, Enter amount here and on page 1, line 14  Residency Check only one box	DMERY, GOMERY Taxable Income than your state to a see if you qua ount Number: tates? Taxable best of my kn Your Occupation MANAGE Spouse's Occupat MANAGE Preparer's POOI'	th  AL  AL  AL  AL  AX  AX  AX  AX  AX  AX	300 o rough  77,662 as  Yes X No  0 0 1, they are true, correct, and  E.i. Number 20-3656713 334-277-0483 36124-0513
2 1 2 3 S 4 5 1 4 • X Under complete complete spouse if self es	Total number of dependents claimed above Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of dependents claimed on line to by the Amount allowed, (Multiply the total number of the pendents of the United Statements).  Total number of dependents claimed above.  MONTGO  MONTG	OMERY, GOMERY Taxable Income than your state ta  A Disee if you qua ount Number: tates?	th  AL  AL  AX  AX  AX  AX  AX  AX  AX  AX	300 o rough
	BHAA  1 2 3 4a 5a 6 7 8 9  1a b 2 3 4 5 6 7 8 9 10 11 12	Alimony received  Alimony received  Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)  Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)  Total IRA distributions  Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)  Farm income or (loss) (attach Federal Schedule F)  Other income (state nature & source – see instr.)  Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7  Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7  Alimony pd. Red-pients last name  Adipromy pd. Red-pients last name  Adoption expenses  Moving Expenses (Attach Federal Federal Federal Fem 3903) to: City  Self-employed health insurance deduction  Payments to Alabama PACT Program or Alabama College Education Savings Pro Health insurance deduction for small employer employee (see instructions)  Costs to retrofit or upgrade home to resist wind or flood damage  Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9  Dependents:  (1) First name  Last name  C2) Dependent's Social Security Numl  C2) Dependent's Social Security Numl  C2) Dependent's Social Security Numl  C3 Dependent's Social Security Numl	BHAVESH B & MITALBAHEN R PATEL  1 Alimony received 2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) 3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) 4a Total IRA distributions 5a Total pensions and annuities 5a ● 000 4b Taxable amount (see instructions 5a Total pensions and annuities 5a ● 000 5b Taxable amount (see instructions 6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 7 Farm income or (loss) (attach Federal Schedule F) 8 Other income (state nature & source – see instr.) 9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7  1a Your IRA deduction b Spouse's IRA deduction 2 Payments to a Keogh retirement plan and self-employment SEP deduction 3 Penalty on early withdrawal of savings 4 Alimony od. Recipents last name 5 Adoption expenses 6 Moving Expenses (Attach Federal Form 3903) to: City 7 Self-employed health insurance deduction 8 Payments to Alabama PACT Program or Alabama College Education Savings Program 9 Health insurance deduction for small employer employee (see instructions) 10 Costs to retrofit or upgrade home to resist wind or flood damage 11 Deposits to a catastrophe savings account 12 Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9  1a Dependents: (1) First name 11 Last name 11 Last name 11 Deposits to a Catastrophe Savings account 12 Depondents: (1) First name 11 Last name	Alimony received  2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)  3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)  4a Total IRA distributions  5a Total pensions and annuities  6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)  7 Farm income or (loss) (attach Federal Schedule F)  8 Other income (state nature & source - see instr.)  9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7  9 Payments to a Keogh retirement plan and self-employment SEP deduction  10 Penalty on early withdrawal of savings  4 Alimony pd. Red-pent's last rame  5 Adoption expenses  6 Moving Expenses (Attach Federal Form 3903) inc (by  7 Self-employed health insurance deduction  8 Payments to Alabama PACT Program or Alabama College Education Savings Program  9 Health insurance deduction for small employer employee (see instructions)  10 Costs to retrofit or upgrade home to resist wind or flood damage  10 Deposits to a catastrophe savings account  11 Deposits to a catastrophe savings account  12 Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9  11 Depondents:  (2) Dependent's Social Security Number  (3) Dependent's Social Security Number  (3) Dependent's Relationship to Y





Alabama Department of Revenue Schedule A-Itemized Deductions

2013

(Schedules B and DC are on back page)
ATTACH TO FORM 40 --- SEE INSTRUCTIONS FOR SCHEDULE

		ATTACH TO FORM 40 SEE INSTRU	JCTIC	ONS FOR SCHEDULE A		
Name(s) as shown o	<u>&amp;</u>			Your social security number - 1368		
liffer. Please see ins	struc	you may claim for the year 2013 are similar to the itemized d cions before completing this schedule. PART-YEAR RESIDEI cually paid while a resident of Alabama.	educti	ions claimed on your Federa A resident of Alabama for or	l retu ly a p	ırn, however, the amounts may part of the year should list below
		CAUTION: Do not include expenses reimbursed or paid by others.				
Medical and	1	Medical and dental expenses.	1	0	2	
ental Expenses	2	Enter amount from Form 40, line 10. 2	1		-	
See page 18)	3	Multiply the amount on line 2 by 4% (.04). Enter the result.	3	0	2	
	4	Subtract line 3 from line 1. Enter the result, If zero or less, e	nter –	-0	4	0
	5	Real estate taxes.	5	1,352 0	0	
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	5,5080	0	
axes You Paid	7	Railroad Retirement (Tier 1 only).	7	0		
See page 18)	8	Other taxes. (List – include personal property taxes.)		***	7	
			8	lo	اد	
	9 -	Add the amounts on lines 5 through 8. Enter the total here.			7 9	6,860
	10a	Home mortgage interest and points reported to you on Federal Form 1098.	10a	6,451 <sub>0</sub>	5	
nterest You Paid		Home mortgage interest not reported to you on Federal Form 1098. (If paid to			7	
See page 19)		an individual, show that person's name and address.)				
•						
IOTE: Personal						
nterest is not			10b	lo	اد	
eductible.	11	Qualified mortgage insurance premiums	11	0	⊣ .	
		Points not reported to you on Form 1098.	12	23 0	_	
			13	0	┥ .	
		Investment interest. (Attach Form 4952A.)			<sup>⊣</sup> 14	6,474
	14	Add the amounts on lines 10a through 13. Enter the total he	ie.	·····	14	0,11
		CAUTION: If you made a charitable contribution and received a benefit in return,			1	
		see page 18.	1		.	
Sifts to Charity See page 18)		Contributions by cash or check.	15	0	-	
occ page 10)		Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	0	_	
	17	Carryover from prior year.	17	[0	∸-	
		Add the amounts on lines 15 through 17. Enter the total her	e	······	18	B ● Of
asualty and		Enter the amount from Federal Form 4684, line 16 (See page 19).	19a	0	_	
' <b>heft Loss</b> Attach Form 4684)	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10).	19b	0	의	
	С	Subtract line 19b from line 19a. If zero or less, enter -0			190	c • O 0
	20	Unreimbursed employee expenses — job travel, union dues, job education, etc.				
		(You MUST attach Federal Form 2106 if required. See instructions.)			1	
			1			
ob Expenses			20	0	2	
nd Most Other liscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type				
nscenarieous eductions		and amount.				
See page 20)			21	0	2	
•	22	Add the amounts on lines 20 and 21. Enter the total.	22	0	2	
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23	0	2	
	24	Subtract line 23 from line 22. Enter the result. If zero or less	, ente	r –0–	24	0 0
	25	Other (from list on page 20 of instructions). List type and an	ount.	<u> </u>		
ther						
liscellaneous						
eductions						
					25	. 00
Qualified Long-		CAUTION: Do not include medical premiums.			1	
Term Care Ins.						
Premiums	26	Enter amount here.			26	. 00
				· · · · · · · · · · · · · · · · · · ·	<del></del> -	1-
otal Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26.	Enter	the total here. Then	1	
Total Itemized Deductions	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26, enter on Form 40, page 1, line 11.			27	13,334





BHAVESH B & MITALBAHEN R PATEL  CHEDULE B – Interest And Dividend Income you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions on page 21.  B List Payers and Amounts  CHEMPINEST FROM US OBS  INTEREST FROM US O	age 21.  B Taxable Interest and Dividends  1 6 00 00	e instructions on					me(s) as shown on Fo
HEDULE B – Interest And Dividend Income  Du received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions on page 21.  List Payers and Amounts  A Exempt Interest  A Exempt Interest  INTEREST FROM US OBS  O0  O0  O0  O0  O0  O0  O0  O0  O0  O	age 21.  B Taxable Interest and Dividends  1 6 00 00	4	chedule B. Se		L		
List Payers and Amounts  List Payers and Amounts  List Payers and Amounts  A Exempt Interest  A Exempt Interest  INTEREST FROM US OBS  O0	B Taxable Interest and Dividends 16 00	4	chedule B. Se				
List Payers and Amounts  A Exempt Interest  O Exempt Interest  O O O O O O O O O O O O O O O O O O	B Taxable Interest and Dividends 16 00	4	T Concedence B. Co	iet complete S	ncome voli mus		
List Payers and Amounts  Exempt Interest and Dividends  INTEREST FROM US OBS  OO O	and Dividends 16 00 00	- 1		ist complete c	icome, you mus	ian \$1500 or interest and dividend inte	a received more an
	00		i			List Payers and Amounts	
TOTAL TAXABLE INTEREST AND DIVIDENDS  Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  OD		00			'	FROM US OBS	INTEREST 1
1							
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.) Senior Services Trust Fund Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Child Abuse Trust Fund  Alabama Wildlife Fund  Child Abuse Trust Fund  Alabama Veterans Program  Alabama State Historic Preservation Fund  OO  Archives Services Fund  OO  O Cancer Research Institute  Alabama Association of Rescue Squads  OO  O Cancer Research Institute  Alabama Association of Rescue Squads	000						
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Oil Victims of Violence Assistance  Alabama Nongame Wildlife Fund  Oil Victims of Violence Assistance  Alabama Veterans Program  Alabama Veterans Program  Oil Victims of Violence Assistance  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Victims of Violence Assistance  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Oil Victims of Violence Assistance  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Oil Victims of Violence Assistance  Oil Alabama Veterans Program  Oil Alabama Veterans Program  Oil Oil Victims of Violence Assistance  Oil Oil Alabama Veterans Medical Foundation  Spay-Neuter Program  Oil Cancer Research Institute  Oil Cancer Research Institute  Oil Palabama Association of Rescue Squads	000						
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.) Senior Services Trust Fund Alabama Arts Development Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund O0 I Victims of Vicence Assistance Alabama Veterans Program Alabama Veterans Program Alabama Veterans Program Alabama State Historic Preservation Fund Archives Services Fund O0 Spay-Neuter Program Archives Services Fund O0 Cancer Research Institute Foster Care Trust Fund O0 PAlabama Association of Rescue Squads  • O1 PAlabama Association of Rescue Squads • O2 PAlabama Association of Rescue Squads	00		-				<u> </u>
TOTAL TAXABLE INTEREST AND DIVIDENDS  Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  O0 I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterinary Medical Foundation  Alabama Veterinary Medical Foundation  Alabama State Historic Preservation Fund  Archives Services Fund  O0 P Alabama Association of Rescue Squads  Foster Care Trust Fund  Alabama Association of Rescue Squads	00						
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  O	00		-			A	
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6 EDULE DC — Donation Check-Offs You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.) Senior Services Trust Fund	00	00					
TOTAL TAXABLE INTEREST AND DIVIDENDS  Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ou k Alabama Breast & Cervical Cancer Program  Alabama Nongame Wildlife Fund  Ou m Alabama Military Support Foundation  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Ou o Cancer Research Institute  Archives Services Fund  Ou p Alabama Association of Rescue Squads	00						
TOTAL TAXABLE INTEREST AND DIVIDENDS  Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ou k Alabama Breast & Cervical Cancer Program  Alabama Nongame Wildlife Fund  Ou m Alabama Military Support Foundation  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Ou o Cancer Research Institute  Archives Services Fund  Ou p Alabama Association of Rescue Squads	00				<del></del>		
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Oul I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Oul Alabama Association of Rescue Squads  Poster Care Trust Fund  Oul P Alabama Association of Rescue Squads	00						
TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6  EDULE DC — Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Oul I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Oul Alabama Association of Rescue Squads  Poster Care Trust Fund  Oul P Alabama Association of Rescue Squads	00						
Enter here and on Form 40, page 1, line 6  EDULE DC - Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ould I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Ould Alabama Association of Rescue Squads  Alabama Association of Rescue Squads				·			
Enter here and on Form 40, page 1, line 6  EDULE DC - Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ould I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Ould Alabama Association of Rescue Squads  Alabama Association of Rescue Squads	00						
Enter here and on Form 40, page 1, line 6  EDULE DC - Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ould I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Ould Alabama Association of Rescue Squads  Alabama Association of Rescue Squads	00						
Enter here and on Form 40, page 1, line 6  EDULE DC – Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  OD  I Victims of Violence Assistance  Child Abuse Trust Fund  OD  Alabama Veterans Program  Alabama Veterans Program  OD  Alabama State Historic Preservation Fund  Archives Services Fund  OD  OD  Cancer Research Institute  OD  P Alabama Association of Rescue Squads	00						
FOULE DC – Donation Check-Offs  You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ould I Victims of Violence Assistance  Child Abuse Trust Fund  Alabama Veterans Program  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Ould Alabama Association of Rescue Squads  Alabama Association of Rescue Squads						INTEREST AND DIVIDENDS	TOTAL TAXABLE
You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)  Senior Services Trust Fund  Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  Ou Habama Nongama Nongame Wildlife Fund  Ou Habama Nongama Nongame Wildlife Fund  Ou Habama Nongama	16 00					Form 40, page 1, line 6	Enter here and on
Senior Services Trust Fund  • 00 j Alabama Firefighters Annuity and Benefit Fund  Alabama Arts Development Fund  • 00 k Alabama Breast & Cervical Cancer Program  Alabama Nongame Wildlife Fund  • 00 l Victims of Violence Assistance  • m Alabama Military Support Foundation  Alabama Veterans Program  • 00 n Alabama Veterinary Medical Foundation  Alabama State Historic Preservation Fund  • 00 o Cancer Research Institute  Foster Care Trust Fund  • 00 p Alabama Association of Rescue Squads  • 00 o Cancer Research Institute						nation Check-Offs	EDULE DC - Do
Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  O0 Victims of Violence Assistance  Total Development Fund  Alabama Nongame Wildlife Fund  O0 Victims of Violence Assistance  Malabama Military Support Foundation  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Alabama Breast & Cervical Cancer Program  Alabama Military Support Foundation  Alabama Veterinary Medical Foundation  Spay-Neuter Program  Cancer Research Institute  Alabama Association of Rescue Squads			ooxes.)	ne appropriate l	the amount in the	Il or part of your overpayment. (Enter the	You may donate a
Alabama Arts Development Fund  Alabama Nongame Wildlife Fund  O0 Victims of Violence Assistance  Total Development Fund  Alabama Nongame Wildlife Fund  O0 Victims of Violence Assistance  Malabama Military Support Foundation  Alabama Veterans Program  Alabama State Historic Preservation Fund  Archives Services Fund  Foster Care Trust Fund  Alabama Breast & Cervical Cancer Program  Alabama Military Support Foundation  Alabama Veterinary Medical Foundation  Spay-Neuter Program  Cancer Research Institute  Alabama Association of Rescue Squads	fit Fund • 00	Annuity and Ben	ma Firefighters	00 j Alaba	• 00	rust Fund	Senior Services Tr
Child Abuse Trust Fund 00 m Alabama Military Support Foundation 0 n Alabama Veterans Program 00 Archives Services Fund 00 p Alabama Association of Rescue Squads 00 p Alabama Association 00 p	gram <u>• 00</u>	ervical Cancer Pr	ma Breast & C	00 k Alaba		relopment Fund	Alabama Arts Deve
Alabama Veterans Program  Alabama State Historic Preservation Fund  O O O O O O O O O O O O O O O O O O		ssistance	ns of Violence A	00 I Victin	<u> </u>	e Wildlife Fund	Alabama Nongame
Alabama State Historic Preservation Fund  O Spay-Neuter Program  Archives Services Fund  O Cancer Research Institute  Foster Care Trust Fund  O D P Alabama Association of Rescue Squads						Fund	Child Abuse Trust
Archives Services Fund  • 00 o Cancer Research Institute  Foster Care Trust Fund  • 00 p Alabama Association of Rescue Squads  • 00 o Cancer Research Institute			-			Program	Alabama Veterans
Foster Care Trust Fund 00 p Alabama Association of Rescue Squads	• 00	] •:44=	Neuter Program	OO Spay	<del>-</del>	storic Preservation Fund	Alabama State His
	s 00	of Become Some	ma Association	00 b Cano	-	Fund	Foster Care Trust
	s	or Rescue Squa	ma Association				
					10		
Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, and p. Enter here and on Form 40, page 1, line 33	• 00		page 1, line 33	and on Form 40,	and p. Enter here ar	dd lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, ar	Total Donations. Ad
	dules B & DC (Form 40) 2013						





Alabama Department of Revenue

SHAVESH B & MITALBAREN R PATEL   1368   1500   15	ART	ame(s) shown on return		► ATTACH TO FORM	<del>4</del> 0.	JEL ING	KUUTIUI	40 I C	<u>//( U (</u>	OI ILD C	<u>/LL  </u>	_ (I*ONIVI 40	$\overline{}$	Your social see	curity	numbe	ır.
Note: Report income and expenses from your business of renting personal property on Schedulc Cor Cere Seath eretal real estate property   Yes	Note: Report income and expenses from your business of renting personal property on Schedule C of C-EZ.	BHAVESH B & 1															
Show the kind and location of each Rental Real Estate Property:   2   For each rental real estate property:   1   1   1   1   1   1   1   1   1	Show the kind and location of each Rental Real Estate Property:   2   2   For each rental real estate property   10   10   10   10   10   10   10   1						ntina ner	onal i	nrone	erty on	Sche	adule C or C	-F7	,			
Bated on line 1, did you or your family use it during the taxy sets or person and purposes for more than the greater of the properties of the float days rented at fair rental value?	Noted on line 1, 6d you or your training use if during he tissy year for personal purposes for more than the greater of control than the gre						nung per	OHL	ргорс	orty Ott						Yes	No
Use it during the tax year for parsonal   A   purposes for more than the greater of   A   purposes for more than the greater of   B	Section   Properties   C   C   C   C   C   C   C   C   C				,						_				П		
Properties	Properties   Totals   C   C														A		
Totals   T	Total Section   Total Sectio																
Properties	Properties	3													В		
Rents received   3	A	·			,										С		
A   B   C   CAdd Columns A, B, and C	A					Prope	rties				J		Π	Tot	als		
Rents received   3   00   00   00   00   3     Royalties received   4   00   00   00   00   4     Royalties received   4   00   00   00   00   4     Royalties received   4   00   00   00   00   4     Royalties received   4   00   00   00   00     Auto and travel   6   00   00   00   00     Auto and travel   6   00   00   00   00     Cleaning and maintenance   7   00   00   00   00     Commissions   8   00   00   00   00     Commissions   8   00   00   00   00     Commissions   8   00   00   00   00     Cleaning and maintenance   9   00   00   00   00     Cleaning and maintenance   9   00   00   00   00     Royaltage interest   10   00   00   00   00     Mortgage interest   12   00   00   00   00     Repairs   14   00   00   00   00     Repairs   14   00   00   00   00     Repairs   14   00   00   00   00     Repairs   15   00   00   00   00     Graves   16   00   00   00   00     Out of the commissions   18   00   00   00   00     Out of the commissions   18   00   00   00   00     Out of the commissions   18   00   00   00   00     Out of the commissions   18   00   00   00   00     Out of the commissions   18   00   00   00   00   00     Out of the commissions   18   00   00   00   00   00     Out of the commissions   18   00   00   00   00   00   00   00	Rents received 3 00 00 00 00 3 Royalties received 4 00 00 00 00 4 Royalties received 4 00 00 00 00 4 Add and travel 6 00 00 00 00 00 00 Auto and travel 6 00 00 00 00 00 00 Rotening and maintenance 7 00 00 00 00 00 00 Romangement fees 10 00 00 00 00 00 00 00 Royalties 10 00 00 00 00 00 00 00 00 Royalties 11 00 00 00 00 00 00 00 00 00 00 Ropalies 12 00 00 00 00 00 00 00 00 00 00 00 00 00	come:		Α							С		1			, and C	)
Royalties received   4	Royalties received		3		00	<del></del>		00				00	3	3			0
Adversing 5 00 00 00 00 00 00 00 00 00 00 00 00 0	Advertising		4		00			00				00	1	1			0
Auto and travel 6 00 00 00 00 00 00 00 00 00 00 00 00 0	Auto and travel 6 00 00 00 00 00 00 00 00 00 00 00 00 0																
Auto and travel 6 00 00 00 00 00 00 00 00 00 00 00 00 0	Auto and travel 6 00 00 00 00 00 00 00 00 00 00 00 00 0	Advertising	5		00			00				00	1	1			
Cleaning and maintenance	Cleaning and maintenance	Auto and traval	6		00			++					1				
Insurance	Insurance	Cleaning and maintenance	-		_								1				
Legal and other professional feas	Legal and other professional fees   10	Commissions											-				
1	1		<del></del>										-				
Mortgage interest	Mortgage interest 12 00 00 00 00 12  Cher interest 13 00 00 00 00 00 00  Repairs 14 00 0 00 00 00 00  Supplies 15 00 0 00 00 00  Taxes 16 00 00 00 00 00  Cher (list) ► 18 00 0 00 00 00  Add lines 5 through 18 19 00 00 00 00 00  Add lines 5 through 18 19 00 00 00 00 00 00  Add lines 5 through 18 19 00 00 00 00 00 00  Total expenses.  Add lines 19 and 20 00 00 00 00 00 00 00  Total expenses.  Add lines 19 and 20 21 00 00 00 00 00 00 00  Total Estates and Trusts 22 00 00 00 00 00 00 00 00  ART II Income from Partnerships, S Corporations, Estates and Trusts  Gy Name and Address 0 00 00 00 00 00 00  MBAI 1 LLC	professional fees	_	<del></del>									┨				
Other interest         13         00         00         00           Repairs         14         00         00         00           Supplies         15         00         00         00           Taxes         16         00         00         00           Utilities         17         00         00         00           Other (list) ▶         18         00         00         00           Add lines 5 through 18 Depreciation expense or depletion         19         00         00         00           Total expenses. Add lines 19 and 20 or line (repairs) signetis) or line (loyalline) (repairs) signetis) (repai	Other interest   13   00   00   00   00   00   00   00				_			<del></del>					١.,				١,
Repairs	Repairs	Mortgage interest	-			,		1 1					12				0
Supplies         15         00         00         00         00           Taxes         16         00         00         00         00         00           Utilities         17         00         00         00         00         00           Other (list)         18         00         00         00         00         00           Add lines 5 through 18         19         00         00         00         00         19           Depreciation expense or depletion         20         00         00         00         00         20           Total expenses. Add lines 19 and 20         21         00         00         00         00         00           Add lines 19 and 20 or ine 4 (ross). Subtract line 21 from line 3 (rents)         22         00         00         00         00         00           Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here         23         (i)         Employer latentification Number         (i)         Employer latentification Number         Amount           OM SAI 1 LLC         X         31.84         24,842         24,842           MBM 01 INC         X         5183         523	Supplies         15         00         00         00         00           Taxes         16         00         00         00         00           Utilities         17         00         00         00         00           Other (list)         18         00         00         00         00           Add lines 5 through 18         19         00         00         00         00           Add lines 5 through 18         19         00         00         00         00           Total expenses         00         00         00         00         00         00           Total expenses         00 <td< td=""><td>Other interest</td><td></td><td></td><td>**</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>┨</td><td></td><td></td><td></td><td></td></td<>	Other interest			**								┨				
Taxes 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Taxes   16	Cumica			_			1 1					1				Ì
Utilities       17       00       00       00       00         Other (list)       18       00       00       00       00         Add lines 5 through 18       19       00       00       00       19         Depreciation expenses or depletion       20       00       00       00       00       20         Total expenses.       Add lines 19 and 20       21       00       00       00       00       00         Income or (loss), Subtract lines 2 frents) or line 3 (rents) or line 4 (royalties)       22       00       00       00       00       00       00         PART II       Income from Partnerships, S Corporations, (g)       (h)       Partner- ship or Trust       Estate sand Trusts       S Corp. (i)       Employer Identification Number       Amount         OM SAI 1 LLC       X       3184       24,842         MBM 01 INC       X       5183       523         MBM 01 INC       X       5622       2,165	Utilities       17       00       00       00       00         Other (list)       18       00       00       00       00         Add lines 5 through 18 Depreciation expenses or depletion       19       00       00       00       19         Depreciation expenses or depletion       20       00       00       00       00       20         Total expenses.       21       00<	Tayee						+					1				ł
Other (list)           18   00   00   00   00   00   00   00	Other (list) ▶ 18 00 00 00 00 00 00 00 00 00 00 00 00 00	I Itilities	$\overline{}$					1					1				ļ
Add lines 5 through 18 19 00 00 00 00 19  Depreciation expense or depletion 20 00 00 00 00 00 20  Total expenses. Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	Add lines 5 through 18		-		_					-			1				İ
Depreciation expense or depletion 20 00 00 00 00 20  Total expenses. Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	Depreciation expense or depletion 20 00 00 00 00 00 20  Total expenses. Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	• mon (mon) P			_			-					1				
or depletion 20 00 00 00 00 20  Total expenses. Add lines 19 and 20 21 00 00 00 00 00  Income or (loss). Subtract line 3 (rents) or line 4 (royalties)  PART II Income from Partnerships, S Corporations, (h)  Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  V X 5183  S Corp.  MBM 01 INC  X 5622  2,165	or depletion 20 00 00 00 00 20  Total expenses.  Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	Add lines 5 through 18	19		00			00				00	19	,			0
or depletion 20 00 00 00 00 20  Total expenses. Add lines 19 and 20 21 00 00 00 00 00  Income or (loss). Subtract line 21 (rents) or line 4 (royalties)  PART II Income from Partnerships, S Corporations, (s)  Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  V	or depletion 20 00 00 00 00 20  Total expenses.  Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	-															Γ
Total expenses.  Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00	Total expenses.  Add lines 19 and 20 21 00 00 00 00 00 00 00 00 00 00 00 00 00		20		00			00				00	20	)			0
PART II Income from Partnerships, S Corporations, (h) Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  Partner  X 5622  2,165	Income or (loss). Subtract line 21 from line 3 (rents)												ŀ				
PART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  VIOLATION	Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here.  ART II Income from Partnerships, S Corporations, (g) Name and Address (g) Name and Address (h) Estates and Trusts (g) Name and Address (h) Estates and Trusts (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name and Address (h) Estate (g) Name (g)	• • • • • • • • • • • • • • • • • • • •	21		00			00				00	-				
PART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  Income from Partnerships, S Corporations, (h)  Check One Ship or Trust  Check One Ship or Trust  X Scorp. (i) Employer Identification Number  Amount  X 3184  24,842  X 5183  523	ART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address  OM SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  MBM 01 INC  TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the	or line 4 (royalties)				A D . 165				- 41.	"						-6
Estates and Trusts   Check One   Partner   Scorp.   Scorp.   Identification   Number   Amount	Estates and Trusts (g) Name and Address Check One SAI 1 LLC  OM SAI 2 INC  MBM 01 INC  MBM 01 INC  TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the						om line 2	∠ and	ente	tne re		пеге	<u>  23</u>	<del> </del>			0
MBM 01 INC  X 3184 24,842  X 5183 523  MBM 01 INC  MBM 01 INC	X   3184   24,842	Estates a	nd Tri	usts	ions,			l _		S Corp.		lentification	1	1 -	noun	t	
MBM 01 INC X 5183 523 MBM 01 INC X 5622 2,165	MBM 01 INC					***********				x		31	.84	4	24,	842	o
MBM 01 INC X 5622 2,165	X   5622 2,165   MBM 01 INC   X   5622 2,165   TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (i). Enter the		?							х		51	8:	3		523	С
	TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the						<u> </u>		_	х		5.6	2:	2	2,	165	c
TOTAL INCOME EDOM DARTNEDSHIPS S CORPORATIONS ESTATES AND TRUSTS Add the amounts in column (i) Enter the			IEDeuir	DE S CORDODATIONS ESTATE		TRUSTS Add the	amounte in	column	/i) E-			56	2:	2	2,	165	С

SOCIAL SECURITY NUMBER



NAME



2013

# Alabama Department of Revenue Net Tax Calculation

•	BHAVESH B & MITALBAHEN R PATEL			1368
1	Enter tax amount from Form 40, page 1, line 17 or Form 40NR, page 1, line 19	1	•	3,663 00
2	Enter total credits amount from Schedule OC, Part N, line 1	2	•	00
3	Subtract line 2 from line 1	3	•	3,663 00
4	Enter School Transfer Credit amount from Schedule AATC Part 1, line 28	4	•	00
5	Subtract line 4 from line 3	5	•	3,663 00
	Enter Contribution to Scholarship Granting Organization Credit amount from Schedule AATC, Part III, line 8	6	•	00
′	Net tax due Alabama. Subtract line 6 from line 5. Enter amount here and on Form 40, page 1, line 18 or Form 40NR, page 1, line 20	7	•	3,663 00

1368	Alabama Statemen	ts
<u> </u>	<u> Statement 1 - Form 40 - Wages, Sala</u>	ries, Tips, etc.
Name	Address	Alabama Tax Withheld Income
M SAI 1 LLC M SAI 1 LLC M SAI 2 INC TOTAL	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL	\$ 1,357 \$ 36,000 728 24,000 145 12,000 \$ 2,230 \$ 72,000
,		
		1

orm AL 40	Alabama Late	e Filing Interest and Per	alty Workshe	eets		2013
me				Т	axpayer Ident	ification Number
BHAVESH B &	MITALBAHEN R PA	ATEL			. :	L368
	I	_ate Payment Interest Works	heet			
D FAX DUE - 4,	escription	Amount 1,433	Balance 1,433	# of Days	Interest Rate %	Interest Amount
4/16/14 - 7/01/14 - DATE FILED	6/30/14 9/15/14 - 9/15/14		1,433 1,433 1,451	76 77	3.00	9
			<u> </u>			
Total Late	Payment Interest				=	18
D	Fescription	ailure to File Penalty Worksl Amount	neet Balance	# of Months	Penalty Rate %	Penalty Amount
Total Failu	re to File Penalty					
Total Failu	<u> </u>	ailure to Pay Penalty Worksl	neet	# of	Penalty	Panalty
D FAX DUE - 4,	F rescription /15/14	ailure to Pay Penalty Worksl Amount 1,433	Balance 1,433		Penalty Rate %	Penalty Amount
D FAX DUE - 4, 4/16/14 -	Frescription	Amount	Balance	Months 5		

-1368	Alabama Statements	
Alabar	ma Schedule A - Real Estate Taxes	
Description	Amount	j
REAL ESTATE TAXES	\$ 1,352	
TOTAL	\$1,352	
Alabama Schedule A -	Home Mortgage Interest & Points from Form 1098	
Description	Amount	
WELLS FARGO BANK	\$ 6,451	
TOTAL	\$ 6,451	
Alabama Sched	dule A - Points Not Reported on Form 1098	
Description	Amount	
IBERIABANK MORTGAGE CO	\$	
TOTAL	\$23	
	ı	
,		
•		

1 M4A 6"	<u>U.S</u>	<u>. Individi</u>	ury—Internal Revenue s Lal Income	Tax Neturn		. 2014, endi	3 No. 15	, 20			ate instructions.	
or the year Jan. 1-Dec.		4, or other tax yea							Your se	ocial se	ecurity number	
our first name and initia			Last name PATEL								1368	
BHAVESH 1		11-10-1	Last name						Spouse	e's soc	lal security number	
a joint return, spouse's			PATEL						+	I alam as	ure the SSN(s) above	
MITALIBAII.	and stre	et) If you have a F	P.O. box, see instructions	s.				Apt. no.	<b>A</b> '		n line 6c are correct.	
										Pres	idential Election Cam	paign
City, town or post office,	state, a	nd ZIP code. If you	have a foreign address	s, also complete spaces b	elow (see instruc	ctions).				if filin	k here if you, or your sp g jointly, want \$3 to go t Checking a box below	o trus
MONTGOME			А⊔	3011/			Foreig	n postal code		not d	hange your tax or refun	d.
Foreign country name			Foreign province/state	e/county				•			X You X Spo	use
					4	Head of hous	ehold (w	th qualifying person). ( s a chiid but not your d	See instru ependent,	ctions.) enter t	) If his	
iling Status	1 X	Single	ntly (even if only one had	d income)		child's name	nere.					
	2 X	Married filing se	parately. Enter spouse's	SSN above	5 🗌	Qualifying wi	dow(er) v	vith dependent child				
heck only one ox.	_ د										Boxes checked	2
	6a	X Yourself.	If someone can cla	aim you as a deper	ndent, do no	t check bo	6a,			… }	on 6a and 6b -	
Exemptions		X Spouse			<u></u>	<u> </u>	····	<u>.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1743	<del></del>	No. of children on 6c who:	-
.xo.mp	С	Dependents:			(2)	Dependent's		(3) Dependent's	age	a unaer e 17 que child	al. • inco manyor .	1
_					social	security numb	er	relationship to you	tax	credit e instr.)	<ul> <li>did not live with you due to divorce</li> </ul>	į
		/1) r First name	Last	name		1 -	.65	DAUGHTER	- 1	X	or separation (see instructions)	
f more than four						4.	-	2.10		П	- ` - Dependents on 6c	
ependents, see estructions and	-						$\neg \dagger$				not entered above	
check here							$\neg \uparrow$			$\square_{-}$	- Add numbers on	
		T-tel number	of exemptions cla	aimed	<u> </u>						lines above	<u> </u>
	<u>d</u> 7	Total number	tips etc Attach Form(s)	W-2					. 7		70,	945
ncome	/ 8a	Taxable inte	rest. Attach Sched	lule B if required					. 8	a		
Attach Form(s)	ь	Tax-exempt	interest. Do not in	nclude on line 8a			<u></u>					
W-2 here. Also	9a	Ordinary divi	dends. Attach Sch	edule B if required			.,		. 9	a   _		
attach Forms	b	Qualified divi	dends			9t	<u> </u>		1			
W-2G and 1099-R if tax	10	Taxable refu	nds, credits, or off	sets of state and lo	cal income t	xes /			··   1	_		
was withheld.	11	Alimony rece	eived			<b>.)</b>				2		
If you did not	12	Business inc	ome or (loss). Atta	ach Schedule C or	C-EZ					3		
get a W-2,	13	Capital gain or (lo	ss). Attach Schedule D if i	required. If not required, ch Form 4797	ieck liere				1	4		
see instructions.	14	_		1 4 1		ь Та	able a	mount	1	5b		
	15a 16a	Pensions an	ions d annuities	160		_		mount		6b		
	10a	Rental real e	o annuities estate rovalties. Da	artnerships, S corp	orations, trus	ts, etc. Att	ich Sc	nedule E		7	28,	54
	18 1	Farm income	e or (loss). Attach	Schedule F					⊢	8		
	19		ent compensation						··· -	9		
	20a	Social security	benefits	20a		в га	kable a	imouni	∸	0b 21		
	21	Other incom	e. List type and ar	mount				total income		22	99	,49
	22			ar right column for	lines 7 through	gn 21. Inis 2:	is you	total income				
	23	Educator ex	penses	iete perform	ing artists a		+					
Adjusted	24	Certain bus	iness expenses of	reservists, perform . Attach Form 2100	6 or 2106-EZ	2	١					
Gross		tee-basis go	overnment oniciais	ction. Attach Form	8889	2	5					
Income	25 26	Moving exp	enses. Attach Forr	m 3903		17	3					
	27	Deductible	part of self-employ	ment tax. Attach S	chedule SE	2	7					
	28	Self-employ	ed SEP, SIMPLE,	, , and qualified plan	s	2						
	29	Self-employ	ed health insuran	ce deduction								
	30	Penalty on	early withdrawal of	f savings		3	0					
	31a			s SSN ▶			a					
	32	IRA deduct	ion				3					
	33	Student loa	in interest deduction	on			4					
	34	Tuition and	fees. Attach Form	1 891/	Form 8903		5					
	35		oroduction activities 3 through 35	s deduction. Attach	11-01111 0903	L				36		
	36	Add lines 2	ru shrough 3h									,49

			- 4.1″ D. Damet		* "					-1368	Page 2
n 1040 (2014) <b>E</b>	BHAV	ESH B & MITALBAHEN I	R PATEL						38	99,4	<u> 494</u>
ax and 😨		Amount from line 37 (adjusted gross inconcerns from Line 37)	ouan/2 1956	 D	Blind.			Γ₩			
redits		· · · · · · · · · · · · · · · · · · ·	January 2, 100	950				39a			
		f: \bigc\ Spouse was born before f your spouse itemizes on a separate re	tum or you	ore :	a dual-status e	ilien, check	here 🕨	39Ь			
dand	b	f your spouse itemizes on a separate re	turn or you w	odor	d doduction (	see left ma	arain)		40	12,4	
tandard — eduction —	40	temized deductions (from Schedule A	) or your star	IIuai	a deduction (	500 1011 1111	<b>3</b> ,		41	87,	
or—	41	Subtract line 40 from line 38							42	11,	850
People who	42	Exemptions. If line 38 is \$152,525 or less, multi	ply \$3,950 by the	numb	er on line 6d. Othe	rwise, see ins	(Luctions	·····	43	75,	
heck any ox on line	43	Taxable income. Subtract line 42 from line 41. If line 4	2 is more than line	41, en	iter-0				44	10,	51
9a or 39b or ho can be	44	Tax (see instr.). Check if any from: a Form(s) 8814	ь Form с	Ш		<del></del>			45		
laimed as a	45	Alternative minimum tax (see instructi	ons). Attach	Form	1 6251				46		
ependent, ee	46	Excess advance premium tax credit rep	ayment. Atta	ch F	orm 8962					10,	51
nstructions.	47	Add lines 44, 45, and 46						▶	47		
All others:	48	Foreign tax credit. Attach Form 1116 if	required			48					
Single or Married filing		Credit for child and dependent care exp	enses. Attac	h Fo	rm 2441	49					
eparately,	49	Education credits from Form 8863, line	19			50					
66,200 Married filing	50	Retirement savings contributions credit	Attach Form	n 888	30	51					
ointly or	51	Retirement savings contributions credit	if required			52		1,000			
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812,	. reduited			53					
\$12,400	53	Residential energy credits. Attach Form	1 5695			54					
lead of nousehold,	54	Other credits from Form: a 3800 b	] 8801 c [						55	1,	, 00
9,100	55	Add lines 48 through 54. These are you	ır total credi	its					56	9,	, 00 , 51
	56	Subtract line 55 from line 47. If line 55	is more than	line 4	47, enter -0-			····· P	57		
	57	Self-employment tax. Attach Schedule SE									
Other	58	Unreported social security and Medica	re tax from F	orm:	a 4137	′ Ь 📙	8919		58		
axes	EO	Additional tax on IRAs other qualified	retirement pla	ans, (	etc. Attach Fo	rm 5329 if	requirea		59		
	600	Household employment taxes from Sc	hedule H						60a		
	oua L	First-time homebuyer credit repayment	Attach Forr	n 54	05 if required				60b		
		Health care: individual responsibility (s	ee instruction	ns) F	ull-vear covera	age			61		79
	61	Taxes from: a Form 8959 b F	ee msu donoi	۱. ۱.	etractions, enter co	rie(s)			62		
	62	Taxes from: a Form 8959 b F	OILL 6500 C	- "	istrational street ==				63	10,	,31
	63	Add lines 56 through 62. This is your total to	1X		·····	64	<del></del>	5,408			
	64	Federal income tax withheld from Forn	ns vv-z and i	1099		65			1		
Payments	65	2014 estimated tax payments and amount a	ppilea trom 20 i	i s reii	<sup>3111</sup> }				1		
If you have a	66a	Earned Income credit (EIC)				66a			1		
qualifying	b	Nontaxable combat pay election :	66b						1		
child, attach Schedule EIC.	67	Additional child tax credit. Attach Sche	edule 8812 <sub></sub>			67			-		
	68	American opportunity credit from Forn	n 8863, line 8	3		68			-		
	69	Net premium tax credit. Attach Form 8	3962			69					
	70	Amount paid with request for extension	n to file			70			-		
		Excess social security and tier 1 RRT.	A tax withhel	d		71			_		
	71	Credit for federal tax on fuels. Attach	Form 4136			72			┙		
	72	Credits from Form: a 2439 b Reset	and a Reser	rved d		73					
	73	Credits from Form: a 2439 b Reserve	veo c see rese	-4-	U	,		<b></b>	74	5	, 4
	74	Add lines 64, 65, 66a, and 67 through 73. These are 3	our total payme	nts .	74 This is the	omount v	ou overn	aid	75		
Refund	75	If line 74 is more than line 63, subtract	t line 63 from	ı iine	74. Inis is the	annount y	ou overp		76a		
	76a	Amount of line 75 you want refunded	to you. If Fo	orm 8	3888 is attache	ea, check i	leie ,	ப	100		
Direct deposit?	<b>▶</b> E	Routing number	<b>▶</b> c	Тур	e: Checl	king [_]	Savings				
See	<b>▶</b> 0	Account number									
instructions.	77	Amount of line 75 you want applied t	o your 2015	esti	mated tax 🕨	77			-	4	. , 9
Amount	78	Amount you owe. Subtract line 74 fr	om line 63. F	or de	etails on how t	o pay, see	instructio	ns 🕨	78	- 4	., 9
	70	Estimated tax nenalty (see instruction	ıs)			79		0.			<u></u>
You Owe	Da. 11	ou want to allow another person to discu	ss this return	with	the IRS (see	instruction	s)? X	Yes. Com	plet <u>e be</u>	elow. N	NO
Third Party	, Do y	ou want to allow another person to disease			Р	ersonal identif	ication numb	er (PIN)	<b>▶</b> _ 5	5555	
Designee	Design	ee's	RA, CP	Α				Phone no	<b>▶</b> 33	4-277-048	<u>83</u>
	name	► SAJJAN G. RAJEND	s return and acco	ompan	ying schedules and	statements,	and to the be	st of my knowle	edge and i	belief,   Daytime phone numbe	er
Sign	they ar	enalties of perjury, I declare that I have examined the true, correct, and complete. Declaration of preparer	(other than taxpa	ayer) is Date	based on all infor Your occupatio	mation of which n	n preparer n	as any knowle	age.	Daytime priorie riginio	٠,
Here N	Your si	gnature	٦	Zuio	MANAGE					If the IRS sent you an le	Identity
Joint return? See instr.	Canus	's signature. If a joint return, both must sign.		Date	Spouse's occu	oation				Protection PIN, enter it here	
Keep a copy	Spousi	s signature. If a joint return, Dott most signature.			MANAGE	3		Ta.		(see instr.)	
rooprde	Print/Type	preparer's name	Preparer's si	ignatur	e			Date		eck X if PTIN	070
Keep a copy for your records.		G. RAJENDRA, CPA	SAJJAN	G. R	AJENDRA, C	PA		10/08/		empioyed P0017	0/0
	a	L KALINURA, LEA							Firm's E	ın▶ 20-365	567
Paid _			IDRA. I	'nС							
Paid _	Firm's nar	$_{ m e}$ $ ightharpoonup$ Sajjan G. Rajen	IDRA, L	TC					Phone n		
Paid _		SAJJAN G. RAJEN     SAJJAN G. RAJEN     SAJJAN G. RAJEN	IDRA, L	īГС		6124-0	)513			 1 - 277 - 048:	

					Att	achm	ent Sequ	ence No	. 13		Page 2
Sche <u>@</u> tu	ile É (Fogm 1040) 2014						Your soc	ial securit	y number		
Name(s)	shown on return. Do not enter name and social securi	ty number if shown on other side.									
D.7.7	AVESH B & MITALBAHEN	I R PATEL							L368_		
_ BH.			nounts shown on	Schedule(s)	K-1.				inity for	which	
	n. The IRS compares amounts reported Income or Loss From F any amount is not at risk, you	Partnerships and S C	Corporations	Note. If you and attach	report a	loss 1 98. S	rom an a ee instruc	tions.	uvity ioi	WINCH	
			-I- avenue form I	nee or hasis	limitation	s. a p	rior year				
	e you reporting any loss not allowed in a allowed loss from a passive activity (if the	IST 1055 Was not reported t	),, . o,	r unreimburse	d partne	rship	expenses	? If Yes	Χı	No	
yo	u answered "Yes," see instructions before	re completing this section.		(b) Enter P fo		neck if	(d)	Employer ntification		(e) Che any amo	eck if ount is
28	(a) N	lame		partnership; for S corporat		eign ership	100	number		not at	risk
A	SEE STATEMENT 1					<del>                                     </del>					+
B						H	<del> </del>				
c						╁	+				
D			Т	No.	onpassiv	e inc	ome and	Loss			
	Passive Income and L		(h) Nonpas				179 expense			passive in	
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	from Schee		dedu	ction fro	m Form 456	2	from \$	Schedule	K-1
	(attach Form 6562 in required)										
<u>A</u>											
B								-+			
CDD								-		45	,384
29a	Totals	25,37	6	40 011							<u>,, </u>
	Totals		<u></u>	42,211	L			30		70	760
30								31 (		42	,211
31	Add columns (f), (h), and (i) of line 29b			1 Enter the							
32	Total partnership and S corporation	income or (loss). Combi	ne lines 30 and c	T. Linter the				32		28	3 <u>,549</u>
**********	result here and include in the total on l	Fetatos and Trusts	<u> </u>	<u> </u>							
<u>_</u> Pa	irt III Income or Loss From	Estates and Truoto								mployer	
33	•	(a) Name						<u> </u>	identifica	tion numb	er
A								<b>┼</b>			
В							to a language		Loss		
=_1	Passive Incom	e and Loss					ive Inco	ne anu		income fro	om
	(c) Passive deduction or loss allowed	(d) Passive incor			Deduction on Schedule					dule K-1	
	(attach Form 8582 if required)	from Schedule K	<del>``</del>								
Α								1			
В	Tatala										
34a	Totals										
b	Totals							35			
35	Add solumns (c) and (e) of line 34h							36_	(		
36 37	Total estate and trust income or (los	ss). Combine lines 35 and	36. Enter the re	sult here and							
31					4- /55	RAIO	) De-	37	Holder		
P	include in the total on line 41 below art IV Income or Loss From	Real Estate Mortg	age Investme	ent Condu	its (RE	MICS	s)—Res	luuai	(e) in	come from	1
38	(a) Name	(b) Employer identification number	Schedules Q,	line 2c	(d) Taxable from Sch	∋ ≀ucom	e (net loss)			les Q, line	
		(derimodilo) (main-	(see instruct	ons)							
		land the requit boro and inc	clude in the total	on line 41 bel	ow			39			
39	Combine columns (d) and (e) only. Er	ter the result here and inc	clude in the total	<u> </u>							
-	Part V Summary  Net farm rental income or (loss) from	Form 4835 Also comple	te line 42 below					40			
40	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, li	ne 18	*****	<u></u>	<u>41</u>		2	8,54
41 42	Beconciliation of farming and fishi	na income. Enter your gr	ross								
42	forming and fishing income reported (	on Form 4835, line 7; Sch	edule K-1								
			17 code			*****		<del></del>			
	(Form 1065) hox 14 code B: Schedu	ile K-1 (Form 11205), box	(11,0000	40							
	(Form 1065), box 14, code B; Schedu	ule K-1 (Form 1120S), box ox 14, code F (see instruct	tions)	42				$\exists$			
43	(Form 1065), box 14, code B; Schedt V; and Schedule K-1 (Form 1041), bot Reconciliation for real estate professional profe	ule K-1 (Form 1120S), box ox 14, code F (see instruct ressionals. If you were a re the net income or (loss) y	tions) eal estate ou reported	42							
43	(Form 1065), box 14, code B; Schedt V; and Schedule K-1 (Form 1041), bo Reconciliation for real estate professional (see instructions), enter	ule K-1 (Form 1120S), DOX ox 14, code F (see instruct ressionals. If you were a re the net income or (loss) y NANR from all rental real e	eal estate ou reported estate activities								
43	(Form 1065), box 14, code B; Schedu V; and Schedule K-1 (Form 1041), bo	ule K-1 (Form 1120S), DOX ox 14, code F (see instruct ressionals. If you were a re the net income or (loss) y NANR from all rental real e	eal estate ou reported estate activities	42					School	tule E/Er	orm 1040) 2

* *	, E	Nonpass Income	\$ 45,384	
		Sec 179 Deduct	w.	
		Nonpass Loss	\$ 41,552	
	ine 28	Passive Income	, 12,688 12,688 4,376 5,376	
Federal Statements	lule E, Page 2, L	Passive Loss	w.	
Federal	Statement 1 - Schedule E, Page 2, Line 28	Not at EIN Risk	1184 5183 5622 5622 5622 5594	
		P For S Ptr		
-1368		Name	OM SAI 1 LLC OM SAI 2 INC MBM 01 INC OTHER RENTAL INCOME MBM 02 LLC TOTAL	

. KNOAC	Shareholder's Basis Worksheet Page	1	2014
Pôrm 1040	Gilateriolaci d Dates		5976
Name MITALBAHEN R PATEL		FIN'	3184
Name of Entity OM SAI 1 L	LC	EIN.	
Passive Activity Type NOT PASSIV	E	K1 U	nat
	Shareholder Stock Basis		149,144
1. Beginning of year stock basis. Per IRC 1	367(a)(2) do not enter an amount below zero	<sup>1.</sup> —	
Increases to stock basis			
Capital contributions	2	45,384	
Ordinary business income	<del></del>	45,304	
A Net rental real estate income			
5 Other net rental income			
6 Interest, dividends and royalties	······································		
7 Net capital gains			
8 Net section 1231 gain and ordinary busin	ess gain ————————————————————————————————————		
g Tax-exempt interest and other tax-exempt	ot income 9. –		
40 Other income	10		
44 Evenes of deductions for depletion over b	pasis of property (other trial of and gas)		
40. Other ingranges to stock hasis	12. <u> </u>	13.	45,384
Combine	lines 2 through 12		104 F00
14 Stock basis before distributions and items	s of loss or deductions. Add line 1 and line 13 and enter the resul	It here 14	
n to stook books			60,948
		15	
	thome of loss of nentictions. Subtract file to from the	_	133,300
47. Leases and doductions applied against s	stock basis. (See Shareholder Basis Worksheet Page 2) 17.		
- Other department to stock hasis	10.		
	19.		0
	A to stock basis Combine lines I/ unlough to		133,580
21. Stock basis at the end of year. (Subtract	line 20 from line 16). Per IRC 1367(a)(2) do not enter an amoun Shareholder Loan Basis	t below zero 21	133,300
<ol><li>Beginning of year loan basis. Per IRC 1</li></ol>			
23. Loans to corporation			
24. Loan basis restored from line 19 above			
25. Other increases to loan basis			
26. Loan repayments from line 40	s. Combine lines 22 through 26		
27. Loan basis before losses and deductions	loan basis. (See Shareholder Basis Worksheet Page 2) 28.		
28. Losses and deductions applied against	29.		
29. Other decreases to loan basis			
	es 28 and 29 ine 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amo		(
31. Loan basis at the end of year (Subtract I	ine 30 from life 27). Per into 1337(b)(2)(4) 33 from the annual line 34)	32.	133,580
<ol> <li>Stock and loan basis at the end of the year</li> </ol>	ar (Add lines 21 and line 31)		
	Gain Recognized on Excess Distributions		
	a C. L. B. Cahadula K. 1 (11205)	33.	60,948
33. Property distributions reported in Box 1	6, Code D, Schedule K-1 (1120S) ss items (line 14) less gain from the entire disposition of stock re	ported on line 18. 34.	
34. Stock basis before distributions and los	stions. (Subtract line 34 from line 33)	35.	
35. Total gain recognized on excess distribu	Sch D/8949, long-term capital gain_		
<ul> <li>Sch D/8949, short-term capital gain</li> </ul>			
	Gain Recognized on Repayment of Shareholde	er Loan	
	Gain Recognized on Repayment of Charles	36.	
36. Loan basis at beginning of tax year	years to offset losses	37.	
37. Basis restored - amount used in prior y	dd line 36 and line 37	38.	
38. Loan basis before loan repayment. At	eginning of tax year	39.	
39. Face amount of shareholder loan at be	g tax year	40.	
40. Loan repayments to shareholder durin	e line 38 by line 39 and multiply the result by line 40	41.	
41. Nontaxable return of loan basis. Divid	bolder loop (Subtract line 41 from line 40)	42.	
42. Gain recognized on repayment of share	holder loan (Subtract line 41 from line 40)		
Ordinary income on Schedule E pa	age 2		
Sch D/8949, short-term capital gall	n		
<ul> <li>Sch D/8949, long-term capital gain</li> </ul>			

18 P 52 P

Form 1040 Shareholder's Basis Worksheet	Page 1		2014
Tollin	Tax	payer Identi	fication Number
Name BHAVESH B PATEL		EIT	1368 5183
Name of Entity OM SAI 2 INC		K1 Unit	
Passive Activity Type NOT PASSIVE Shareholder Stock Basis		111 01	
Snareholder Stock basis		1	81,981
Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero			
Increases to stock basis	24,4	29	
2. Capital contributions	2		
3. Ordinary business income 4. Net rental real estate income	4		
and the state of t	5		
Other net rental income     Interest, dividends and royalties	6		
7. Net capital gains	'' ————		
Net section 1231 gain and ordinary business gain	"		
9 Tax-exempt interest and other tax-exempt income	9		
40. Other income	10		
11. Excess of deductions for depletion over basis of property (other than oil and gas)			
12. Other increases to stock basis	12		4,429
			06 416
<ul><li>13. Total increases to stock basis. Combine lines 2 through the first 2 throug</li></ul>	Title lesuit fiere		
Decreases to stock basis		15.	13,303
Decreases to stock pasis  15. Distributions allowed  Subtract line 15 from line	14 If zero or less, enter - 0	- 16.	73,107
<ol> <li>Stock basis after distributions and belove terms of loss of deceaters.</li> <li>Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page</li> </ol>	18		
Other depressed to stock hasis			
19. Amount used to restore loan basis 20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19		20.	41,552
20. Total decreases (other than distributions) to stock basis. Combine International Medical Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter:	an amount below zero	21	31,555
21. Stock basis at the end of year. (Subtract line 25 Holff line 15). The Holf Conference (A) Shareholder Loan Basis			
22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22		*
22. Beginning of year loan basis. Fel INO 1307(b)(2)(V) as not sittle and the same	23		*
23. Loans to corporation 24. Loan basis restored from line 19 above	24		
24. Loan basis restored from line 19 above 25. Other increases to loan basis			
25. Other increases to loan basis 26. Loan repayments from line 40	26		
		27	
as I cases and deductions applied against loan basis. (See Shareholder Basis Worksheet Fage	<sup>2)</sup> , <sup>20.</sup> ———		
20. Other decreases to lean hasis	29		
on - 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
as I are begin at the and of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not ente	an amount below zoro		
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)		32.	31,33
Gain Recognized on Excess Distri	pulions	33.	13,30
33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	restantiane de line 18	· · · · · ·	25 45
24. Charly basis before distributions and loss items (line 14) less gain from the entire disposition of	1 Stock reported on mis	—	
35. Total agin recognized on excess distributions. (Subtract line 34 from line 33)		·· =	
Sch D/8949, short-term capital gain Sch D/8949, long-term cap	ital gaili		
Gain Recognized on Repayment of Sha	reholder Loan		
		36	
36. Loan basis at beginning of tax year     37. Basis restored - amount used in prior years to offset losses		37.	
37. Basis restored - amount used in prior years to dissertiosses  38. Loan basis before loan repayment. Add line 36 and line 37			
38. Loan basis before loan repayment. Add line 30 and line 37  39. Face amount of shareholder loan at beginning of tax year		39	
Face amount of shareholder loan at beginning or tax year      Loan repayments to shareholder during tax year		40	
40. Loan repayments to shareholder during tax year  41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40		41	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)		42	
Ordinary income on Schedule E page 2			
Sch D/8949, short-term capital gain			
Coh D/9040 Inno-term capital Gain			
● Sch D/8949, long-term capital gain			

1040			Shareholder's	r's Basis	Basis Worksheet Page	t Page 2				2014
Name									Taxpayer Identification Number	ation Number
BHAVESH B	PATEL					M. T. T. M.	T DAGGTUR	TVE		K1 Unit 22
Entity Name OM SAI 2 INC	7		EIN		AND DEDITCHTON THEMS	TON TTEMS	1	I i		2
BASIS REDUCED BY NONDEDUCTIBLE LIEMS BEFORE	NONDEDUC	VILL BURL	IS BEFORE	4 0000	Acet Charles	B uco I but	seie			
		Loss A	llocated to	Sharenc	Loss Allocated to Shareholder Stock and Loan Basis	alla Loall E	9913		Page   Possible	Total
	Suspended	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Carryforward	Allowed Loss
Nondeductible noncapital exp										
& oil/gas depletion deduction:				1.0000						
Losses and deductions:			41 552	11 552 1 0000	41.552					41,552
Ordinary business loss		70014	1	) ) )						
Other net rental loss										
Short-term capital loss										
Long-term capital loss						_				
28% capital loss			_							
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and stradules										
Other losses - 3criccaro 2.									_	
Section 179 expense	,					-				
Cash contributions (50%)										
Cash contributions (30%)		-								
Noncash contributions (50%)										
Noncash contributions (30%)									_	
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (2% floor)										
Portfolio deductions (otner)										_
Investment interest expense		-								
Depletion										
Deductions-royalty Income										
Section 59(e)(2) expenditules										
Commercial revitalization ded										
Reforestation expense ded.					-					
Other deductions										
Foreign taxes		44 663	41 552	1 0000	41.552					41,552
Total losses and deductions		41,004		- 77.0				10000		41,552
		44	7		200 TH					

Fồm 1040   Shareholder's Basis Worksheet Pa	ige 1	2014
Total	Taxpaver Id	lentification Number
Name BHAVESH B PATEL	EIN	- 600
Name of Entity MBM 01 INC		Unit 3
Paralise Activity Type, NOT PASSIVE		oriic
Snarenoider Stock Dasis	1.	80,126
Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	'' -	
Increases to stock basis		
2 Capital contributions	2	
3 Ordinary business income	3	
4. Net rental real estate income	4. 5. <b>12,688</b>	
5. Other net rental income	6	
6 Interest, dividends and royalties	7.	
7. Net capital gains	8.	
Net section 1231 gain and ordinary business gain	9	
Tax-exempt interest and other tax-exempt income	10.	
10. Other income	11.	
Street income     Excess of deductions for depletion over basis of property (other than oil and gas)	12	
12. Other increases to stock basis		12,688
<ul> <li>13. Total increases to stock basis. Combine lines 2 through 12</li> <li>14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the</li> </ul>	e result here 14.	92,814
Decreases to stock basis	15	
15. Distributions allowed  16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14.	If zero or less, enter - 0 - 16.	92,814
16. Stock basis after distributions and before items of loss of deductions. Consider Maris Worksheet Page 2)	17.	
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)  18. Other decreases to stock basis	18	
18. Other decreases to stock basis	19.	_
Amount used to restore loan basis     Total decreases (other than distributions) to stock basis. Combine lines 17 through 19		0
20. Total decreases (other than distributions) to scota decide.  21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an a	mount below zero 21.	92,814
21. Stock basis at the end of year. (Subtract line 25 from line 15) Shareholder Loan Basis		
22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22	
23. Loans to corporation	23	
23. Loans to corporation  24. Loan basis restored from line 19 above	24	
25. Other increases to loan basis	25	
and the formation 40	26	•
and the state before league and deductions. Combine lines 22 through 26		0
as Laccos and deductions applied against loan basis. (See Shareholder Basis Worksheet Fage 2).		
29. Other decreases to loan basis	29	
oo —		0
to the sent street line 30 from line 27). Per IRC 1367(h)(2)(A) do not enter a	Marriount below zero	- 00 014
31. Loan basis at the end of year (Subtract line 30 floring 27). For the 150 (A) (A) (Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	92,814
Gain Recognized on Excess Distribu	tions	
33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)		
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of st	ock reported off fille 10 542	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)		
Sch D/8949, short-term capital gain     Sch D/8949, long-term capital	gain	
	alder Loon	
Gain Recognized on Repayment of Shareh	loider Loan	
36. Loan basis at beginning of tax year		
37. Basis restored - amount used in prior years to offset losses		
38. Loan basis before loan repayment. Add line 36 and line 37		
39. Face amount of shareholder loan at beginning of tax year	.,	
40. Loan repayments to shareholder during tax year		
40. Loan repayments to shareholder coming day year.  41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	42.	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)		
Ordinary income on Schedule E page 2		
Sch D/8949, short-term capital gain		
Sch D/8949, long-term capital gain		

Shareholder's Basis Worksheet Pa	ge 1		2014
TOM TO TO		Taxpaver Ide	ntification Number
Name MITALBAHEN R PATEL			5976 5622
Name of Entity MBM 01 INC		EIN4	4
Ashida Tupo NOT PASSIVE		<u> </u>	·····
Snareholder Stock Basis		1.	80,125
Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero		······ <del>··</del>	
Increases to stock basis	2		
2 Capital contributions	3		
3. Ordinary business income	4		
4. Net rental real estate income	51	2,688	
a. Office her relitar moonie	6.		
6 Interest, dividends and royalties	7.		
7 Net capital gains	8.		
8 Net section 1231 daily and oldinary business guill	9.		
9. Tax-exempt interest and other tax-exempt income  10. Other income (attention of and ass)	10		
10. Other income  11. Excess of deductions for depletion over basis of property (other than oil and gas)	11		
	12		
		13. <u> </u>	
<ol> <li>Total increases to stock basis. Combine lines 2 through</li> <li>Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the</li> </ol>	result here	14	92,813
Decreases to stock basis			
		15	
to Due to be a distributions and before items of loss or deductions, Subtract line 15 from line 14.	2010 01 1000, 011		92,813
16. Stock basis after distributions and belote followed the Stock basis. (See Shareholder Basis Worksheet Page 2)	17		
18. Other decreases to stock basis	18		
A mount used to restore loan hasis	19		۸
(-there there distributions) to stock basis Combine lines 1/ through 19		20	92,813
24. Stock basis at the end of year, (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter all a	mount below zero	21	92,013
Shareholder Loan Basis			
22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22		
23. Loans to corporation	23		
24. Loan basis restored from line 19 above	24		
25. Other increases to loan basis	25	<del></del>	
26. Lean rangements from line 40	26		C
to the sign before league and deductions. Combine lines 22 through 26		27	<u> </u>
29 Leases and doductions applied against loan basis. (See Shareholder Basis Worksheet Fage 2)	20		
20. Other decreases to loan basis	29		C
the state of the s	allioning pelow ze		00 011
31. Loan basis at the end of year (Subtract line 30 Holm line 21). For its 180 (Section 2) and line 31).		52.	
Gain Recognized on Excess Distribut		33.	
33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	ok roported on lin		
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of sto			
35. Total gain recognized on excess distributions (200 to 100 to	nain		
Sch D/8949, short-term capital gain Sch D/8949, long-term capital			
Gain Recognized on Repayment of Shareh	older Loan		
Gain Recognized on Repaymont of Online		36.	
36. Loan basis at beginning of tax year 37. Basis restored - amount used in prior years to offset losses		37.	
37. Basis restored - amount used in prior years to dissertosses  38. Loan basis before loan repayment. Add line 36 and line 37	,		
38. Loan basis before loan repayment. Add line 30 and line 37.  39. Face amount of shareholder loan at beginning of tax year		39.	
Face amount of shareholder loan at beginning of tax year      Loan repayments to shareholder during tax year			
Loan repayments to shareholder during tax year     Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40		41.	
41. Nontaxable return of loan basis. Divide line 36 by line 35 and matter, the center of loan basis.  42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)		42.	
Gain recognized on repayment of snareholder loan (Subtract line 41 Hoth line 45)     Ordinary income on Schedule E page 2			
Male at the			
Sch D/8949, short-term capital gain Sch D/8949, long-term capital gain			
■ Sch D/8949, long-term capital gain			

3 55 -0	Shareholder's Basis Worksheet P	age 1		2014
Form 1040	Snarelloider's Dasis Workenson		Ta <u>xpaver Identif</u>	ication Number
lame	DAMET _			1368
BHAVESH B	MBM 02 LLC		EIN	<u> 5594</u>
lame of Entity	NOT PASSIVE		K1 Unit	5
	Snarenoider Stock Dasis			(
Reginning of year	stock basis. Per IRC 1367(a)(2) do not enter an amount below zero		1	
Increases to stoc				
	ns		734	
Ordinary business	income	3.		
Net rental real est	ate income	4.		
Other net rental in	come	·		
Interest, dividends	and royalties	<u> </u>		
Net capital gains		<u>'</u> ' ———		
Net section 1231	gain and ordinary business gain	0		
Tax-exempt intere	st and other tax-exempt income	9		
Other income		10		
1. Evenes of deducti	ons for depletion over basis of property (other than oil and gas)	11.		
2. Other increases to	o stock basis	12		97,73
	-t-ek hadia. Combine lines 2 throllon 1/			97,73
4. Stock basis before	e distributions and items of loss or deductions. Add line 1 and line 13 and enter t	ne result here		
Decreases to sto	ock basis		15.	
<ol><li>Distributions allow</li></ol>	ved	If zero or less, enter	16	97,73
<ol><li>Stock basis after t</li></ol>	distributions and before items of loss of deductions. Subtract line 15 from line 14	Il 2010 of 1000, and	·	
7 1 and dodu	ctions applied against stock basis. (See Shareholder Basis Worksheet Page 2,	) 17		
A Other decreases	to stock basis	10.		
<ol><li>Amount used to r</li></ol>	estore loan basis			65
20. Total decreases	(other than distributions) to stock basis. Combine lines 17 through 19 end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an	amount below zero	21	97,07
21. Stock basis at the	Shareholder Loan Basis	••		
	r loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.		
22. Beginning of yea	rioan basis. Per IRC 1507(b)(2)(4) do not sinot an amenda a			
23. Loans to corpora	tionred from line 19 above	· ••		
24. Loan basis resto	to loan basis	—		
25. Other increases	10 IOan Dasis			
	s from line 40 e losses and deductions. Combine lines 22 through 26		27	
27. Loan basis before	e losses and deductions. Combine times 22 through a public deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28		
28. Losses and ded	to loan basis	29		
29. Other decreases	to loan basis. Add lines 28 and 29		30	
30. Total decreases	end of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter	an amount below zero	31	
31. Loan pasis at the	asis at the end of the year (Add lines 21 and line 31)		32	97,0
20 Ottable and leas h	asis at the end of the year (vice miles 2)			
32. Stock and loan b				
32. Stock and loan b		utions		
	Gain Recognized on Excess Distrib			
	Gain Recognized on Excess Distrib	stock reported on line 1	8. 34	
33. Property distribu	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  rice distributions and loss items (line 14) less gain from the entire disposition of stand as precess distributions. (Subtract line 34 from line 33)	stock reported on line 1	8. 34 35	
33. Property distribu	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  rice distributions and loss items (line 14) less gain from the entire disposition of stand as precess distributions. (Subtract line 34 from line 33)	stock reported on line 1	8. 34 35	
33. Property distribu	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of soluted on excess distributions. (Subtract line 34 from line 33)  hort-term capital gain   Sch D/8949, long-term capital	stock reported on line 1	8. 34 35	
<ul><li>33. Property distribution</li><li>34. Stock basis beformer</li><li>35. Total gain recogn</li><li>Sch D/8949, sl</li></ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of shized on excess distributions. (Subtract line 34 from line 33)  hort-term capital gain  Gain Recognized on Repayment of Share	stock reported on line 1 al gain eholder Loan	8. 34	
<ul> <li>33. Property distribution</li> <li>34. Stock basis befored</li> <li>35. Total gain recognition</li> <li>Sch D/8949, signature</li> <li>36. Loan basis at butter</li> </ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of solized on excess distributions. (Subtract line 34 from line 33)  hort-term capital gain   Gain Recognized on Repayment of Share eninning of tax year	stock reported on line 1 al gain eholder Loan	8. 34 35	
<ul> <li>33. Property distribution</li> <li>34. Stock basis befored</li> <li>35. Total gain recognition</li> <li>Sch D/8949, since the second</li></ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of sonized on excess distributions. (Subtract line 34 from line 33)  ore distributions (Subtract line 34 from line 33)  ore Gain Recognized on Repayment of Share eginning of tax year  amount used in prior years to offset losses	stock reported on line 1 al gain eholder Loan	36 37	
<ul> <li>33. Property distribution</li> <li>34. Stock basis befored</li> <li>35. Total gain recogn</li> <li>Sch D/8949, since</li></ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of somized on excess distributions. (Subtract line 34 from line 33)  ore distributions. (Subtract line 34 from line 33)  ore Gain Recognized on Repayment of Share eginning of tax year  amount used in prior years to offset losses  ore loan repayment. Add line 36 and line 37	stock reported on line 1 al gain eholder Loan	36	
<ul> <li>33. Property distribution</li> <li>34. Stock basis before</li> <li>35. Total gain recogners</li> <li>Sch D/8949, since</li> <li>36. Loan basis at both</li> <li>37. Basis restored -</li> <li>38. Loan basis before</li> <li>39. Face amount of</li> </ul>	Gain Recognized on Excess Distrib  attions reported in Box 16, Code D, Schedule K-1 (1120S)  are distributions and loss items (line 14) less gain from the entire disposition of so  arized on excess distributions. (Subtract line 34 from line 33)  — Sch D/8949, long-term capital  — Gain Recognized on Repayment of Share  againing of tax year  — amount used in prior years to offset losses  are loan repayment. Add line 36 and line 37  — shareholder loan at beginning of tax year	stock reported on line 1 al gain eholder Loan	36. 37. 38. 39.	
<ul> <li>33. Property distribution</li> <li>34. Stock basis before</li> <li>35. Total gain recognition</li> <li>36. Loan basis at bition</li> <li>37. Basis restored</li> <li>38. Loan basis before</li> <li>39. Face amount of</li> </ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S)  ore distributions and loss items (line 14) less gain from the entire disposition of sonized on excess distributions. (Subtract line 34 from line 33)  hort-term capital gain Sch D/8949, long-term capital gain Recognized on Repayment of Share reginning of tax year  amount used in prior years to offset losses  the loan repayment. Add line 36 and line 37  is shareholder loan at beginning of tax year  to to shareholder during tax year	stock reported on line 1 al gain sholder Loan	36	
<ul> <li>33. Property distribution</li> <li>34. Stock basis before</li> <li>35. Total gain recogner</li> <li>Sch D/8949, since</li> <li>36. Loan basis at bution</li> <li>37. Basis restored</li> <li>38. Loan basis before</li> <li>39. Face amounted</li> <li>40. Loan repayment</li> <li>41. Nostavable refution</li> </ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S) or distributions and loss items (line 14) less gain from the entire disposition of sinized on excess distributions. (Subtract line 34 from line 33) ohort-term capital gain Sch D/8949, long-term capital gain Sch D/8949, long-term capital gain Recognized on Repayment of Share reginning of tax year amount used in prior years to offset losses or loan repayment. Add line 36 and line 37 is shareholder loan at beginning of tax year to shareholder during tax year true of loan basis. Divide line 36 by line 39 and multiply the result by line 40	stock reported on line 1	36	
<ul> <li>33. Property distribution</li> <li>34. Stock basis before</li> <li>35. Total gain recogner</li> <li>Sch D/8949, since</li></ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S) ore distributions and loss items (line 14) less gain from the entire disposition of sinized on excess distributions. (Subtract line 34 from line 33)  ——————————————————————————————————	stock reported on line 1	36. 37. 38. 39. 40. 41. 42.	
<ul> <li>33. Property distribution</li> <li>34. Stock basis before</li> <li>35. Total gain recognition</li> <li>36. Loan basis at bution</li> <li>37. Basis restoreding to a before</li> <li>38. Loan basis before</li> <li>39. Face amount of</li> <li>40. Loan repayment</li> <li>41. Nontaxable return</li> <li>42. Gain recognizeding</li> <li>Ordinary incompany</li> </ul>	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S) ore distributions and loss items (line 14) less gain from the entire disposition of shized on excess distributions. (Subtract line 34 from line 33) or excess distributions. (Subtract line 34 from line 33) or excess distributions. (Subtract line 34 from line 33) or excess distributions. (Subtract line 34 from line 33) or Excess distributions. (Subtract line 37 examples of tax year amount used in prior years to offset losses or loan repayment. Add line 36 and line 37 examples of tax year to shareholder loan at beginning of tax year to shareholder during tax year to loan basis. Divide line 38 by line 39 and multiply the result by line 40 lon repayment of shareholder loan (Subtract line 41 from line 40) or schedule E page 2	stock reported on line 1	36	
33. Property distribu 34. Stock basis befo 35. Total gain recogi Sch D/8949, si 36. Loan basis at bo 37. Basis restored 38. Loan basis befo 39. Face amount of 40. Loan repaymen 41. Nontaxable retu 42. Gain recognized Ordinary inc	Gain Recognized on Excess Distributions reported in Box 16, Code D, Schedule K-1 (1120S) ore distributions and loss items (line 14) less gain from the entire disposition of sinized on excess distributions. (Subtract line 34 from line 33)  ——————————————————————————————————	stock reported on line 1	36	

1040			Shareholder's Basis Worksheet Page	r's Basis	; Workshee	t Page 2				2014
Pom Louis									Taxpayer Identification Number	ation Number
Name RHAVESH B PA	PATEL							E		-1368 K1 linit 5
녆					5594 Passive Activity Type NOT	Activity Type N	OT PASSIVE	T \ E		5
BASIS REDUCED BY	NONDEDUCT	IBL	AS BEFORE LOSS	LOSS	AND DEDUCTION LIEMS	TON T.TEW	2			
		Loss A	Loss Allocated to Shareholder Stock and Loan Basis	Shareho	older Stock	and Loan	Sasis			100
	Suspended	Current	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Carryforward	Allowed Loss
Nondeductible noncapital exp				0000						
& oil/gas depletion deduction:				7.0000						
Losses and deductions:		9	629	1.0000	629	-				659
Ordinary business loss		) )								
Other net rental loss										
Short-term capital loss						-				
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss			_							
Other portfolio loss										
Other losses - Schedule E										
Other losses - 1040 pg 1										
Section 179 expense										
Cash contributions (50%)						_				
Cash contributions (30%)										
Noncash contributions (50%)								_		
Noncash contributions (30%)	-									-
Cap gain prop 50% org (30%)										
Cap gain prop (20%)		_								
Portfolio deductions (2% floor)		_							-	
Concolination deduction (Concolination Concolination Conco									_	
Investment interest expense							_			
Depletion									-	
Deductions-royalty income										
Section 59(e)(2) expenditules										
Commercial revitalization ded	-									
Reforestation expense ded.					_					
Other deductions										
Foreign taxes				1000	629	10	 			629
Total losses and deductions		629	600	1 🕸						629
	•									

Form 1040	Child Tax Credit Worksheets		2014
ame		Faxpayer Ide	ntification Number
BHAVESH B	MITALBAHEN R PATEL		
Child	Tax Credit Worksheet - Form 1040, Line 52, Form 1040A, Line 35 or Form 1	)40NR, Li	ne 49
			1,000
1. Number of qualifying	children: 1 x \$1,000. Enter the result.  om Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37.	2	99,494
2. Enter the amount fr	om Form 1040, line 38, Form 1040A, line 22, or Form 1640 N.; line 65. y exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18	3	
		''	99,494
4. Add lines 2 and 3.	arried filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately.	5	110,000
5. Enter \$110,000 it in	e 4 more than the amount on line 5?		
V N- Legge li	eo 6 blank Enter -0- on line 7.		
Ves Subtra	t line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.		
7 Multiply the emolin	on line 6 by 5% ( 05). Enter the result.		
9 Outstand line 7 from	line 1. If zero or less, stop here: you cannot take this credit.	••	1,000 10,519
	1040 line 47. Form 1040A line 30, or Form 1040NR, line 45.	9	
40 Add the amounts for	om Form 1040 lines 48, 49, 50 & 51 or Form 1040A lines 31, 33 & 34, or Form 1040NR, lines 40, 47 & 40, pids		
any amounts from	Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Effici the total.	10	
11. Are you claiming a	ny of the following credits?	Columbia first-tin	ne homebuyer credit, Form 88
	taladis i anni doco	Columbia in a columbia	•
X No. Enter the	e amount from line 10.	11.	
Yes. Enter	he amount from Child Tax Credit - Line 11 Worksheet below.	12	10,519
12. Subtract line 11 fro	um line 9. Enter the <b>smaller</b> of line 8 or line 12 here and on Form 1040, line 52, Form 1040A, line 35 or Form 1040NR, line 45	13.	1,000
13. Child tax credit	Enter the smaller of line of the 12 here and of 15 him to 15, and 15,		
	Child Tax Credit - Line 11 Worksheet		
Use this workshoot on	y if you checked "Yes" on line 11 of the Child Tax Credit Worksheet above.		
4 Enter the amount	from line 8 of the Child Tax Credit Worksheet above.		
2 Enter the taxable	earned income from the Child Tax Credit Taxable Earned Income Worksheet.	2. <u> </u>	
	ine 2 more than \$3,000?		
No. Leave	ing 3 black, enter -0- on line 4, and go to line 5.	_	
Yes Subfr	act \$3 000 from the amount on line 2. Enter the result.		
4. Multiply the amou	nt on line 3 by 15% (.15) and enter the result.	··· 4. —	
5. Is the amount on	ine 1 of the Child Tax Worksheet above \$3,000 or more?		
N - 165	Laboura in:	or	
the amour	the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, ent t from Child Tax Credit Worksheet line 10 on line 11, and complete lines 12 and 13. zero, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below.	GI .	
Yes. If line	4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on	Γον	
6. If your employer	withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA withheld or you paid Additional Medicare Tax are RRTA.	,^	
Worksheet to figu	withheld or you paid Additional medicale Tax of Tax re the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and ling a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	6. <u> </u>	
your spouse's if f	ling a joint return). These taxes should be shown in because the samounts from Form 1040, line 27 and 56), plus any taxes identified with		
/. Enter the total of	dotted line next to Form 1040, line 62 (Form 1040NR, line 60).	<b>7.</b> _	
6 Additions Cond		••	
9. Add the amounts	from Form 1040, lines 66a and 71 or Form 1040A, line 42a and excess social security tax included on line 46 or		Ť
Form 1040NR, li	ne 67. Enter total.		
10. Subtract line 9 fr	om line 8. If the result is zero or less, enter -0		
11. Enter the larger	of line 4 or line 10.	11. –	
	line 11 of this worksheet more than the amount on line 1?		
12. Is the amount or	act line 11 from line 1. Enter the result.	42	
12. Is the amount or No. Subtr	1	14	
No. Subtr	er-0 }		
No. Subtr	me 8396. Form 8839. Form 5695 (Part I), or Form 8859 where applicable.		
No. Subtr Yes. En Next, complete Fo	rer -0  rms 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.  the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3.  t from line 10 of the Child Tax Credit Worksheet above.	13	

License Type: Dispensary

BHAVESH B & MITALBAHEN R PATEL  come Method Calculation household income old amount for filing an income tax return income (line 1 - line 2) bib percentage income amount (line 3 x line 4)  Method Calculation		T = T = T = T = T = T = T = T = T = T =	Taxpayer identification number	n number		1368
s Income Method Calculation nual household income neshold amount for filing an income tax return coess income (line 1 - line 2) policable percentage coess income amount (line 3 x line 4)						
ome tax return						
x line 4)				+ 61 Kg ×		99,494 20,300 79,194 0,01
Max.	-			uó		792
	unr	Aug	Sep	Oct	Nov	Dec
				- (	- (	c
coverage of exemplating 2 2 2 2 2 2 2 (maximum of 5)	2	7 7	77	7 0	40	2 2
18 or older 2 2 2 2	7			1		
						1 1
	2.0 2	.0	2	2.0	2.0	2.0
2.0 2.0 2.0 2.0 2.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0 9	95	5		95	95	95
190 190 190 190 190 190 190 190 190 190	0 1	П	0 190	190	190	T 90
0000	285 2	285 285	5 285	285	285	285
207			,	7	0	1 90
(lesser of line 12 or line 13) 190 190 190 190 190	190 1	90 19	190	0 A T	1 7	2
7 7 7 7 7 9 2	792	7	7	792	792	792
792 7		792 79	92 792	767	134	201

m 1040	): ,	Sa	alaries & Wage	s Report		2014
						entification Numbe
HAVESH	B & MITALE	AHEN R PAT	EL		Federal Withheld	Soc Sec Wages
T/S		Employer		Federal Wages		28,000
T OM S	SAI 1 LLC_			28,000	$\frac{2,112}{1,555}$	24,000
SOMS				24,000	296	10,000
T OM S	SAI 2 INC			10,000	1,445	5,945
T NR I	LLC			5,945	1,113	3,000
T ALP	A LLC			3,000		
<del>}</del>						
' <i>_</i>						
ζ – —						
`						
4 <u> </u>						
			T	46,945	3,853	46,945
			Taxpayer	24,000	1,555	24,000
			Spouse Totals	70,945	5,408	70,945
			I Otals			
	O NAMALI - LA PE-	licaro Wagos M	edicare Withheld	Soc Sec Tips Alloca	ted Tips Dep Care Be	n Other, Box 14
	Sec Withheld Med		406			
Α .	1,736	28,000	348			
В .	1,488	24,000				
C .	<u>620</u> 369	10,000 5,945	86			
D	186	3,000				
E F		3,000				·
r G						
H						
 I						
J						
K						
L						
M						
		46,945	681			
Taxpayer	2,911 1,488	24,000	348			
Spouse	4,399	70,945	1,029			,next
Totals	<u>=====================================</u>				1	Local Withhel
State	State Wages	State Withheld	Name of Lo	ocality	Local Wages	Local With Met
A AL	28,000	939				
C AL	24,000	$\frac{729}{122}$ -				
C AL	10,000 5,945					
D AL E AL	3,000					
F						
G						
н						
1						
J						
K						
L _						
М			<del> </del>			
_	46,945	1,291				
	2012-23	- <del> </del>				
Taxpayer Spouse	24,000	729				

### **Filing Instructions**

## Form 40 - Alabama Individual Income Tax Return

## Taxable Year Ended December 31, 2014

Name:

Bhavesh B & Mitalbahen R Patel

Date Due:

AS SOON AS POSSIBLE

Remittance:

A check in the amount of \$1,759 should be made payable to the Alabama

Department of Revenue. Write "S.S.N. 416-63-1368, 2014 Form 40" and your

daytime phone number on the check.

Mail To:

Include Form 40-V with your check.

Alabama Department of Revenue

PO Box 327467

Montgomery, AL 36132-7467

Signature:

Sign and date Form AL8453, Alabama Individual Income Tax Declaration for

Electronic Filing. Return it as soon as possible to:

Sajjan G. Rajendra, LLC

PO Box 240513

Montgomery, AL 36124-0513

Other:

Your return is being filed electronically. Do not mail Form 40.

AL845		ALABAMA DEPARTMI Individual Income Tax Decla	ration	for Electr	onic Filing	g	2014
		For the year January 1 -	Decembe	r 31, 2014		Your so	ial security number
Your first name and initia	_	Last name <b>PATEL</b>					1368
BHAVESH	$\overline{}$				Sp	ouse's so	c, sec. no. if joint return
If a joint return, spouse's MITALBAH		DAMET					-5976
		street). If a P.O. Box, see instructions.		Apt. no.		Telepho	ne number (optional)
City, town or post office,	state	e, and ZIP code					
MONTGOME	707	y AL 36117					
Part	1	Alabama taxable income (Form 40, line 16 or Form 40NR, I	ine 18)			1	74,242
Tax Return	2	Total tax liability (Form 40, line 21) or Net tax due (Form 40	NR, line 20	))		2	3,633
Information	3	Total payments (Form 40, line 27 or Form 40NR, line 27)				3	2,020
(Whole dollars only.)	4	Refund (Form 40, line 35 or Form 40NR, line 34)				5	1,638
	5	Amount you owe (Form 40, line 30 or Form 40NR, line 30)		<del> </del>		1 0	1,030
Part II Refund	1	Routing number:					
and	•	Account number:	1				
Payment Information	2						
IIIIOIIIIatioii	3	Type of account: Checking Savings					
		Type of transaction: Direct Deposit Direct Del		oer check )			
	5	Paper Check (Check this box to have your refund issue Under penalties of perjury, I declare that I have compared the info	u by a pap	teined on my return	with the informati	on I hav	e provided to my electronic
Part III		Under penalties of perjury, I declare that I have compared the inno return originator and that the amounts described in Part 1 above a	rmation cont	amounts shown	on the correspond	ina lines	of my 2014 Alabama individ
Declaration		return originator and that the amounts described in Part 1 above a ual income tax return. To the best of my knowledge and belief this	gree war ar	iding any accompa	nvina schedules a	nd state	ments, is true, correct, and
of Taxpayer		complete. Also, I hereby authorize the Alabama Department of Re	venue to dis	sclose to my ERO	described below, a	ny inforr	nation concerning the dis-
(Sign only after Part I is completed.)		bursement of the refund requested or any problems encountered	in the proces	ssing of my return.			
		I authorize a representative of the Department of Revenue to	discuss my	return and attachn	ents with my prep	arer.	1
Sign							10/08/1
Here		10/08/1					
		Your signature Date		ouse's signature. If a j			Date
Part IV		I declare that I have reviewed the above taxpayer's Alabama indiv	ridual income	e tax return and the	at the entries on the	is form a	are complete and correctly
Declaration		represented based on all information of which I have any knowled	ge. I also de	eclare that I have fo	A) and the Alaba	na Hand	book for Electronic Filers o
of		1345, Revenue Procedures for Electronic Filing of Individual Inco	me Tax Rett	ıms (lax rear 201	4), and the Alabai	clare th	at I have examined this
Electronic		Individual Income Tax Returns (Tax Year 2014). If I am also the return and accompanying schedules and statements, and to	the best of	my knowledge a	nd helief, they are	e true. c	orrect, and complete.
Return			uie best of	my knowledge d	, 2 20, 10, 11, 11, 11, 11, 11, 11, 11, 11, 1		
Originator		ERO's Use Only					
(ERO) and Paid		ERO's		Date	Check if also		Preparer's PTIN
Preparer		signature SAJJAN G. RAJENDRA, CPA		10/08/15	paid preparer	X	P00170704
(See instructions.)		Firm's name (or yours SAJJAN G. RAJENDRA	, LLC				00 05555
(COO MICH COMPANION)		if self-employed) PO BOX 240513				E.I. N	0.64.04.051
		and address MONTGOMERY	AL	<u> </u>		ZIP C	ode 36124-051
		Paid Preparer's Use Only			tatamanta and to th	o haef of	my knowledge and
		Under penalties of perjury, I declare that I have examined this return an belief, they are true, correct, and complete.	d accompany		catements, and to di	e best of	Preparer's PTIN
		Preparer's	Ì	Date	Check if self-employed		
		signature				ᅷᆣ	
		Firm's name (or yours				E.I. N	lo.
		if self-employed) and address				ZIP C	
		and dedicate				<u> </u>	Form AL8453 20

# DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Indi RESII For the year Jan. Beginning: Your social security number Your first name BHAV Spouse's first nam MITA	ividual DENTS 1 - Dec  ESI me LBA	Initial Last name	CHECK BOX IF		NAME OF THE PROPERTY OF THE PR	RETURN •	
City, town or pos		State ZIP code Check if address	Foreign				
• MONI		A4 500 M. A 500 M.	Country Complete Spause SSN				
Filing Status	/ 1						
Exemptions	2	\$3,000 Married filing joint 4 ● \$3,000 Head of Family (with q	Alabama tax withheld	_i		B - Income	
	5	wages, salaries, ups, etc. (list each employer and address separately).	2,020	امم	5a 🖢	70,945	00
	а	SEE STATEMENT 1 5a •			5b •		00
	þ	5c •		00	5c •		00
Income	c	5d •		00	5d ●		00
and	d	Interest and dividend income (also attach Schedule B if over \$1,500)			6 •		00
Adjustments	6	Other income (from page 2, Part I, line 9)			7 •	28,549	00
-	7	Total income. Add amounts in the income column for line 5a through lin	ie 7		8 •	99,494	00
	8 9	Total adjustments to income (from page 2, Part II, line 12)			9 •		00
	10				10 ●	99,494	00
Poductions You Must Attach page 2 of Federal Form 1040, Federal Form 1040A, Federal Form 1040NR, or pg. 1 of 1040EZ, ff ctalming a de- duction on line 12.	12 13 14 15	Total deductions. Add lines 11, 12, 13, and 14	• 12,2: • 9,5: 3 • 3,0	19 00	00 00	25,252 74,242	
	16	Taxable income. Subtract line 15 from line 10	Form NOL-85A	• •	17 •	3,633	
	17	Income Tax due. Enter amount from tax table or check if from	rwise enter amt from line 1	7	18 •	3,633	
	18	Net tax due Alabama. Check box if computing tax using Sch. NTC ● , other	a shock box	•	19 •	0	_
Tax	19	Consumer Use Tax (see instructions). If you certify that no use tax is du	e, check box ==		-		1
Staple Form(s) W-2, W-2G,		Alabama Election Campaign Fund. You may make a voluntary contrib	oution to the following.		20a ●		00
and/or 1099 he		Alabama bemodulo and			20b		00
		Alabama Republican Party \$1 \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			21 •	3,633	00
	21	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	2 • 2,0	20			
	22		3 •		00		
	23	Amended Returns Only — Previous payments (see instructions)	4 •		00		
Payments	24	Afficiaco (Course of the Course  5 •		00			
	25 26		6 •		00		
	27	Total payments. Add lines 22, 23, 24, 25, and 26			27 •	2,020	00
	28	Amended Returns Only — Previous refund (see instructions)			28		00
	29	Adjusted Total Payments. Subtract line 28 from line 27			29 •	2,020	00_
		If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT Y	OU OWE.				
AMOUNT	30	Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MU	ST ACCOMPANY PAYMENT.	)	30 •	1,638	3 00
YOU OWE	31	Estimated tax penalty. Also include on line 30 (see instructions page 11)	1 •	25	00		
	32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter a	mount OVERPAID		32 •		00
OVERPAID	33	Amount of line 32 to be applied to your 2015 estimated tax	3 •		00		
Donations	34	Total Donation Check-offs from Schedule DC, line 2	4 •		00		
20	35	REFUNDED TO YOU. (CAUTION: You must sign this return on the re-	verse side.)				1
REFUND		Subtract lines 33 and 34 from line 32.  For Direct Deposit, check here and complete Part V, Page 2.			35 ●		1022
		INT 24 FTP 97					

_		(2014)					
В	нач	VESH B & MITALBAHEN R PATEL			-	-1368_	Τ.
ARTI	1	Alimony received			•		1
	2	Business income or (loss) (attach Federal Schedule C or C-EZ)	(see instructions)				1
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (atta	ach Schedule D)		0 •		Ť
	4a	Total II of distributions	Taxable amount (see insti		0		†
ther	5a	Total perisions and announces   Garage	Taxable amount (see instr			28,549	-
come	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Scher	Jule E)		7 •		1
ee page 12)	7	Farm income or (loss) (attach Federal Schedule F)			3 .		+
	8	Other income (state nature & source – see instr.)  Total other income. Add lines 1 through 8. Enter here and also	on page 1 line 7		9 •	28,549	)
	9				a •		1
ART II	1a	Your IRA deduction			b •		
	b	Spouse's IRA deduction Payments to a Keogh retirement plan and self-employment SEI	2 deduction		2 •		Į
	2	Payments to a Keogn retirement plan and self-employment occurrence of self-employment occurrence of self-employment occurrence of self-employment occurrence of self-employment occurrence of self-employment occurrence occ	deduction		3 •		
	3	Penalty on early witndrawal of savings	SSN •		4 •		
djustments o Income	4	Alimony pd. Reci- plent's last name Adoption expenses			5 •		
See page 15)	5	Adoption expenses  Moving Expenses (Attach  Federal Form 3903) to: City	State ZIP		6 •		
See bage 10)	6 7	Moving Expenses (Attach Federal Form 3903) io: City Self-employed health insurance deduction	<del></del> · · _		7 •		_
	8	Payments to Alabama PACT Program or Alabama College Edu	cation Savings Program	· · · · · · · · · · · · ·	8 •		_
	9	Health insurance deduction for small employer employee (see	instructions)		9 🗕		_
	-	Costs to retrofit or upgrade home to resist wind or flood damag	e	1	0 •		
	10 11	Deposits to a catastrophe savings account		1	1 •		
	12	Total adjustments. Add lines 1 through 11. Enter here and als	o on page 1, line 9	1	2 •		
PART III	1a	Dependents:	(2) Dependent's	(3) Depe		(4) Did you promore than one-	-h
- A(X) III		(1) First name Last name	Social Security Number	Relationsh	<u></u>	dependent's sup	p
			1165	DAUGHT	ER	Y	
ependents	_						_
o not include							
ourself or				1			_
our spouse					1 <u>1</u>		_
	b	Total number of dependents claimed above					^
See page 15)	ь 2	Total number of dependents claimed above  Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, I	ne.14	2	•	50	0
See page 15)		Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, if	ne.14 Part Year From _	2	through		0
	2	Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, if	ne.14	2	through		O
	1	Amount allowed. (Multiply the total number of dependents claimed on line 1 by tramount from the dependent chart on page 10.) Enter amount here and on page 1, I Residency Check only one box    New York   New York	Part Year From _	2	through		_
PART IV	1	Amount allowed. (Multiply the total number of dependents claimed on line 1 by tramount from the dependent chart on page 10.) Enter amount here and on page 1. Residency Check only one box    Residency Check only one box   Market    Part Year From	2	through		0	
PART IV	1 2	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Residency Check only one box   Market   Residency Check only one box   Market   Residency Check only one box   Market   Residency Check   Residency Check only one box   Market   Residency Check	Part Year From	2 RY, AL	-		_
PART IV  General nformation	1 2 3	Amount allowed, (Multiply the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box ▶ ◆ ▼ Full Year ◆ Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC	Part Year From	RY, AL	-		
PART IV  General  Information  All Taxpayers Must	1 2 3	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box  Nesidency Check on line and on page 1. I I I I I I I I I I I I I I I I I I	Part Year From	RY, AL	-		
General Information All Taxpayers Must Complete	1 2 3	Amount allowed, (Multiply the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Note: The content of the page 1. I Full Year   Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income   199, reported on your 2014 Federal Individual Income Tax Return.	Part Year From	RY, AL MERY, AI e Income • \$_	1	75,244	а
General nformation All Taxpayers Must Complete This	1 2 3	Amount allowed. (Multiply the total number of dependents claimed on line 1 by vt amount from the dependent chart on page 10.) Enter amount here and on page 1.]  Residency Check only one box    Did you file an Alabama income tax return for the year 2013?  If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income    Teported on your 2014 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on your Pederal return, but not reported on your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return your Federal return your Federal return your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Feder	Part Year From	RY, AL MERY, AI e Income • \$_	1		а
General nformation All Taxpayers Must Complete This Section.	1 2 3	Amount allowed, (Multiply the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Note: The content of the page 1. I Full Year   Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income   199, reported on your 2014 Federal Individual Income Tax Return.	Part Year From	RY, AL  MERY, AI e Income • \$_  our state tax refund)	?	75,244	а
General Information All Taxpayers Must Complete This Section.	1 2 3	Amount allowed. (Multiply the total number of dependents claimed on line 1 by vt amount from the dependent chart on page 10.) Enter amount here and on page 1.]  Residency Check only one box    Did you file an Alabama income tax return for the year 2013?  If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income    Teported on your 2014 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on your Pederal return, but not reported on your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return, but not reported your Federal return your Federal return your Federal return your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Federal your Feder	Part Year From	RY, AL  MERY, AI e Income • \$_  our state tax refund)  Amount	?	75,244	а
General nformation All Taxpayers Must Complete This Section.	1 2 3	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the amount here and on page 1, I Residency Check only one box    New Your Side   New York	Part Year From	RY, AL  MERY, AI e Income • \$_  our state tax refund)  Amount  Amount	?	75,244	а
General information All Taxpayers Must Complete This Section.	1 2 3	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    New Your Side   New Your Side	Part Year From	RY, AL  MERY, AI e Income • \$_  our state tax refund)  Amount Amount f you qualify.)	?	75,244	а
General information All Taxpayers Must Complete Fris Section. See page 15)  PART V Direct	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the amount here and on page 1, I Residency Check only one box    New Your Side   New York	MONTGOME MONTGOME MONTGOM A94 and Federal Taxable your Alabama return (other than your refund)  age 16 of instructions to see i Savings 3 Account N	RY, AL  MERY, AI  e Income • \$_  our state tax refund)  Amount  Amount  f you qualify.)  Jumber:	?	75,244	а
General information All Taxpayers Must Complete Fris Section. See page 15)  PART V Direct	2 1 2 3 5 5	Amount allowed, (Multiply the total number of dependents claimed on line 1 be by the amount from the dependent chart on page 10.) Enter amount here and on page 1, I Residency Check only one box    Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income  \$ 99, reported on your 2014 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on If yes, enter source(s) and amount(s) below: (other than state income tax Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See PRouting Number:  2 Type: Checking Is this refund going to or through an account that is located out.	MONTGOME  MONTGOM  MONTGOM  MONTGOM  MONTGOM  A94 and Federal Taxable or refund)  age 16 of instructions to see it savings 3 Account Naticle of the United States	RY, AL MERY, AI e Income • \$_ our state tax refund)  Amount Amount f you qualify.) lumber: ? Yes	? • • • No	75,244	a
General information All Taxpayers Must Complete Fris Section. See page 15)	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the amount from the dependent chart on page 1.) Enter amount here and on page 1. If Residency Check only one box    New Your Side   Residency Check only one box   New Your Side   Residency Check only one tax return for the year 2013? If no, state reason	MONTGOME MONTGOME MONTGOM MONTGOM MONTGOM A94 and Federal Taxable of refund)  age 16 of instructions to see i Savings 3 Account Natice of the United States and attachments with my preparer.	RY, AL MERY, AI e Income • \$_ our state tax refund)  Amount Amount f you qualify.) lumber: ? Yes	? • • • No	75,244	a a
General Information All Taxpayers Must Complete This Section. (See page 15)  PART V Direct Deposit	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents charmed on page 1, I Residency Check only one box    Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 ILC  Enter the Federal Adjusted Gross Income    Teported on your 2014 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on If yes, enter source(s) and amount(s) below: (other than state income tax Source  Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See PRouting Number:  Is this refund going to or through an account that is located out in penalties of perjury, I declare that have examined this return and accompanying sobbeclaration of preparer (other than taxpayer) is based on all information of which preparer	MONTGOME MONTGOME MONTGOM MONTGOM MONTGOM A94 and Federal Taxable of refund)  age 16 of instructions to see i Savings 3 Account National States and attachments with my preparer. Education and to the be has any knowledge.	RY, AL  MERY, AI  e Income • \$_  bur state tax refund)  Amount  Amount  f you qualify.)  lumber:  ? Yes  set of my knowledge a	? • • • No	75,244	a
General Information All Taxpayers Must Complete This Section. (See page 15)  PART V Direct Deposit  Sign Here In Black Ink	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents charmed on page 1.]  Residency Check only one box     Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check on line on the year 2013?    If no, state reason    Give name and address of present employer(s).    Your Spouse's    OM SAI 2 INC    Your Spouse's    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Income    Nesidency Check on SAI 1 LLC    Enter the Federal Adjusted Gross Inco	MONTGOME MONTGOME MONTGOME MONTGOM A94 and Federal Taxable your Alabama return (other than your refund)  age 16 of instructions to see it also and salvements with my preparer, adules any knowledged. Account Natice of the United States and attachments with my preparer, adules any knowledged. Account Natice of the United States and statements, and to the behavior and the same knowledged.	RY, AL  MERY, AI e Income • \$_  our state tax refund)  Amount  Amount  f you qualify.)  lumber: ? Yes  set of my knowledge accupation	? • • • No	75,244	a
General Information All Taxpayers Must Complete Fhis Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents charmed the dependent charmed to page 1.) Enter amount here and on page 1. I Residency Check only one box    New Your Side reason	MONTGOME MONTGOME MONTGOME MONTGOM A94 and Federal Taxable your Alabama return (other than your refund)  age 16 of instructions to see in Savings 3 Account Notatide of the United States and attachments with my preparer, soldies any knowledgte, and to the behavior and the control of the United States and the	RY, AL  MERY, AI e Income • \$_  pur state tax refund)  Amount Amount f you qualify.)  Jumber: ? Yes  set of my knowledge a  ccupation  NAGER	? • • • No	75,244	a
General Information All Taxpayers Must Complete This Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your	2 1 2 3 4 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents chairmed on line 1 by the total number of dependents chairmed on page 1, I Residency Check only one box    Residency Check only one box   Mark   Full Year   Power of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of property of property of property of property of property of the property of the property of property of property of property of the property of the property of the property of property of property of the property of property of property of property of the property of property of property of property of the property of property of property of property of the property of property of property of property of property of property of property of the property of property of property of property of property of the property of property of property of the property of property of the property of property of the property of property of the property of property of the property of the property of property of the propert	MONTGOME MONTGOME MONTGOME MONTGOM  MONTGOM  MONTGOM  494 and Federal Taxable  your Alabama return (other than your refund)  age 16 of instructions to see it also as a savings 3 Account Net account in the same of the United States and attachments with my preparer, adules any knowledge.  Telephone Number Your O  MAI  Telephone Number Spouse  Program  MAI  Telephone Number Spouse  Program  MAI  Telephone Number Spouse  MAI  Telephone Number Spouse  MAI  Telephone Number Spouse  Telephone Numbe	RY, AL  MERY, AI e Income • \$_  our state tax refund)  Amount  Amount  f you qualify.)  lumber: ? Yes  set of my knowledge accupation	? • • • No	75,244	a
General Information All Taxpayers Must Complete This Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your	2 1 2 3 4 5 5	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents charmount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Residency Check only one box   Residency Check only one box   Residency Check only one box   Residency Check only one box   Residency Check only one box   Residency Check only one box   Residency Check only one can be a series on the page 1. I Residency Check on the page	MONTGOME MONTGOME MONTGOME MONTGOM  MONTGOM  MONTGOM  494 and Federal Taxable  your Alabama return (other than your refund)  age 16 of instructions to see it also as a savings 3 Account Net account in the same of the United States and attachments with my preparer, adules any knowledge.  Telephone Number Your O  MAI  Telephone Number Spouse  Program  MAI  Telephone Number Spouse  Program  MAI  Telephone Number Spouse  MAI  Telephone Number Spouse  MAI  Telephone Number Spouse  Telephone Numbe	RY, AL MERY, AI e Income • \$_ our state tax refund)  Amount Amount f you qualify.)  Humber: ? Yes est of my knowledge accupation NAGER Vis Occupation NAGER	?  No No and belief, they	75,244  Yes XN  are true, correct, and co	a
General Information All Taxpayers Must Complete This Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.	2 1 2 3 4 5 1 4 5 Vundi	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Nesidency Check on line and address of present employer(s).  Your Sourse    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check only one box    Nesidency Check on line check on line box    Nesidency Check on line	MONTGOME  MONTGOME  MONTGOME  MONTGOM  MONTGON  494 and Federal Taxable or refund)  age 16 of instructions to see i Savings 3 Account Naticle of the United States and attachments with my preparer. Savings and to the behas any knowledge.  Telephone Number Your Oman MAI  Check if Seif-employed P	RY, AL  MERY, AI e Income • \$_  bur state tax refund)  Amount Amount f you qualify.)  lumber: ? Yes  ccupation  NAGER  reparer's SN or PTP P0017070	No No and belief, they	75,244  Yes X  are true, correct, and co	a
General Information All Taxpayers Must Complete This Section. (See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid	2 1 2 3 4 5 1 4 Frep SPO	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of dependents claimed on line 1 by the total number of the total number of the year 2013?  If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 LLC  Enter the Federal Adjusted Gross Income •\$ 99, reported on your 2014 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on if yes, enter source(s) and amount(s) below: (other than state income tax Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See PRouting Number:  Is this refund going to or through an account that is located out penalties of perjury, I declare that I have examined this return and accompanying sob Declaration of preparer (other than taxpayer) is based on all information of which preparer ser's Signature  Date  Date  Date  Date  Date  Date	MONTGOME  MONTGOME  MONTGOME  MONTGOM  MONTGON  494 and Federal Taxable or refund)  age 16 of instructions to see i Savings 3 Account Naticle of the United States and attachments with my preparer. Savings and to the behas any knowledge.  Telephone Number Your Oman MAI  Check if Seif-employed P	RY, AL  MERY, AI  e Income • \$_  bur state tax refund)  Amount  Amount  f you qualify.)  lumber:  ? Yes  set of my knowledge a  coupation  NAGER  reparer's SN or PTI  P0017070  Daytime  Telephon	No No Page 19 No No No No No No No No No No No No No	75,244  Yes X  are true, correct, and co	a No
General Information All Taxpayers Must Complete This Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's	2 1 2 3 4 5 1 4 Undiplete Your Prep	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents charmount here and on page 1, I Residency Check only one box    Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 ILC  Enter the Federal Adjusted Gross Income    Treported on your 2014 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on If yes, enter source(s) and amount(s) below: (other than state income tax Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See PRouting Number:    Is this refund going to or through an account that is located out penalties of perjury, I declare that have examined this return and accompanying solution of preparer (other than taxpayer) is based on all information of which preparer ser's Signature    Date    Daytim	MONTGOME  MONTGOME  MONTGOME  MONTGOM  MONTGON  494 and Federal Taxable or refund)  age 16 of instructions to see i Savings 3 Account Naticle of the United States and attachments with my preparer. Savings and to the behas any knowledge.  Telephone Number Your Oman MAI  Check if Seif-employed P	RY, AL  MERY, AI  e Income • \$_  our state tax refund)  Amount  Amount  f you qualify.)  lumber:  ? Yes  est of my knowledge a  coupation  NAGER  reparer's SSN or PTP  PO 0 17 0 7 0  Davtime	No No Page 19 No No No No No No No No No No No No No	75,244  Yes X  are true, correct, and co	a a No
General Information All Taxpayers Must Complete	2 1 2 3 4 5 1 4 Undiplete Your Prep	Amount allowed. (Multiply the total number of dependents claimed on line 1 by by the amount from the dependent chart on page 10.) Enter amount here and on page 1. I Residency Check only one box    Did you file an Alabama income tax return for the year 2013? If no, state reason  Give name and address of present employer(s).  Yours OM SAI 2 INC  Your Spouse's OM SAI 1 ILIC  Enter the Federal Adjusted Gross Income    Teported on your 2014 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on: If yes, enter source(s) and amount(s) below: (other than state income tax Source  Source  For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See P Routing Number:    Is this refund going to or through an account that is located out in penalties of perjury, I declare that have examined this return and accompanying solve penalties of perjury, I declare that have examined this return and accompanying solve ser's Signature  Date Deaytim  Date Deaytim  Date Deaytim  Date SAJJAN G. RAJENDRA, LICC  SAJJAN G. RAJENDRA, LICC  PICE STATE	MONTGOME  MONTGOME  MONTGOM  MONTGOM  MONTGOM  MONTGOM  MONTGOM  A94 and Federal Taxable of the United States  age 16 of instructions to see it against the statements with my preparer, adules and statements, and to the behave any knowledge.  Telephone Number  MAN  Be Telephone Number  Spouse  MAN  Check if Self-employed P  1.5 X	RY, AL  MERY, AI  MERY, AI  e Income • \$_  our state tax refund)  Amount  Amount f you qualify.)  lumber: ? Yes  ccupation  NAGER  reparer's SN or PT  PO 17 0 7 0  Daytime Telepho  ZiP  Code	No No and belief, they	75,244  Yes X  are true, correct, and co	77111111111111111111111111111111111111
General Information All Taxpayers Must Complete This Section. See page 15)  PART V Direct Deposit  Sign Here In Black Ink Keep a copy of this return for your records.  Paid Preparer's	2 1 2 3 4 5 1 4 Frep SP Firm if seld	Amount allowed. (Multiply the total number of dependents claimed on line 1 by the total number of dependents charmount here and on page 1.]  Residency Check only one box	MONTGOME MONTGOME MONTGOME MONTGOME MONTGOM MONTGOME MONTGOM A94 and Federal Taxable of the United States and attachments with my preparer.  addues and statements, and to the behas any knowledge. Telephone Number MAN Check if Seif-employed P L5 X  If you are making a paym.	RY, AL  MERY, AI  e Income • \$_  our state tax refund)  Amount  Amount  f you qualify.)  lumber:  ? Yes  coupation  NAGER  reparer's SSN or PT  P0017070  Daytime Telephre  Code	No No and belief, they	75,244  Yes X N  are true, correct, and co 20 - 3656 34 - 277 - 04 36124 - 051	a No

878 S.

A, B, & DC (FORM 40)



Alabama Department of Revenue
Schedule A-Itemized Deductions

2014

(Schedules B and DC are on back page)

lame(s) as shown on BHAVESH B	s.	MITALBAHEN R PATEL					Your social security number -1368	_
he itemized deduction	ons y tructi	you may claim for the year 2014 are similar to the itemized do yous before completing this schedule. PART-YEAR RESIDEN ually paid while a resident of Alabama.	educi NTS:	ions claimed on your Federal A resident of Alabama for on	reti y a	urr pa	i, however, the amounts may irt of the year should list below	_
may anoso document		CAUTION: Do not include expenses reimbursed or paid by others.	Τ-			1		
u - dia al amal		Medical and dental expenses.	1	00	)	١		
Medical and Dental Expenses		Enter amount from Form 40, line 10. 2 OC			7	-		
(See page 18)		Multiply the amount on line 2 by 4% (.04). Enter the result.	∃ з	00				
	4	Subtract line 3 from line 1. Enter the result. If zero or less, e	enter -	-0	]_	4	• 00	)
	5	Real estate taxes.	5	1,275 00				
		FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	5,428 0	)			
Taxes You Paid	7	Railroad Retirement (Tier 1 only).	7	0.0	)			
See page 18)	8	Other taxes. (List – include personal property taxes.)				١	,	
	Ŭ		8	0	2		6 500	
	9	Add the amounts on lines 5 through 8. Enter the total here.		<del></del>		9	• 6,703 oc	<u>)                                    </u>
	10a	Home mortgage interest and points reported to you on Federal Form 1098.	10a	5,5070	긱			
Interest You Paid	b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to				ĺ		
(See page 19)		an individual, show that person's name and address.)						
NOTE: Personal								
interest is not			101		-1		1	
deductible.	11	Qualified mortgage insurance premiums			_			
	12	Points not reported to you on Form 1098.	12		_		1	
		Investment interest. (Attach Form 4952A.)	13	0	_		E 530	_
	14	Add the amounts on lines 10a through 13. Enter the total he	ere.	<del></del>	41	4	5,530 0	0
		CAUTION: If you made a charitable contribution and received a benefit in return,	- 1		ļ			
		see page 18.	İ					
Gifts to Charity	15	Contributions by cash or check.	15		_			
(See page 18)	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		$\neg$			
	17	Carryover from prior year.	17		_			
		Add the amounts on lines 15 through 17. Enter the total he			_	18	• 0	<u> </u>
Casualty and		Enter the amount from Federal Form 4684, line 16 (See page 19).	19		_			
Theft Loss		Enter 10% of your Adjusted Gross Income (Form 40, line 10).	19	<u> </u>	익	_	00	
(Attach Form 4684)		Subtract line 19b from line 19a. If zero or less, enter -0		T	- 1	90	0 0	U
	20	Unreimbursed employee expenses — job travel, union dues, job education, etc.						
		(You MUST attach Federal Form 2106 if required. See instructions.)	.					
			-					
Job Expenses			_ 20	<u> </u>	0			
and Most Other Miscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type						
Deductions		and amount.	-  _		اي		1	
(See page 20)			2		0			
	22	Add the amounts on lines 20 and 21. Enter the total.	2:	·	10			
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	2	<u> </u>	-	24	0 0	າດ
	24	Subtract line 23 from line 22. Enter the result. If zero or les Other (from list on page 20 of instructions). List type and a			+			<u></u>
044	25	Other (from list on page 20 or instructions). List type and a	inoui	II	-			
Other Miscellaneous					-			
Deductions					-			
						25		00
Qualified Long-		CAUTION: Do not include medical premiums.						
Term Care Ins. Premiums		Fater emount here				26	6	00
	26	Enter amount here.  Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26	. Ent	er the total here. Then	+			Ť
Total Itemized Deductions	27	enter on Form 40, page 1, line 11				27	12,233	00
		enter on rount 40, page 1, time 11.				_	-b-dule A (Form 40) 2014 10:	~

SCHEDULE (FORM 40)

Alabama Department of Revenue
Supplemental Income and Loss 2014

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ ATTACH TO FORM 40. ▶ SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40). Your social security number Name(s) shown on return 1368 BHAVESH B & MITALBAHEN R PATEL Income or Loss From Rental Real Estate and Royalties Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ Yes No 2 For each rental real estate property 1 Show the kind and location of each Rental Real Estate Property: listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of В 14 days, or · 10% of the total days rented at fair rental value? С Totals Properties (Add Columns A, B, and C) С Income: 00 | 00 00 3 Rents received ...... 00 00 00 00 4 Royalties received Expenses: 00 nn 5 Advertising ..... 00 00 00 6 6 Auto and travel 00 00 00 7 Cleaning and maintenance 00 00 00 8 Commissions 00 00 00 9 Insurance 00 00 10 Legal and other professional fees 00 10 00 00 11 Management fees 00 00 00 00 00 12 Mortgage interest ..... 12 00 00 13 00 13 Other interest 00 00 14 14 Repairs 00 loo 15 Supplies 15 00 00 00 16 Taxes ..... 00 00 00 17 17 Utilities 00 00 00 18 Other (list) ▶ 00 00 00 00 00 00 00 19 19 Add lines 5 through 18 20 Depreciation expense 00 20 00 00 00 or depletion 20 21 Total expenses. 00 00 Add lines 19 and 20 22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties) 00 00 23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here Income from Partnerships, S Corporations, (h) PART II <sup>'</sup> Employer Identification **Estates and Trusts** Estate S Com Amount (g) Name and Address or Trust Number Check One OM SAI 1 LLC 3184 45,384 00 X 3445 ATLANTA HWY OM SAI 2 INC -41,552 00 5183 X 8832 PEMBERTON PARK MBM 01 INC 12,688 00 X 5622 8832 PEMBERTON PARK MBM 01 INC 12,688 00 8832 PEMBERTON PARK 24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the total here and include on line 25 below. 25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6 Schedule E (Form 40) 2014 1022 SÇHEDULE (FORM 40)

Alabama Department of Revenue
Supplemental Income and Loss 2014

(FORM 40) (From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ ATTACH TO FORM 40. ▶ SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40). Your social security number Name(s) shown on return 1368 BHAVESH B & MITALBAHEN R PATEL

Income or Loss From Rental Real Estate and Royalties Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ Yes No 2 For each rental real estate property 1 Show the kind and location of each Rental Real Estate Property: listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of В · 10% of the total days rented at fair rental value? С Totals **Properties** (Add Columns A, B, and C) В Income: 00 00 3 Rents received ...... 00 00 00 00 00 4 Royalties received Expenses: 00 00 5 Advertising ..... 00 00 00 6 Auto and travel ..... 00 00 00 7 Cleaning and maintenance 7 00 8 Commissions 00 00 00 00 00 9 Insurance 9 00 10 Legal and other professional fees . . . . . . . 00 00 10 00 00 11 Management fees .... 00 11 00 00 12 00 00 12 Mortgage interest ..... 12 00 00 13 Other interest 00 13 00 00 00 14 Repairs 14 00 00 15 Supplies ..... 15 00 00 00 00 16 Taxes ..... 16 00 17 Utilities 17 00 00 00 00 18 Other (list) ▶ 00 00 00 00 00 00 00 19 Add lines 5 through 18 20 Depreciation expense 00 20 00 00 00 or depletion ..... 21 Total expenses. 00 00 00 Add lines 19 and 20 22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties) 00 00 23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here Income from Partnerships, S Corporations, PART II ) Employer Identification **Estates and Trusts** Estate S Corp Amount (g) Name and Address Check One Number ship MBM 02 LLC -659 00 X 8832 PEMBERTON PARK 00 00 00 24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the 28,549 00 total here and include on line 25 below. 28,549 00 25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6 Schedule E (Form 40) 2014 1022

1368	Alabama Statemen	its		
Sta	atement 1 - Form 40 - Wages, Sala	ries, Tips, etc	<u>;</u>	
Name	Address		ama Tax thheld	Income
OM SAI 1 LLC	MONTGOMERY, AL	\$	939 \$	28,00
OM SAI 1 LLC	MONTGOMERY, AL		729	24,00
OM SAI 2 INC	MONTGOMERY, AL		122	10,00
NR LLC	MILLBROOK, AL		220	5,94
ALPA LLC	MONTGOMERY, AL		10	3,00
TOTAL		\$	2,020 \$	70,94

Form AL-40	Alabama Federal Income Tax Deduction Worksheet		2014
me		axpayer Identi	ification Number
		1	L368
BHAVESH B	& MITALBAHEN R PATEL		
	Federal Income Tax Deduction Worksheet - Form 40 Line 12 or Form 40NR Li	ne 4 Part l'	V
1. Enter the tax as	shown on line 56, Form 1040, line 37 on Form 1040A, line 10 on Form 1040 EZ	1.	9,519
or line 53 on Fo	rm 1040NR		2,02
2. Net Investment	Income Tax. Enter amount from line 17, Form 8960	··· <del>[</del> -—	9,519
3. Federal Tax. Ac	id lines 1 and 2	••	
4. a Earned inc	ome Credit (EIC). Enter the amount from line 66a, Form 1040, line 42a on Form 1040A	4a	
or line 8a o	n Form 1040EZ		
	child tax credit. Enter the amount from line 67, Form 1040, line 43 on Form 1040A	4b.	
••••••	n Form 1040NR		
c American	Opportunity Credit.	4c.	
	mount from line 68, Form 1040 or line 44 on Form 1040A		
d Credits fro	m Form 2439.	4d.	
Enter the a	mount from line 73, Form 1040 or line 69 on form 1040NR		
	c, and d from line 3 and enter on line 12 of Form 40 or line 4, Part IV, page 2 on Form 40NR		
6. Subtract line 5	heet below applies. If amount is negative enter zero	6	9,51
if neither works	neet below applies. If allfourt is negative once 2000		
	Ratio of Alabama AGI to Federal AGI (part-year returns only)		
		1.	
1. Alabama AGI (	line 10 of Form 40) SI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040NR)	2.	
2. Joint federal A	31 (line 37 or Form 1040, line 21 of 1 of the 1040A, line 4 of 1 of the 1040A	3.	
Divide line 1 by     Multiply line 6	line 2 above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero	4	
4. Multiply line 6,	above, by line 3 and effect of finite 12 of 1 of 11 of 12 of 1 of 11 of 12 of 1 of 1		
Ratio of	separate federal AGI to combined federal AGI (full year residents with a joint federal retu	rn and split or	separate state re
	1040NF or 1040 No. 24 of Form 1040N line 4 of Form 1040F7 or line 36 of Form 1040NF	8) 1.	
Separate feder	al AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040NF eral AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040N	R) 2.	
2. Combined fed	eral AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of 1 of the 1040L2 of line 30 of 1 of the 1040A	3.	
3. Divide line 1 by	line 2 above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero	4	
<ol> <li>Multiply line 6,</li> </ol>	above, by line 3 and enter on line 12 or Form 40. It amount to negative street 200		

orm ÅL 40   Alaba	ma Late Filing Interest and Per	nalty Workshe	ets		2014
me			Ta	xpayer Identi	ification Number
	IN D DATET.			- 1	1368
BHAVESH B & MITALBAHE	Late Payment Interest Works	chaet			
			# of	Interest	Interest Amount
Description	Amount	Balance 1,613	Days	Rate %	Amount
TAX DUE - 4/15/15	1,613	1,613	76	3.00	10
4/16/15 - 6/30/15		1,613	92	3.00	12
7/01/15 - 9/30/15		1,613	15	3.00	2
10/01/15 - 10/15/15		1,637			
OATE FILED - 10/15/1	·	27007			
			<del></del>		2
Total Late Payment Interest				:	2
Total Late Payment Interest  Description	Failure to File Penalty Works Amount	sheet Balance	# of Months	Penalty Rate %	Penalty Amount
	Failure to File Penalty Works Amount				Penalty
Description	Failure to File Penalty Works Amount	Balance			
Description	Failure to File Penalty Works Amount	Balance			Penalty Amount
Description  Total Failure to File Penalty	Failure to File Penalty Works Amount	Balance  Sheet  Balance	Months	Rate %	Penalty Amount
Description  Total Failure to File Penalty  Description  TAX DUE - 4/15/15	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works	Balance sheet Balance 1,61	# of Months	Penalty Rate %	Penalty Amount Penalty Amount
Description  Total Failure to File Penalty  Description	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works	Sheet  Balance  1,61 1,61	# of Months 3 6	Rate %	Penalty Amount Penalty Amount
Description  Total Failure to File Penalty  Description  TAX DUE - 4/15/15	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works  Amount  1,613	Balance sheet Balance 1,61	# of Months 3 6	Penalty Rate %	Penalty Amount Penalty Amount
Description  Total Failure to File Penalty  Description  TAX DUE - 4/15/15  4/16/15 - 10/15/15	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works  Amount  1,613	Sheet  Balance  1,61 1,61	# of Months 3 6	Penalty Rate %	Penalty Amount Penalty Amount
Description  Total Failure to File Penalty  Description  TAX DUE - 4/15/15  4/16/15 - 10/15/15	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works  Amount  1,613	Sheet  Balance  1,61 1,61	# of Months 3 6	Penalty Rate %	Penalty Amount
Description  Total Failure to File Penalty  Description  TAX DUE - 4/15/15  4/16/15 - 10/15/15	Failure to File Penalty Works  Amount  Failure to Pay Penalty Works  Amount  1,613	Sheet  Balance  1,61 1,61	# of Months 3 6	Penalty Rate %	Penalty Amount  Penalty Amount

1200	Alabama Statements	
368	Alabama Statements	
Alat	bama Schedule A - Real Estate Taxes	
Description	Amount	
REAL ESTATE TAXES	\$ 1,275	
TOTAL	\$1,275	
Alabama Schedule	A - Home Mortgage Interest & Points from Form 1098	
Description	Amount	
WELLS FARGO BANK REGIONS BANK	\$ 2,247	
TOTAL	3,260 \$ 5,507	
	hedule A - Points Not Reported on Form 1098	
Description	Amount	
IBERIABANK MORTGAGE CO TOTAL	\$ 23 \$ 23	
TOTAL	\$23	
		4
		de fé
		å ř
		\$ <del>*</del> * ·
		***

<u>: 1040</u>			<u>ual Income</u>	Tax Retu	<u>irn   20</u>						ot write or staple in this	
For the year Jan. 1–D		2015, or other tax yes				, 2015, end	ling	, 20			eparate instructions	3.
Your first name and i			PATEL						"	our soc	-1368	
If a joint return, spous		name and initial	Last name						s	pouse's	s social security number	er
MITALBAI			PATEL								-59 <sup>7</sup> 6	
Home address (numb	er and :	street). If you have a	P.O. box, see instruction	ons.				Apt. no	o. 1	<b>)</b> Ma	ke sure the SSN(s) above	ve
										a	and on line 6c are correct	
		e, and ZIP code. If yo	u have a foreign addre		aces below (see instr	uctions).				- (	Presidential Election C Check here if you, or you	r spouse
MONTGOM			AL	36117			T			f	if filing jointly, want \$3 to grant fund. Checking a box below	ow will
Foreign country name	•		Foreign province/sta	ate/county			Foreign	postal code		'	not change your tax or re	fund. Spouse
Filing Status	1	Single	1		4	Head of hous	ehold (with	n qualifying person	on). (See i	nstructio	ons.) If	pouse
rilling Status	<b>-</b>	.≓ <sup>*</sup>	tly (even if only one ha	ad income)		the qualifying child's name I		a child but not y	our depen	dent, en	ter this	
Check only one	3	_	parately. Enter spouse's	s SSN above	5	Qualifying wid	ow(er) wit	h dependent chi	ld			
box.		and full name he	re. <b>u</b>			'						
Exemptions	6a		f someone can c	laim you as a d	ependent, do no	t check box	6a				Boxes checked on 6a and 6b	2
•	b	X Spouse					····				J No of children	
	С	Dependents:			(2)	Dependent's		(3) Depender	ıt's	(4) Ü child ur age 17	If on 6c who: nder ● lived with you	1
		= ·			social	security number		relationship to	you	for ch tax cre	edit • did not live wit	
If more than four		(1) First name	Last	name		-11	55 D	AUGHTER		(see in	or separation	
dependents, see							35 5	AUGIIIEK			(555 111511 45115115)	•
instructions and check here <b>u</b>											<ul> <li>Dependents on 6 not entered abov</li> </ul>	
											Add numbers on	
	d	Total number of	of exemptions cla	imed							Add numbers on lines above <b>u</b>	3
_	7	Wages, salaries, tip	s, etc. Attach Form(s)	W-2						7	72,	400
Income	8a		st. Attach Schedu							8a		
Attach Form(s)	b	Tax-exempt in	nterest. Do not in	clude on line 8a	a . <sub>.</sub>	<b>8b</b>			_			
W-2 here. Also attach Forms	9a	Ordinary divide	ends. Attach Sche	edule B if requir	red					9a		
W-2G and	b 10	Qualified divide	Qualified dividends					_	10			
1099-R if tax was withheld.	11	Alimony received						11				
	12	•								12		
If you did not get a W-2,	13		Business income or (loss). Attach Schedule C or C-EZ  Capital gain or (loss). Attach Schedule D if required, thot required, check here u					13				
see instructions.	14	Other gains or	(losses). Attach	Form 4797					[	14		
	15a	IRA distribution		15a		<b>b</b> Taxal				15b		
	16a	Pensions and		16a		<b>b</b> Taxal				16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17	23,	,211			
	18 19	Farm income or (loss). Attach Schedule F Unemployment compensation					18					
	19 20a		enefits	20a				ount		19 20b		
	21		List type and am	ount						21		
	22		mounts in the far		or lines 7 through				u	22	95,	611
	23	Educator expe	nses			23						
Adjusted	24		ss expenses of r		•							
Gross		fee-basis gove	rnment officials. A	Attach Form 21	06 or 2106-EZ <sub>.</sub>	24						
Income	25		account deduction		n 8889							
	26 27		ses. Attach Form		Cohodulo CE	26			121			
	27 28	Self-employed	t of self-employm SEP, SIMPLE, a	ent tax. Attach and qualified pla	Scriedule SE	27			121			
	29		health insurance									
	30	Penalty on ear	ly withdrawal of s	savings		30			$\neg$			
	31a		<b>b</b> Recipient's S			31a						
	32	IRA deduction				32						
	33	Student loan in	nterest deduction			33						
	34	Tuition and fee	s. Attach Form 8	917		34						
	35	-	uction activities d	leduction. Attacl	h Form 8903	35						101
	36	Add lines 23 th	•		-4-4 !				<u>.</u>	36	0.5	121
For Disalesure	37		6 from line 22. The						. u	37	95, 50m 104	490

Form 1040 (2015)	BHA	VESH B & MITALBAHEN R PATEL		-1368 Page 2
	38	Amount from line 37 (adjusted gross income)	38	95,490
Tax and	39a	Check You were born before January 2, 1951, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1951, Blind. Checked u 39a		
	) b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>u</b> 39b		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
for—	41	Subtract line 40 from line 38	41	82,890
People who	42	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	70,890
39a or 39b <b>or</b>	44	Toy (see instr.) Check if any from: 2   Form(s) b   Form c	44	9,709
who can be claimed as a	45	Alternative minimum tax (acc instructions) Attach Form 6251	45	
dependent, see				
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	9,709
All others:	47	Add lines 44, 45, and 46	47	9,709
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required 48	-	
separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,300 Married filing	50	Education credits from Form 8863, line 19 50	4	
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	_	
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52 1,000		
\$12,600	53	Residential energy credits. Attach Form 5695 53		
Head of household,	54	Other credits from Form:a 3800 b 8801 c 54		
\$9,250	55	Add lines 48 through 54. These are your total credits	55	1,000
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,709
0.1	57	Self-employment tax. Attach Schedule SE	57	242
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a		60a	
		Household employment taxes from Schedule H		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	1,498
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	1,430
	62	Taxes from: a Form 8959 b Form 8960 C Instructions; enter code(s)	62	10 440
	63	Add lines 56 through 62. This is your total tax	63	10,449
	64	Federal income tax withheld from Forms W-2 and 1099 64 3,452		
Payments	65	2015 estimated tax payments and amount applied from 2014 return 65	_	
If you have a	66a	Earned income credit (EIC) 66a		
qualifying child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	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		
	71	Excess social security and tier 1 RRTA tax withheld 71		
	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	3,452
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	3,132
Neiuliu		Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here	76a	
Discount description	76a		70a	
Direct deposit? See	u b	Routing number u c Type: Checking Savings		
instructions.	u d	Account number		
	77	Amount of line 75 you want applied to your 2016 estimated tax u 77		E 000
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions u	78	7,089
You Owe	79	Estimated tax penalty (see instructions) 79 92		
Third Part	<b>v</b> Do you	$\mathbf{x}$ want to allow another person to discuss this return with the IRS (see instructions)? $\mathbf{X}$ Yes. Comp		
Designee	Designee	e's Personal identification number (PIN) U	ı <u>5</u> .	5555
	name	u SAJJAN G. RAJENDRA, CPA Phone no. U		4-277-0483
Sign (	Under per they are t	nalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg	dge and b ge. I	pelief,   Daytime phone number
Here	Your sign	pature Date Your occupation MANAGER		
Joint return? See instr.	Spouse's	signature. If a joint return, <b>both</b> must sign.  Date Spouse's occupation		If the IRS sent you an Identity Protection PIN,
Keep a copy for your records.	Spouse's	MANAGER		enter it here (see instr.)
	Print/Type pr	reparer's name Preparer's signature Date	Chec	k X if PTIN
Paid	SAJJAN	G. RAJENDRA, CPA SAJJAN G. RAJENDRA, CPA 08/27/1		<b>—</b>
	Firm's name		Firm's EIN	
	Firm's addres	DO DOW 040513	Phone no	
222 <b>2</b> ,	auurca	MONTGOMERY AL 36124-0513		-277-0483
www.irs.gov/form10	040 8/2			7 , 367 Form 1040 (2015)

Sch	edule E (F	orm 1040) 2015				ı	Attachn	nent Sed	quence	No. <b>13</b>		Page 2
Name	e(s) shown on	return. Do not enter name and social se	ecurity number if shown on other side	е.				Your s	social sec	curity numb	er	
Е	HAVES	H B & MITALBAHI	EN R PATEL							-1368	3	
Cau	tion. The	IRS compares amounts report	ted on your tax return with a	amounts shown on	Schedule(s)	) K-1.		•	, ·			
P	art II	Income or Loss From any amount is not at risk, you									or which	
	unallowed	porting any loss not allowed in loss from a passive activity (if	that loss was not reported	on Form 8582), or				•				
	you answe	ered "Yes," see instructions be	efore completing this section	າ.				Τ.	Ye		No	
28			a) Name		(b) Enter P partnership; for S corpora	S fo	Check if reign nership	ign identification			(e) Check if any amount is not at risk	
<u>A</u>	SEE	STATEMENT 1					+	-				+
<u>В</u> С							+					+-
D							+					+
_		Passive Income and	Loss		No.	onpassi	ve Inc	ome and	d Loss			
	(f	) Passive loss allowed	(g) Passive income	(h) Nonpassive				79 expens			npassive ir	come
	(attac	ch Form 8582 if required)	from Schedule K-1	from Schedule	e K-1	dedu	ction fro	m Form 45	62	from	Schedule	K-1
<u>A</u>												
В												
<u>C</u>												
<u>D</u>	T. (.)		22.269	 							0.4	252
29a b	Totals Totals		32,268		3,876			89	434		04	,253
30		ımns (g) and (j) of line 29a						0,	30		116	,521
31		mns (f), (h), and (i) of line 29th							31	(	93	,310)
32		rtnership and S corporation										
	result he	ere and include in the total on	line 41 below						32		23	,211
P	art III	Income or Loss From	Estates and Trusts									
33			(a) Name								Employer tion numbe	r
В												
		Passive Incom	e and Loss			Non	passiv	e Incon	ne and	Loss		
		ive deduction or loss allowed	(d) Passive incom-			eduction or					income from	m
	(attac	ch Form 8582 if required)	from Schedule K-	1	from	Schedule	K-1			Schedule K-1		
<u>A</u>												
<u>B</u>	<b>-</b>											
34a	Totals											
35		ımns (d) and (f) of line 34a							35			
36		mana (a) and (a) of line 24h							36	(		
37		tate and trust income or (los	ss). Combine lines 35 and 3									
	include ii	n the total on line 41 below							37			
P	art IV	Income or Loss Fron	n Real Estate Mortga			s (REN	/IICs)	–Resi	dual	Holder		
38		(a) Name	(b) Employer identification number	(c) Excess inclusion fro Schedules Q, line 20	,   (a	l) Taxable i					ome from es Q, line 3	h
			Identification number	(see instructions)		nom <b>conce</b>	uics <b>u</b> ,			Concuan	<b>23 Q</b> , III 0 0	
39	Combine	columns (d) and (e) only. En	ter the result hard and inclu	ide in the total on lin	11 holow	,			39			
	art V	Summary	ter the result here and inclu	ide in the total on iii	ie 41 below	<i>/</i>			39			
40		rental income or (loss) from I	Form 4835. Also complete	line 42 below					40			
41		me or (loss). Combine lines 26, 32, 37, 3						▶	41		23	,211
42		liation of farming and fishin										
		and fishing income reported or	• . •									
	•	065), box 14, code B; Schedul	,									
4-		Schedule K-1 (Form 1041), box	:		. 42							
43		liation for real estate profes onal (see instructions), enter the										
		e on Form 1040 or Form 1040	ONR from all rental real esta	ate activities	40							

DAA Schedule E (Form 1040) 2015

#### **SCHEDULE SE** (Form 1040)

#### **Self-Employment Tax**

OMB No. 1545-0074 2015

Department of the Treasury Internal Revenue Service

u Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese. u 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) BHAVESH B PATEL

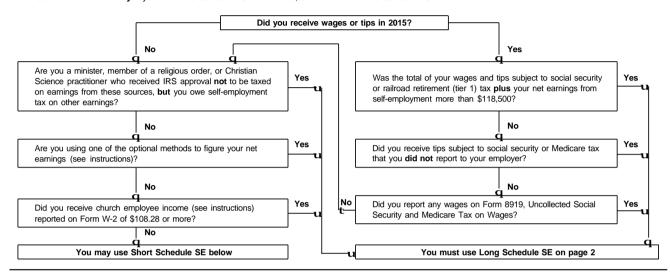
Social security number of person with self-employment income u

-1368

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form		
	1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),		
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.		
	Ministers and members of religious orders, see instructions for types of income to report on		
	this line. See instructions for other income to report	2	1,710
3	Combine lines 1a, 1b, and 2	3	1,710
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 u	4	1,579
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,		
	see instructions.		
5	Self-employment tax. If the amount on line 4 is:		
	• \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57,		
	or Form 1040NR, line 55		
	• More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result.		
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	242
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (.50). Enter the result here and on <b>Form</b>		
	1040, line 27, or Form 1040NR, line 27		

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

Schedule SE (Form 1040) 2015

Form **4952** 

**Investment Interest Expense Deduction** 

u Information about Form 4952 and its instructions is at www.irs.gov/form4952.

u Attach to your tax return.

OMB No. 1545-0191

2015
Attachment

Attachment Sequence No. **51** Internal Revenue Service Name(s) shown on return Identifying number BHAVESH B & MITALBAHEN R PATEL -1368 **Total Investment Interest Expense** 17,253 Investment interest expense paid or accrued in 2015 (see instructions) Disallowed investment interest expense from 2014 Form 4952, line 7 2 17,253 Total investment interest expense. Add lines 1 and 2 Part II **Net Investment Income** 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) 4a b Qualified dividends included on line 4a 4b c Subtract line 4b from line 4a 4с **d** Net gain from the disposition of property held for investment e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) f Subtract line 4e from line 4d 4f g Enter the amount from lines 4b and 4e that you elect to include in investment income (see 4g h Investment income. Add lines 4c, 4f, and 4g 0 4h 5 Investment expenses (see instructions) 5 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-0 **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from 7 line 3. If zero or less, enter -0-

For Paperwork Reduction Act Notice, see page 4.

8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions

Form **4952** (2015)

#### ALT. MIN. TAX

### **Investment Interest Expense Deduction**

u Information about Form 4952 and its instructions is at www.irs.gov/form4952.

OMB No. 1545-0191 2015

Department of the Treasury Internal Revenue Service (99)	ır tax return.		Attachment Sequence No. <b>51</b>
Name(s) shown on return		Identifying numbe	r
BHAVESH B & MITALBAHEN R PATEL			L368
Part I Total Investment Interest Expense			
1 Investment interest expense paid or accrued in 2015 (see instructions)		1	17,253
2 Disallowed investment interest expense from 2014 Form 4952, line 7		2	
3 Total investment interest expense. Add lines 1 and 2		3	17,253
Part II Net Investment Income			
4a Gross income from property held for investment (excluding any net			
gain from the disposition of property held for investment)			
<b>b</b> Qualified dividends included on line 4a	4b		
c Subtract line 4b from line 4a		4c	
d Net gain from the disposition of property held for investment	4d		
e Enter the smaller of line 4d or your net capital gain from the disposition			
of property held for investment (see instructions)	4e		
f Subtract line 4e from line 4d		4f	
g Enter the amount from lines 4b and 4e that you elect to include in investment	income (see		
instructions)		4g	
h Investment income. Add lines 4c, 4f, and 4g		4h	0
5 Investment expenses (see instructions)			
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-		6	0
Part III Investment Interest Expense Deduction			
7 Disallowed investment interest expense to be carried forward to 2016. Subtract	et line 6 from		
line 3. If zero or less, enter -0-			17,253
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. Se	ee instructions		<u> </u>

Form **4562** 

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

u Attach to your tax return.

OMB No. 1545-0172 2015

Department of the Treasury u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service Identifying number BHAVESH B & MITALBAHEN R PATEL -1368 Business or activity to which this form relates PASS-THROUGH EXPENSE FROM K-1 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. Maximum amount (see instructions) 500,000 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 500,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) FROM SCHEDULE K-1 (FORM 1120S) 89,434 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 89,434 8 8 89,434 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 10 152,777 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 89,434 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2015 ...... 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property 20-year property 25-year property h Residential rental 27.5 yrs. S/L MM property 27.5 yrs. ММ S/I MM Nonresidential real 39 yrs. S/L property MM Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/L c 40-year 40 yrs S/L Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 89,434 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

THERE ARE NO AMOUNTS FOR PAGE 2

		<u>Stateme</u>	nt 1 - Sche	edule E, Page	<u>2, Li</u>	<u>ine 28</u>				
Name										
	P Fo S P	or tr EIN	Not at Risk	Passive Loss		Passive Income	Nonpass Loss		Sec 179 Deduct	Nonpass Income
M SAI 1 LLC	s	27-0583184		\$	\$		\$	\$	89,434 \$	
BM 01 INC	S	46-3245622								
OTHER RENTAL INCOME	S	46-3245622				16,134				
BM 01 INC	S	46-3245622								
OTHER RENTAL INCOME	S	46-3245622				16,134				
BM 02 LLC	S	47-1275594								3,49
USKAN 2631 LLC	P	47-3410498								1,71
C WOODLEY	S	47-2559142					3,876			
TOTAL				\$	0 \$	32,268		\$_	89,434 \$	84,25

For the year lan 1 D	ar 31 201	Individual Inco		2	016, ending		, 20		See sens	arate	instructions.	pace.
Your first name and in		o, or other tax year beginning	Last name	, 2	oro, enaing		, 20		Your social			
BHAVESH			PATEL								-1368	
If a joint return, spous		me and initial	Last name						Spouse's s	ocial s	security number	
MITALBAI			PATEL								-5976	
Home address (numb		et).	FAIRD					Apt. no.	Mak	(A CIII	re the SSN(s)	ahovo
											ine 6c are cor	
City, town or post offi	ce, state, a	nd ZIP code. If you have a forei	gn address, also compl	lete spaces bel	ow (see instruction	s).					Election Campai	
Montgome		•	AI			117					or your spouse if f	-
Foreign country name				reign province/			Foreign p	stal code	jointly, want	\$3 to g	go to this fund. Che ot change your tax	ecking
				- '	-				refund.			Spouse
1	Single	<u> </u>	1		4 Head	of house	hold (with gu	alifying perso	n). (See instru	$\overline{}$		-poulo
Filing 2		ed filing jointly (even if or	nlv one had incom	ne)	the qu		person is a ch		ur dependent,			
Status 3	-	filing separately. Enter spouse's	-	,	► Ciliu's	name n	icic.					
Check only one Check only one		name here.			5 Quali	ifvina	widow(er)	with depe	ndent child			
	6a	X Yourself. If someon	ne can claim vou	as a depen			. ,				Boxes checked	
Exemptions	b	X Spouse	•	•						Ì	on 6a and 6b No. of children	<u> </u>
-	С	Dependents:			) Dependent's		(3) Depende		(4) Chk if child	under	on 6c who:	_
(	1) First nar	•	name		security number		relationship to		for child tax cr (see instructi	edit ons)	lived with you	
_					-1165	D	aughter		x		you due to divo	orce
f more than four											(see instruction	ns)
dependents, see - nstructions and _											Dependents on not entered abo	ı 6c ove
check here											Add numbers	$\overline{}$
	d	Total number of exemp	tions claimed .								on lines above	3
Income	7	Wages, salaries, tips, e	etc. Attach Form(s	s) W-2 .					7		70,	900
liconie	8a	Taxable interest. Attac	h Schedule B if r	equired .					8a			
Attach Form(s)	b	Tax-exempt interest. I	Oo not include or	line 8a .		8b						
W-2 here. Also	9a	Ordinary dividends. At	tach Schedule B i	f required					9a	Ь_		
attach Forms	b	Qualified dividends .				9b						
W-2G and	10	Taxable refunds, credit	s, or offsets of sta	ate and loca	al income taxes				10	<u> </u>		
1099-R if tax was withheld.	11	Alimony received							11	<u> </u>		
was withintona.	12	Business income or (loss). Attach Schedule C or C-EZ							12	<u> </u>	(	872
f you did not	13	Capital gain or (loss).	Attach Schedule D	) if required	. If not required	d, che	ck here	<b>&gt;</b>	13	<u> </u>		
get a W-2,	14	Other gains or (losses)	1 1	97					14	<u> </u>		
see instructions.	15a	IRA distributions			I	Taxa	able amou	nt	15b			
	16a	Pensions and annuities					able amou		16b	-		
	17	Rental real estate, roya							17	-	61,	398
	18	Farm income or (loss).		eF					18	-		
	19	Unemployment comper	1 1			٠			19	-		
	20a	Social security benefits	s 20a			<b>)</b> laxa	able amou	nt		-		
	21	Other income							21	-	1 2 1	126
	22	Combine the amounts in t	he far right column	for lines 7 thr			otal income	• • • •	▶ 22	-	131,	426
Adjusted		Educator expenses				23						
Gross	24	Certain business expense				24						
Income	25	fee-basis government office Health savings accoun				24 25						
	26	•			_	26						
	27	Moving expenses. Atta Deductible part of self-				27		26	53			
	28	Self-employed SEP, SI				28		2 (				
	29	Self-employed health in		•	_	29						
	30	Penalty on early withdr			<del></del>	30						
	31a	Alimony paid <b>b</b> Recip	_		_	31a						
	32	IRA deduction				32						
	33	Student loan interest de			_	33						
	34	Tuition and fees. Attach				34						
	35	Domestic production ac				35						
	36	Add lines 23 through 3			_				36	1		263
	30											

Form 1040 (2016	6) BH <i>P</i>	AVESH B & MITALBAHEN PATEL		-1368 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	131,163
Credits	39a	Check <b>f</b> You were born before January 2, 1952, Blind. <b>Total boxes</b>		
Cieuits		if: Spouse was born before January 2, 1952, Blind. f checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 40	16,212
for -	41	Subtract line 40 from line 38	41	114,951
People who	42	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions .	. 42	12,150
check any box on line	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	. 43	102,801
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	17,243
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	. 45	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	. 46	
instructions.	47	Add lines 44, 45, and 46	<b>47</b>	17,243
•All others:	48	Foreign tax credit. Attach Form 1116 if required		· · · · · · · · · · · · · · · · · · ·
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49 600	)	
separately,	50	Education credits from Form 8863, line 19 50		
\$6,300 Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or	52	Child tax credit. Attach Schedule 8812, if required		
Qualifying widow(er),	53	Residential energy credit. Attach Form 5695 53 476	5	
\$12,600	54	Other credits from Form: a 3800 b 8801 c 54		
Head of	55	Add lines 48 through 54. These are your <b>total credits</b>	55	1,076
household, \$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		16,167
	57	Self-employment tax. Attach Schedule SE	. 57	526
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	. 58	520
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
Taxes	60 a			
		First-time homebuyer credit repayment. Attach Form 5405 if required	. 60b	
	61			2,762
	62	Health care: Individual responsibility (see instructions) Full-year coverage  Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	2,702
	63			19,455
	64	Add lines 56 through 62. This is your <b>total tax</b>		19,433
Payments		15 = 0.6	-	
If you have a	65 66a		_	
qualifying	b			
child, attach Schedule EIC.			_	
	67			
	68 69	7,11		
	70			
		· · · · ·		
	71	Excess social security and tier 1 RRTA tax withheld		
	72 72			
	73 74	Credits from Form: a 2439 b Reserved c 8885 d 73	74	20 002
Defund	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>		20,092
Refund	75 70-	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	$\neg$	637
D'	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . • Chapter •	76a	528
Direct deposit? See	b d	Routing number         X		
instructions.				
Amount	77 78	Amount of line 75 you want applied to your 2017 estimated tax ►   77    Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions in the following subtract line 74 from line 63.	<b>▶</b> 78	
You Owe	70 79			
Third Party				nplete below. X No
	Design	ee's Phone Personal ide	entification	plete below. X No
Designee	name Under p	no.  number (PII enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belie		correct, and
Sign		ely list all amount and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of whi	ich preparer has	
Here		gnature   Date   Your occupation   507   09-19-2017		Daytime phone number
Joint return? See	026	to singular the initiative back must be		Identity Protection PIN (see inst.)
instructions. Keep a copy for your records.		Date Spouse's occupation		I I I I I I I I I I I I I I I I I I I
your records.	356	Deta		PTIN
		of o digitation	eck X if	
Paid			f-employed	P00845932
Preparer		ype preparer's name Alpesh Patel		27_0624022
Use Only	Firm's	205 HG 46 HDGB GBB 7	rm's EIN 🕨	27-0624922
	rirm's		۵'	73-638-1418
EEA		TOCOWA, IND DISTA	ione no. 9	Form <b>1040</b> (2016)
				(=310)

Form **2210** 

## Underpayment of Estimated Tax by Individuals, Estates, and Trusts

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

OMB No. 1545-0074 2016 Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on tax return ► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

06

Identifying numbe BHAVESH B & MITALBAHEN PATEL -1368 Do You Have To File Form 2210? Complete lines 1 through 7 below. Is line 7 less than \$1,000? Don't file Form 2210. You don't owe a penalty. You don't owe a penalty. Don't file Form 2210 Complete lines 8 and 9 below. Is line 6 equal to or more than Yes (but if box E in Part II applies, you must file page 1 of line 9? Form 2210). You must file Form 2210. Does box B, C, or D in Part II Yes You may owe a penalty. Does any box in Part II below apply? apply? No No Yes You must figure your penalty. Don't file Form 2210. You aren't required to figure You aren't required to figure your penalty because the IRS your penalty because the IRS will figure it and send will figure it and send you a bill for any unpaid amount. If you you a bill for any unpaid amount. If you want to figure want to figure it, you may use Part III or Part IV as a it, you may use Part III or Part IV as a worksheet and worksheet and enter your penalty amount on your tax return, enter your penalty amount on your tax return, but but file only page 1 of Form 2210. don't file Form 2210. Part I **Required Annual Payment** 16,167 1 Enter your 2016 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) 2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net 526 Investment Income Tax (see instructions) 3 Refundable credits, including the premium tax credit (see instructions) 3 4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty. 16,693 Don't file Form 2210 4 5 Multiply line 4 by 90% (0.90)...... 5 3,592 6  $7 \quad \text{Subtract line 6 from line 4. If less than $1,000, \textbf{stop}; you don't owe a penalty. \textbf{Don't} file Form 2210 } \\$ 13,101 8 Maximum required annual payment based on prior year's tax (see instructions) 15,024 9 Required annual payment. Enter the smaller of line 5 or line 8 . . . . . . . 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. 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. You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form  $\mathbf{c}[\overline{\mathrm{X}}]$  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. Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

You filed or are filing a joint return for either 2015 or 2016, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2016)

Page 3

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.) **Payment Due Dates** Section A - Figure Your Underpayment (b) (d) 4/15/16 6/15/16 9/15/16 1/15/17 18 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in 14,550 18 19 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you 898 898 898 898 checked a box in Part II . . . . . . . . . . . . 19 Complete lines 20 through 26 of one column before going to line 20 of the next column. 20 Enter the amount, if any, from line 26 in the previous 1,796 20 898 2,694 1,796 2,694 3,592 21 Add lines 19 and 20 . . . . . . . . . . . . . . . . . 22 Add the amounts on lines 24 and 25 in the previous 22 23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 898 1,796 2,694 3,592 24 If line 23 is zero, subtract line 21 from line 22. 24 25 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 10,958 20 of the next column. Otherwise, go to line 26 25 26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of

Form 2210 (2016)

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.)

	and district)		
27	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure		
	the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line		
	76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box		
	in Part II	27	109

898

1,796

2,694

Form **2210** (2016) EEA

	m 2210 (2016) hedule Al - Annualized Income Installment Me	tho	d (See the instru	ctions )		Page
	ttes and trusts, <b>don't</b> use the period ending dates shown to the right.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)	(b)	(c)	(d)
	ead, use the following: 2/29/16, 4/30/16, 7/31/16, and 11/30/16.		1/1/16-3/31/16	1/1/16-5/31/16	1/1/16-8/31/16	1/1/16-12/31/16
_	art I Annualized Income Installments		1/1/10-3/31/10	1/1/10-5/51/10	1/1/10-0/31/10	1/1/10-12/31/10
	Enter your adjusted gross income for each period (see					
•	instructions). (Estates and trusts, enter your taxable					
	income without your exemption for each period.)	1				131,163
2	Annualization amounts. (Estates and trusts, see instructions)	2	4	2.4	1.5	1
3	Annualized income. Multiply line 1 by line 2	3		2.1	1.0	131,163
	If you itemize, enter itemized deductions for the period shown in					131/103
•	each column. All others enter -0-, and skip to line 7. Exception:					
	Estates and trusts, skip to line 9 and enter amount from line 3	4				16,212
5	Annualization amounts	5	4	2.4	1.5	1
6	Multiply line 4 by line 5 (see instructions if line 3 is more than \$155,650)	6	т	2.7	1.0	16,212
7	In each column, enter the full amount of your standard					10,212
•	deduction from Form 1040, line 40, or Form 1040A, line 24.					
	(Form 1040NR or 1040NR-EZ filers, enter -0 Exception:					
	•	7	12,600	12,600	12,600	12,600
٥	Indian students and business apprentices, see instructions.) Enter the <b>larger</b> of line 6 or line 7	8	12,600	12,600	12,600	16,212
	<u> </u>	9	(12,600)	(12,600)	(12,600)	114,951
		9	(12,000)	(14,000)	(14,000)	111,201
U	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	40	10 150	10 150	10 150	10 150
	1040NR or 1040NR-EZ filers, see instructions.)	10	12,150	12,150	12,150	12,150
	Subtract line 10 from line 9. If zero or less, enter -0-	11				102,801
	Figure your tax on the amount on line 11 (see instructions)	12				17,243
	Self-employment tax from line 34 (complete Part II below)	13				
4	Enter other taxes for each payment period					
	including, if applicable, Additional Medicare Tax					
_	and/or Net Investment Income Tax (see instructions)	14				15 040
	Total tax. Add lines 12, 13, and 14	15				17,243
6	For each period, enter the same type of credits as allowed					1 000
	on Form 2210, Part I, lines 1 and 3 (see instructions)	16				1,076
	Subtract line 16 from line 15. If zero or less, enter -0	17				16,167
	Applicable percentage	18	22.5%	45%	67.5%	90%
9	Multiply line 17 by line 18	19				14,550
	Complete lines 20-25 of one column before					
	going to line 20 of the next column.					
0	Enter the total of the amounts in all previous columns of line 25	20				
1	Subtract line 20 from line 19. If zero or less, enter -0-	21				14,550
2	Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column $% \left( 1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0$	22	3,756	3,756	3,756	3,756
23	Subtract line 25 of the previous column from line 24					
	of that column	23		3,756	7,512	11,268
4	Add lines 22 and 23	24	3,756	7,512	11,268	15,024
5	Enter the smaller of line 21 or line 24 here and on					
	Form 2210, Part IV, line 18 ▶	25				14,550
P	art II Annualized Self-Employment Tax (Form	า 104	40 and Form 104	IONR filers only)		
6	Net earnings from self-employment for the period					
	(see instructions)	26				
7	Prorated social security tax limit	27	\$29,625	\$49,375	\$79,000	\$118,500
8	Enter actual wages for the period subject to social security tax or					
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax.					
	Exception: If you filed Form 4137 or Form 8919, see instructions	28				
9	Subtract line 28 from line 27. If zero or less, enter -0-	29				
0	Annualization amounts	30	0.496	0.2976	0.186	0.124
1	Multiply line 30 by the <b>smaller</b> of line 26 or line 29	31	-	-		
	Annualization amounts	32	0.116	0.0696	0.0435	0.029
3	Multiply line 26 by line 32	33		2.2230		
4	Add lines 31 and 33. Enter here and on line 13 above	34				
<u> </u>	7 Add lines of dire oo. Effect field and of fine to above					Form <b>2210</b> (2016

SCHEDULE (Form 1040		OMB No. 1545-0074 <b>2016</b>		
Department of the T Internal Revenue Se	ervice	● (99) ► Attach to Form 1040.		Sequence No. <b>07</b>
Name(s) shown on			Yo	our social security number -1368
DUSAND		& MITALBAHEN PATEL  Caution: Do not include expenses reimbursed or paid by others.		-1300
	1	, , ,	,702	
Medical		Enter amount from Form 1040, line 38 2 131, 163	, 702	
and Dental		Multiply line 2 by 10% (0.10). But if either you or your spouse was		
Expenses	J		,116	
	4			0
		State and local (check only one box):		•
Taxes You Paid	J		,621	
i ala		b General sales taxes	, 021	
	6		, 284	
		Personal property taxes	104	
		Other taxes. List type and amount	101	
	٥	8		
	9			3,009
	10		,118	3,009
Interest You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid	, 110	
Tou Palu	•	to the person from whom you bought the home, see instructions		
Note:		and show that person's name, identifying no., and address		
Your mortgage		and show that porosite marrie, identifying no., and address		
interest deduction may				
be limited (see		11		
instructions).	12	Points not reported to you on Form 1098. See instructions for		
	12	special rules		
	13	Mortgage insurance premiums (see instructions)		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)		
	15	Add lines 10 through 14	1	5,118
	16			37110
Gifts to Charity			,834	
-	17	Other than by cash or check. If any gift of \$250 or more, see	, 552	
If you made a gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500 <b>17</b>	103	
benefit for it,	18			
see instructions.	19	Add lines 16 through 18	1	9 2,937
Casualty and				,
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	2	0
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job		
and Certain		education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.)		
Miscellaneous			, 432	
Deductions	22	Tax preparation fees	250	
	23	Other expenses - investment, safe deposit box, etc. List type		
		and amount SAFE DEPOSIT RENTAL 89		
		23	89	
	24	Add lines 21 through 23	,771	
	25	Enter amount from Form 1040, line 38 <b>25</b> 131, 163		
	26	Multiply line 25 by 2% (0.02)	,623	
-	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0	2	5,148
Other	28	Other - from list in instructions. List type and amount		
Miscellaneous				
Deductions			2	8
Total	29			
Itemized		No. Your deduction is not limited. Add the amounts in the far right column		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	2	9 16,212
		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		
For Paperwork	k Re	eduction Act Notice, see Form 1040 instructions.	So	chedule A (Form 1040) 2016

# SCHEDULE C (Form 1040)

#### **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074
2016

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. Department of the Treasury Attachment Sequence No ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service (99 Name of proprietor Social security number (SSN) 1368 BHAVESH B PATEL B Enter code from instructions Principal business or profession, including product or service (see instructions) Gas PumpS D Employer ID number (EIN), (see instr.) Business name. If no separate business name, leave blank. MBM02 LLC Business address (including suite or room no.) ▶ 2631 East South Blvd City, town or post office, state, and ZIP code Montgomery, AL 36116 Accrual (3) Other (specify) Accounting method: (1) X Cash (2) Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses If you started or acquired this business during 2016, check here . . . . . . . . . . . . . . . . . . . Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . No If "Yes," did you or will you file required Forms 1099? No Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1,127,834 Form W-2 and the "Statutory employee" box on that form was checked 2 3 1,127,834 1,094,023 4 33,811 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 33,811 Gross income. Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home **only** on line 30. 104 18 Office expense (see instructions) Advertising . . . . . . . . . Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) ..... 20 Rent or lease (see instructions): Commissions and fees . . . . a Vehicles, machinery, and equipment. 10 10 20a Contract labor (see instructions) **b** Other business property . . . . Depletion . . . . . . . . . . . . 21 Repairs and maintenance . . . . Depreciation and section 179 22 Supplies (not included in Part III) expense deduction (not 2,059 23 Taxes and licenses . . . . . . . included in Part III) (see 20,186 13 24 Travel, meals, and entertainment: instructions) Employee benefit programs 24a (other than on line 19) **b** Deductible meals and 2,094 44 Insurance (other than health) 24b entertainment (see instructions) Interest: Utilities . . . . . . . . . . . . . . . . 25 9,296 26 Wages (less employment credits) a Mortgage (paid to banks, etc.) . 26 450  $\boldsymbol{b}$  Other . . . . . . . . . . . . 27 a Other expenses (from line 48) 27a 17 Legal and professional services 17 450 b Reserved for future use 27h 34,683 28 Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . . . . . ▶ (872)30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (872)(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a X All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not

If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

trusts, enter on Form 1041, line 3.

Schedule C (Form 1040) 2016

at risk

Schedul	e C (Form 1040) 2016 Gas PumpS			Page <b>2</b>
Name(s BHAV	SESH B PATEL	SN	-1368	
Part I				
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (attach	n explan	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory If "Yes," attach explanation	?		X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0
36	Purchases less cost of items withdrawn for personal use	36	1,09	94,023
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	1,09	94,023
41	Inventory at end of year	41		0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,09	94,023
Part			k expenses o	n line 9
	and are not required to file Form 4562 for this business. See the instructions for file Form 4562.	r line	13 to find out	if you must
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle	hicle fo	or:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a	Do you have evidence to support your deduction?		Yes	No
b	If "Yes," is the evidence written?		Yes	No
Part	Other Expenses. List below business expenses not included on lines 8-26 or li	ne 30		
DOC	UMENT FEES			450
48	Total other expenses. Enter here and on line 27a	48		450
EEA	The same supplies and the same supplies and		chedule C (Forn	

Sche	edule E (Form 1040) 2016						Atta	chment	Sequence No.	13			Page 2
Name	(s) shown on return. Do not enter name	and social securi	ty number if showr	on page 1.						You	r social s	security nu	nber
BH	AVESH B & MITAI	LBAHEN	PATEL									-136	58
_	tion. The IRS compares amo												
Pa	rt II Income or Loss		•		•							ctivity for	which
	any amount is not a	t risk, you <b>mu</b>	ist check the b	oox in colum	n (e) on line	28 an	d atta	ach For	<b>m 6198.</b> See ir	struc	tions.		
27	Are you reporting any loss r												
	unallowed loss from a passi				n Form 8582	2), or ι	unrei	mbursed	d partnership ex	kpens	es? If □	Vaa	X No
	you answered "Yes," see ins	siluctions bein	re completing	triis section.	(b) Enter P fo	.	(c) C	heck if	(d) Empl	over		Yes (e) Ch	
28	(a	a) Name			partnership; S	;	for	eign	identifica numb	tion		any am	ount is
ΔSt	tatement #1									er		not a	Trisk
В	,						Ī					T	i
С													<u> </u>
D													
	Passive Income	and Loss				N	onpa	ssive Ir	come and Lo	ss			
	(f) Passive loss allowed		sive income		npassive loss				tion 179 expense			Nonpassive i	
	(attach Form 8582 if required)	from Sc	nedule K-1	from Se	chedule K-1			deduction	from Form 4562		fro	m Schedule	e K-1
Α													
В											₩		
С											+		
D	T										-	<i>C</i> 1	200
29a	Totals						Π				-	ЬΤ	, 398
ь 30	Totals Add columns (g) and (j) of lii	202								30	+	61	, 398
31	Add columns (f), (h), and (i)		 				• •			31	1	01	, 550
32	Total partnership and S co									<u> </u>	+		
-	result here and include in the	•	•	•						32		61	, 398
Pa	rt III Income or Loss												,
33	<u>'</u>		(a) Name	_							(b) I	Employer	
33			(a) Name	е							identifica	ation numbe	r
Α													
В						ı							
		ssive Income							onpassive Inc				
	(c) Passive deduction or loss allow (attach Form 8582 if required)	ved	. ,	Passive income Schedule K-1		(e) Deduction or loss from Schedule K-1				(f) Other income from Schedule K-1			om
Α	(								-				
В													
34a	Totals												
b	Totals												
35	Add columns (d) and (f) of li	ne 34a								35			
36	Add columns (c) and (e) of li	ine 34b								36	(		)
37	Total estate and trust inco	ome or (loss)	. Combine line	es 35 and 36	. Enter the re	esult h	nere	and					
	include in the total on line 41									37			
Pa	rt IV Income or Loss	From Rea	al Estate IVI			it Co	naı	JITS (K	EMICS) - R	esic	iuai H	loider	
38	(a) Name	(b) Employer id num		Schedu	s inclusion from les Q, line 2c				come (net loss) les Q, line 1b			ncome from les Q, line 3	th
		- Iluin	DC1	(see	instructions)		1101	Octicaa	ics a, inic ib		T	ics a, inic c	
39	Combine columns (d) and (e	) only Enter t	he result here	and include i	n the total or	line 4	11 he	low		39	+		
	rt V Summary	y oray. Emor t	no recall more	and morado i	ir the total of	11110							
40	Net farm rental income or (I	oss) from For	m 4835. Also,	complete lir	ne 42 below					40	T		
41	Total income or (loss). Con	•		•		040, lin	ne 17,	or Form 10	040NR, line 18	41	$\top$	61	, 398
42	Reconciliation of farming	and fishing i	ncome. Ente	r your <b>gross</b>	;								
	farming and fishing income	reported on F	orm 4835, line	7; Schedule	K-1								
	(Form 1065), box 14, code E	3; Schedule K	-1 (Form 1120	S), box 17, c	ode								
	V; and Schedule K-1 (Form	1041), box 14	, code F (see	instructions)		42							
43	Reconciliation for real est	ate profession	onals. If you v	were a real e	state								
	professional (see instruction	**	,										
	anywhere on Form 1040 or												
	in which you materially parti	icipated under	the passive a	ctivity loss ru	ıles	43							

# SCHEDULE SE (Form 1040)

## **Self-Employment Tax**

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

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

BHAVESH B PATEL with

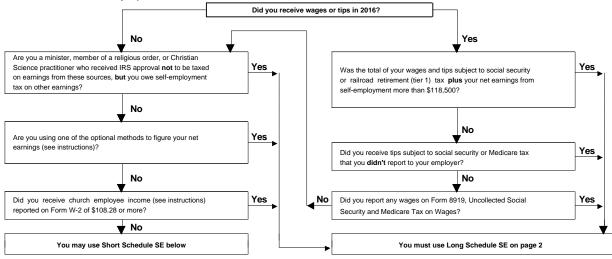
Social security number of person with self-employment income ▶

-1368

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form			
	1065), box 14, code A	1a		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve			
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(	)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),			
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.			
	Ministers and members of religious orders, see instructions for types of income to report on			
	this line. See instructions for other income to report	2		3,726
3	Combine lines 1a, 1b, and 2	3		3,726
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you do not owe self-employment tax; don't			
	file this schedule unless you have an amount on line 1b	4		3,441
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,			
	see instructions.			
5	Self-employment tax. If the amount on line 4 is:			
	• \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line			
	57, or Form 1040NR, line 55			
	<ul> <li>More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result.</li> </ul>			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5		526
6	Deduction for one-half of self-employment tax.			
	Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form</b>			
	1040, line 27, or Form 1040NR, line 27			

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

Schedule SE (Form 1040) 2016

EEA

Department of the Treasury

## **Child and Dependent Care Expenses**

► Attach to Form 1040, Form 1040A, or Form 1040NR. ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

OMB No. 1545-0074 2016 Attachment

Internal Revenue Service

Sequence No.

Name(s) shown on return Your social security number BHAVESH B & MITALBAHEN PATEL 1368 Part I Persons or Organizations Who Provided the Care - You must complete this part. (If you have more than two care providers, see the instructions.) (a) Care provider's (c) Identifying number (b) Address (d) Amount paid (number, street, apt. no., city, state, and ZIP code) (SSN or EIN) name (see instructions) Montgomery, 36116 -1111 3,130 → Complete only Part II below. Did you receive dependent care benefits? Complete Part III on page 2 next. Yes -Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a. **Credit for Child and Dependent Care Expenses** Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions (c) Qualified expenses you (a) Qualifying person's name (b) Qualifying person's social incurred and paid in 2016 for the First Last security number person listed in column (a) -1165 3,130 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount 3,000 4 37,163 If married filing jointly, enter your spouse's earned income (if you or your spouse was a 37,200 student or was disabled, see the instructions); all others, enter the amount from line 4 . . . . . 5 3,000 6 Enter the amount from Form 1040, line 38; Form Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: If line 7 is: **But not** Decimal But not Decimal Over Over amount is amount is \$0 - 15,000 .35 \$29,000 - 31,000 .27 .34 .26 15.000 - 17.000 31,000 - 33,000 17,000 - 19,000 .33 33,000 - 35,000 .25 **x**. 20 8 19,000 - 21,000 35,000 - 37,000 32 24 21,000 - 23,000 .31 37,000 - 39,000 .23 23,000 - 25,000 30 39,000 - 41,000 22 25,000 - 27,000 .29 41,000 - 43,000 .21 27,000 - 29,000 .28 43,000 - No limit .20 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see 600 9 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions ........ 10 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . . 600 11

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

Form **2441** (2016)

Form **2106-EZ** 

## **Unreimbursed Employee Business Expenses**

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 2016 Attachment

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

Sequence No. 129A

	name .	Cocapation in Which you mounted expenses	ooolal oooality hambol
_B	HAVESH B PATEL		-1368
com	Can Use This Form Only if All of the Following Apply.  You are an employee deducting ordinary and necessary expenses att mon and accepted in your field of trade, business, or profession. A n business. An expense doesn't have to be required to be considered	necessary expense is one that is helpful and app	
	You <b>don't</b> get reimbursed by your employer for any expenses (amous idered reimbursements for this purpose).	unts your employer included in box 1 of your F	orm W-2 aren't
Cau	you are claiming vehicle expense, you are using the standard mileat tion: You can use the standard mileage rate for 2016 only if: (a) y placed the vehicle in service, or (b) you leased the vehicle and use	ou owned the vehicle and used the standard r	•
Pa	rt I Figure Your Expenses		
1	Complete Part II. Multiply line 8a by 54 cents (0.54). Enter the resu	ult here	6,544
2	Parking fees, tolls, and transportation, including train, bus, etc., the travel or commuting to and from work	c .	2
3	Travel expense while away from home overnight, including lodging <b>Don't</b> include meals and entertainment		786
4	Business expenses not included on lines 1 through 3. <b>Don't</b> incluentertainment		4
5	Meals and entertainment expenses: \$ 204 x 50 Department of Transportation (DOT) hours of service limits: Multip while away from home on business by 80% (.80) instead of 50%. F		5 102
6	Total expenses. Add lines 1 through 5. Enter here and on Schedon Schedule A (Form 1040NR), line 7). (Armed Forces reservisg government officials, qualified performing artists, and individuals wi	dule A (Form 1040), line 21 (or ts, fee-basis state or local	
	instructions for special rules on where to enter this amount.)		7,432
Pa	Information on Your Vehicle. Complete this	s part <b>only</b> if you are claiming vehicle exp	ense on line 1.
7	When did you place your vehicle in service for business use? (mont	th, day, year) • 04-08-20	)15
8	Of the total number of miles you drove your vehicle during 2016, en	ter the number of miles you used your vehicle	for:
а	Business 12,118 b Commuting (see instruction	ns) <b>c</b> Other1	<u> 15,566</u>
9	Was your vehicle available for personal use during off-duty hours?		🛚 Yes 🗌 No

10 Do you (or your spouse) have another vehicle available for personal use?

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

**11a** Do you have evidence to support your deduction?

**b** If "Yes," is the evidence written?

Form **2106-EZ** (2016)

..... 🗌 Yes 🗓 No

Form 5	695 (2016) BHAVESH B & MITALBAHEN PATEL	-13	68	Page 2
Part	II Nonbusiness Energy Property Credit			
17a	Were the qualified energy efficiency improvements or residential energy property costs for your			
	main home located in the United States? (see instructions)	17a	X Ye	es 🗌 No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit.			
	Do not complete Part II.			
b	Print the complete address of the main home where you made the qualifying improvements.			
	Caution: You can only have one main home at a time.			
	Number and street Unit No.			
	Montgomery AL 36117			
	City, State, and ZIP code			
С	Were any of these improvements related to the construction of this main home?	17c		es 🛚 No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property			
	credit for qualifying improvements that were not related to the construction of the home. Do not			
	include expenses related to the construction of your main home, even if the improvements were			
	made after you moved into the home.			
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18		
19	Qualified energy efficiency improvements (original use must begin with you and the component must			
	reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).			
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of			
	your home that meets the prescriptive criteria established by the 2009 IECC	19a		678
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b		803
С	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has			
	appropriate pigmented coatings or cooling granules which are specifically and primarily designed			
	to reduce the heat gain of your home	19c		
d	Exterior windows and skylights that meet or exceed the version 6.0			
	Energy Star program requirements			
е	Maximum amount of cost on which the credit can be figured 19e \$2,000			
f	If you claimed window expenses on your Form 5695 prior to 2016,			
	enter the amount from the Window Expense Worksheet (see			
	instructions); otherwise enter -0			
g	Subtract line 19f from line 19e. If zero or less, enter -0	-		
h	Enter the smaller of line 19d or line 19g	19h		1,782
20	Add lines 19a, 19b, 19c, and 19h	20		3,263
21	Multiply line 20 by 10% (0.10)	21		326
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite			
	preparation, assembly, and original installation) (see instructions).			
а	Energy-efficient building property. Do not enter more than \$300	22a		
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b		150
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more			
	than <b>\$50</b>	22c		
23	Add lines 22a through 22c	23		150
24	Add lines 21 and 23	24		476
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25		500
26	Enter the amount, if any, from line 18	26		
27	Subtract line 26 from line 25. If zero or less, <b>stop</b> ; you cannot take the nonbusiness energy			
	property credit	27		500
28	Enter the smaller of line 24 or line 27	28		476
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit			
	Limit Worksheet (see instructions)	29		16,643
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this			
	amount on Form 1040, line 53; or Form 1040NR, line 50	30		476
		, ,,,		Form <b>5695</b> (2016

Form	4562		Depre	ciation	and A	mortiz	ation			OMB No. 1545	-0172
FOIIII	430Z		•	ing Informa						2016	
	ment of the Treasury			► Attach t	•					Attachment	
	Revenue Service (99) s) shown on return	► Information	about Form 45	62 and its se			at www.irs.g	ov/form	<i>1</i> 562.	Sequence No.	179
,	VESH B &	мттат бац	דיי אים דיי			02 LLC				<u> </u>	368
Par	_		e Certain Pro							_ 1	300
ı aı		-	ed property, com				rt I				
1	Maximum amount								1		
2	Total cost of section	,			ns)				2		
3	Threshold cost of s	section 179 prop	erty before reduc	tion in limitatio	n (see insti	ructions)		[	3		
4	Reduction in limitat	ion. Subtract line	e 3 from line 2. If	zero or less, e	nter -0-			[	4		
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter -	0 If married	l filing				
	separately, see ins	tructions					<u> </u>		5		
6		(a) Description of pro	operty		(b) Cost (bu	siness use only)	(c) Ele	cted cost			
_	Lists discount of Es	t th									
7	Listed property. En								_		
8 9	Total elected cost		' '		` ''				8 9		
10	Carryover of disalle							• • •	10		
11	Business income li		,					uctions)	11		
12	Section 179 expen			,		,		´ F	12		
13	Carryover of disalle							-			
Note:	Don't use Part II o	or Part III below t	for listed property	y. Instead, use	Part V.	•					
Par	t II Special	Depreciatio	n Allowance	and Other	Deprec	iation (De	on't include lis	ted prope	erty.) (	(See instructions.)	
14	Special depreciation	on allowance for o	qualified property	(other than lis	ted propert	ty) placed in	service				
	during the tax year	(see instructions	)						14		
15	Property subject to	.,,	•						15		200
16 Dor	Other depreciation								16	7,	308
Par	TIII WACKS	5 Depreciation	on (Don't inclu		erty.) (See ection A	Instructions	i.)				
17	MACRS deduction	e for assets place	ed in service in t			2016			17	12	878
18	If you are electing	-		-	-				- ' '	12,	070
	asset accounts, ch	•		•	•		•				
	,		Placed in Serv					reciation	ı Syst	tem	
			(b) Month and year	(c) Basis for dep		(d) Recovery					
	(a) Classification of p	roperty	placed in service	(business/investn only-see instru		period	(e) Convention	(f) Meth	od	(g) Depreciation ded	uction
19a	3-year property										
b	5-year property										
C	7-year property										
	10-year property										
	15-year property										
f	20-year property					25		C/I			
	25-year property  Residential rental					25 yrs. 27.5 yrs.	MM	S/I S/I			
"	property					27.5 yrs.	MM	S/I			
i	Nonresidential real					39 yrs.	MM	S/I			
	property						MM	S/I			
	Sec	tion C - Assets	Placed in Servi	ce During 201	6 Tax Yea	r Using the	Alternative D	preciati	on Sy	/stem	
20 a	Class life							S/I	L		
b	12-year					12 yrs.		S/I			
С	40-year					40 yrs.	MM	S/I	_		
Par		ary (See instruc								1	
21	Listed property. En							• • •	21		
22	Total. Add amoun		•					r	00	20	106
22	here and on the ap		•				structions		22	∠0,	186
23	For assets shown a portion of the basis	-		-			,				
For P	aperwork Reduction					23	<u> </u>			Form <b>456</b>	<b>2</b> (2016)
			,								, ,

# Form PMT

# **ACH Payment**

2016

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL	-1368
	Spouse's SSN
	-5976
Routing Transit Number	
0025	
Bank Account Number	
0776	
Type of Account:	
1 Checking	
Amount of Tax Payment	
Requested Payment Date	
12-18-2017	
Taxpayer's Daytime Phone Number	
Type of Form being filed	
1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

IRS e-file Signature Authorization Form 8879 OMB No. 1545-0074 ▶ Don't send to the IRS. This isn't a tax return. Keep this form for your records. 2016 ▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879. Internal Revenue Service Submission Identification Number (SID) BHAVESH B PATEL -1368 use's social security number Spouse's name MITALBAHEN PATEL Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only) Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, 131,163 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) 19,455 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; 3,592 3 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; 528 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X | I authorize ALPESH PATEL CPA to enter or generate my PIN 02607 Enter five digits, but ERO firm name as my signature on my tax year 2016 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Spouse's PIN: check one box only X | I authorize ALPESH PATEL CPA to enter or generate my PIN 35649 ERO firm name Enter five digits, but as my signature on my tax year 2016 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ **Practitioner PIN Method Returns Only - continue below** Part III Certification and Authentication - Practitioner PIN Method Only -24922 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub.1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. Date  $\triangleright 01-09-2018$ ERO's signature ▶ Alpesh Patel **ERO Must Retain This Form - See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (2016)

Name(s) as shown on return  HAVESH B & MITALBAHEN PATEL	Federal	Supporting St	atements			2016 PG0 Your Social Security	
	Schedule	E - Line 28 - Parti	nerships and S	Corporations		Stateme	=
	B- Partnership C- X If	E- Not	At				
- Name of Entity	or S Corp Foreign	D- EIN Risk	F- P Loss	G- P Income	H- Loss	I- Sec 179	J- Income
USKAN 2631 INC	P	0498	0	0	0	0	4,598
BM 01 INC	s	5622	0	0	0	0	13,965
BM 01 INC	s	5622	0	0	0	0	13,964
C WOODLEY	s	9142	0	0	0	0	7,77
M SAI 1 LLC	S	3184	0	0	0	0	21,09
otal			0	0	0	0	61,39

	S	Summary of Est	imates		2017
lame(s) as shown on return  BHAVESH B & M	ITTALBAHEN PA	TEI.		Your SSN/EII	_1368
Federal	TITEDITIES III				
Form: 1040-ES					
Date	04-18-2017	Payment Schedule 06-15-2017	09-15-2017	01-16-2018	
Oue Date  Total Installment Amount	3,280	3,280	3,280	3,280	Total 13,120
Overpayment Applied	0	0	0	0	0
Net Installment Due	3,280	3,280	3,280	3,280	13,120
		Taxpayer Records			
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Name(s) as shown on return   BHAVESH R & MITALBAHEN PATEL   FEDERAL   STATE   Name   Table Nam		0045			•	2 Detail List		
BHAVESH B & MITALBAHEN PATEL    FEDERAL   STATE	per	2016			)	Geep for your record	(F	Name(s) as shown on return
Town   State   -1368	rax is riams.					MITALBAHEN PATEL		
T OM SAI 1 LLC 24,000 1,545 AL 24,000 S OM SAI 1 LLC 24,000 1,545 AL 24,000 T ALPA LLC DBA CHEVRON GAS & F 3,000 AL 3,000 T RC WOODLEY 5,500 322 AL 5,500 MUSKAN 2631 INC 13,200 165 AL 13,200 T MUSKAN 2631 INC 1,200 15 AL 1,200 Taxpayer Totals 33,700 1,882 33,700 Spouse Totals 37,200 1,710 37,200		TE	STA		DERAL	ı		
S OM SAI 1 LLC 24,000 1,545 AL 3,000 T ALPA LLC DBA CHEVRON GAS & F 3,000 S MUSKAN 2631 INC 13,200 165 AL 13,200 T MUSKAN 2631 INC 1,200 15 AL 1,200 Taxpayer Totals 33,700 1,882 33,700 Spouse Totals 37,200 1,710 37,200	W/H							T/S
T ALPA LLC DBA CHEVRON GAS & F 3,000 TRC WOODLEY 5,500 SMUSKAN 2631 INC 13,200 165 AL 13,200 TMUSKAN 2631 INC 1,200 15 AL 1,200 Taxpayer Totals 33,700 1,882 33,700 Spouse Totals 37,200 1,710 37,200	694						LC	T OM SAI 1 L
T RC WOODLEY 5,500 322 AL 5,500 MUSKAN 2631 INC 13,200 165 AL 13,200 T MUSKAN 2631 INC 1,200 15 AL 1,200 Taxpayer Totals 33,700 1,882 33,700 Spouse Totals 37,200 1,710 37,200	694 10				1,545		LC BY CHEMBON GYS & E.	S OM SAL L L
S MUSKAN 2631 INC     13,200     165 AL     13,200       T MUSKAN 2631 INC     1,200     15 AL     1,200       Taxpayer Totals     33,700     1,882     33,700       Spouse Totals     37,200     1,710     37,200	98	,500	5		322	5,500		
Taxpayer Totals       33,700       1,882       33,700         Spouse Totals       37,200       1,710       37,200	118	,200	13		165	13,200	1 INC	S MUSKAN 263
<u>Spouse Totals</u> 37,200 1,710 37,200	7	,200	1,	AL	15	1,200	1 INC	T MUSKAN 263
<u>Spouse Totals</u> 37,200 1,710 37,200	809	700	22		1 000	22 700	o+ola	Tarran T
Totals 70,900 3,592 70,900	812						als	Spouse Tot
	1,621	,900	70		3,592		all b	Totals

Federal Income Tax Withheld 2016	PG01
Name(s) as shown on return  Your Social Sec	curity Number
BHAVESH B & MITALBAHEN PATEL	<u>-1368</u>
Description	Amount
W2 - OM SAI 1 LLC	1,545
W2 - OM SAI 1 LLC	1,545
W2 - RC WOODLEY	322
W2 - MUSKAN 2631 INC	165
W2 - MUSKAN 2631 INC	15
Total Withholdings	3,592

1040	Overflow Statement			2016
ne(s) as shown on retu	m & MITALBAHEN PATEL		Your Social	Security Number
AVESE B	& MITALBAREN PATEL			<u>-1</u>
	Schedule A, Line 5 - STATE AND LOCAL IN	COME T	AXES	
			11110	
<mark>escriptic</mark> orm W-2 -	n OM SAI 1 LLC		<del></del>	Amount
orm W-2 -	OM SAI 1 LLC		,	6
	ALPA LLC DBA CHEVRON GAS & FOOD RC WOODLEY			
orm W-2 -	MUSKAN 2631 INC			1
orm W-2 -	MUSKAN 2631 INC	Total:	\$	1,6
				<u>ii</u>

## **Shared Responsibility Payment Worksheet**

(Keep for your records)

2016 Tax ID Number

Name(s) as shown on return

BHAVESH B PATEL

-1368

This worksheet is a combination of Steps 2-5, Worksheets A and B, and the Shared Responsibility Payment Worksheet shown in the instructions for Form 8965.

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2016, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment.

Complete the monthly columns by placing "X's" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.

	Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
BHA'	VESH PATEL	Х	Х	X	Х	Х	Х	Х	Х	X	Х	Х	Х
MIT	ALBAHEN PATEL	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х
1.	Total number of X's in a												
	month. If 5 or more,												
	enter 5	2	2	2	2	2	2	2	2	2	2	2	2
2.	Total number of X's in a												
	month for individuals 18 or												
	over*	2	2	2	2	2	2	2	2	2	2	2	2
3.	One-half the number of X's												
	in a month for individuals												
	under 18*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.	Add lines 2 and 3 for each												
	month	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
5.	Multiply line 4 by \$695 for												
	each month. If \$2,085 or												
	more, enter \$2,085	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0	1,390.0
	Sum of the monthly amo											24	
	Enter your household in											131,1	63.00
	Enter your filing thresho												00.00
9.	Subtract line 8 from line 7	7										110,4	63.00
10.	Multiply line 9 by 2.5% (.	(025)										2,7	61.58
11.	Is line 10 more than \$2,0	85?											
	X Yes. Multiply line 10	by the num	nber of mo	nths for wl	hich line 1	is more th	an zero	}				22 1	20.06
	No. Enter the amoun	t from line	14 of the <u>F</u>	lat Dollar	Amount W	orksheet/		,			• • • —	33,1	38.96
12.	Divide line 11 by 12.0											2,7	61.58
13.	Multiply line 6 by \$223**											5,3	352.00
14.	Enter the smaller of line	12 or line 1	3 here and	d on Form	1040, line	61; Form	1040A, line	e 38; or Fo	rm				
	1040EZ, line 11. This is y	your shared	l responsib	ility paym	ent .							2,7	61.58
							Rour	nded amou	nt will carr	y to main f	orm	2,76	52
						-1 ( 1				ath if ha an			

\*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not tum 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 1999, is considered age 18 on March 1, 2017, and therefore, is not considered age 18 for purposes of the shared responsibility payment until April 2017.

\*\*\$223 is the 2016 national average premium for a bronze level health plan available through the Martketplace for one individual and should not

be changed.

# Household Income Worksheets for Form 8965 and Flat Dollar Amount Worksheet

2016 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B PATEL -1368 **Household Income Worksheet** 1. Enter your adjusted gross income (AGI) from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 ... 1. 2. Enter any tax-exempt interest from Form 1040, line 8b; Form 1040A, line 8b; or 3. Enter any amounts from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 . . . . . 3. 7. Household income. Add lines 1, 5, and 6. Enter here and on the Shared Responsibility Payment Worksheet, line 7 . . . 7. 8. Premiums paid through a salary reduction arrangement ..... 8. \_\_\_ 10. Non-taxable social security received by taxpayers and dependents who were required to file a returm ...... 10. 11. Household income for computing Coverage Exemption "G" for residents of a state that did not Dependents' Combined Modified AGI Worksheet - Line 2b 1. Enter the AGI for your dependents from Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 3; and 2. Enter any tax-exempt interest for your dependents from Form 1040, line 8b; Form 1040A, line 8b; Form 1040EZ, the amount written to the left of the line 2 entry space; and 3. Enter any amounts for your dependents from Form 2555, lines 45 and 50, and 20,700 The Federal Poverty Line for this household is 20,090 Household income (Household Income Worksheet, line 11) as a percentage of Federal Poverty Line . . . . . Flat Dollar Amount Worksheet CAUTION! Do not complete this worksheet unless the amount on line 10 of the Shared Responsibility Payment Worksheet is less than \$2,085. Yes For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet Enter the amount Enter the amount less than the amount on line 10 of the Shared Responsibility Payment Worksheet?\* from line 10 from line 5 14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared \*If the amount on line 1 of the Shared Responsibility Payment Worksheet is -0- for any month, leave both columns of this worksheet blank for that month.

WK\_89652.LD

Worksheet B	Earned Income Credit (EIC)-Lines 66a and 66b				
Form 1040	(Keep for your records)		201		
Name(s) as shown on return  BHAVESH B PA	ГЕL		Tax ID	Number	1368
<ul> <li>Complete the par</li> </ul>	you answered "Yes" to Step 5, question 2.  Its below (Parts 1 through 3) that apply to you. Then, continue to Part 4.  It filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to through 3.				
Part 1	<b>1a.</b> Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.		1a	:	3,726
Self-Employed, Members of the	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1b		
Clergy, and People With Church	c. Combine lines 1a and 1b. d. Enter the amount from Schedule SE, Section A, line 6, or	=	1c	:	3,726
Employee Income Filing	Section B, line 13, whichever applies.	-	1d		263
Schedule SE	e. Subtract line 1d from 1c.	=	1e		3,463
Part 2  Self-Employed NOT Required To File Schedule SE For example, your net earnings from self-employment were less than \$400.	<ul> <li>2. Do not include on these lines any statutory employee income, any net profit from services notary public, any amount exempt from self-employment tax as the result of the filing and 4029 or Form 4361, or any other amounts exempt from self-employment tax.</li> <li>a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.</li> <li>b. Enter any 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*.</li> <li>c. Combine lines 2a and 2b.</li> <li>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule Schedule the Schedule K-1 amounts as described in the Partner's Instructions for Schedule your name and social security number on Schedule SE and attach it to your return.</li> </ul>	app + + = = SE, \$\text{\$\cdot SE}\$, \$\$\c	2a 2b 2c Section A.	orm	
Part 3 Statutory Employees Filing Schedule C or C-EZ	<ol> <li>Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.</li> </ol>		3		
Part 4  All Filers Using Worksheet B	4. Combine lines 1e, 2c, and 3. This is your total self-employed income.		4		3,463

Need more information or forms? Visit IRS.gov.

#### **Estimated Tax Worksheet for Next Year** 2016 (Keep for your records) Name(s) as shown on return Tax ID Number -1368 BHAVESH B & MITALBAHEN PATEL 4. 5. 6. 7. 8. Total income (add lines 1 thru 7) 9. b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, **24a.** Multiply line 23c by 90% (66 2/3% for farmers and fishermen) . . . . . . . . . . . **24a.** b. Required annual payment based on prior year's tax (see instructions) ..... 24b. 16,693

Estimates will be computed on \$13,101. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

# Worksheet for Form 2210, Part IV, Section B - Figure the Penalty

(Keep for your records)

2016

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Tax ID Number

-1368

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you will need to make more than one computation for that column.

				Paymen	t Due Dates	
			<b>(a)</b> 4/15/16	<b>(b)</b> 6/15/16	<b>(c)</b> 9/15/16	(d) 1/15/17
1a	Enter your underpayment from Part IV, Section A, line 25	1a				10,958
	Date and amount of each payment applied to the underpayment					,
	in the same column. Don't enter more than the underpayment					
	amount on line 1a for each column (see instructions).					
	Note: Your payments are applied in the order made first to any					
	underpayment balance in an earlier column until that					04-15-2017
	underpayment is fully paid.	1b				10,958
Ra	te Period 1: April 16, 2016 - June 30, 2016					
2	Computation starting dates for this period	2	4/15/16 Days:	6/15/16 Days:		
	Number of days from the date on Pro-Ote the date the con-		Days.	Days.		
3	Number of days <b>from</b> the date on line 2 to the date the amount	_				
	on line 1a was paid <b>or</b> 6/30/16, whichever is earlier	3				
4	Underpayment on line 1a x Number of days on line 3 x 0.04					
		4	\$	\$		
Ra	te Period 2: July 1, 2016 - September 30, 2016					
5	Computation starting dates for this period	5	6/30/16	6/30/16	9/15/16	
			Days:	Days:	Days:	
6	Number of days from the date on line 5 to the date the amount					
	on line 1a was paid <b>or</b> 9/30/16, whichever is earlier	6				
7	Underpayment on line 1a x Number of days on line 6 x 0.04					
_	. B. 10.0 . 1 . 4.045 B	7	\$	\$	\$	
	te Period 3: October 1, 2016 - December 31, 2016		0/00/40	0/00/40	0/00/40	
8	Computation starting dates for this period	8	9/30/16 Days:	9/30/16 Days:	9/30/16 Days:	_
_	Number of days from the date on line 2 to the date the agree		Days.	Days.	Days.	
9	Number of days <b>from</b> the date on line 8 to the date the amount					
	on line 1a was paid <b>or</b> 12/31/16, whichever is earlier	9				
10						
	on line 1a x 366 x 0.04					
		10	\$	\$	\$	
Ra	te Period 4: January 1, 2017 - April 15, 2017					
11	Computation starting dates for this period	11	12/31/16	12/31/16	12/31/16	1/15/17
			Days:	Days:	Days:	Days:
12	Number of days from the date on line 11 to the date the amount					
	on line 1a was paid <b>or</b> 4/15/17, whichever is earlier	12				91
13	Underpayment on line 1a x Number of days on line 12 x .XX					
		13	\$	\$	\$	\$ 109
14	Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter		1 '	_ ·		
-	IV, Section B				_	14 \$ 109

WK\_2210.LD

Forms 1040, 1040A, 1040NR		Chil	d Tax Credit Worksheet (Keep for your records)		2016
Name(s) as shown on return			( )		Tax ID Number
BHAVESH B & M	TTALBAHEN PA	TEI.			-1368
			are claiming on Form 5695, Part II, line	e 30;	
Fo	orm 8910; Form 8936; or	Schedule	R.	,	
requirements	listed earlier under Qua	lifying Chi	it, the child must be under age 17 at t d.Also see Taxpayer identification nui anot claim the child tax credit.	the end of 2016 and meet mber needed by due date	the other of return, earlier.
Part 1	, , ,				
<ol> <li>Number of qualifying</li> </ol>	ng children:	1	X \$1,000. Enter the result.		1. 1,000
2. Enter the amount fr	rom Form 1040, line 38; I	orm 1040	A, line 22; or Form 1040NR, line 37.	<b>2</b> . 131,163	
3. 1040 Filers. Enter	the total of any -		$\neg$		_
<ul> <li>Exclusion of inc</li> </ul>	ome from Puerto Rico, a	nd			
<ul> <li>Amounts from F</li> </ul>	orm 2555, lines 45 and 5	0; Form 2	555-EZ, line 18;	3	_
and Form 4563, lin	e 15.				
1040A and 1040N	R Filers. Enter -0				
4. Add lines 2 and 3.	Enter the total.			<b>4</b> 131,163	
5. Enter the amount s	hown below for your filing	g status.	_		
<ul> <li>Married filing jo</li> </ul>	intly - \$110,000				
<ul> <li>Single, head of</li> </ul>	household, or qualifying	widow(er)	- \$75,000	<b>5</b> . <u>110,000</u>	
<ul> <li>Married filing se</li> </ul>	eparately - \$55,000				
6. Is the amount on lin	ne 4 more than the amou	nt on line	5?		
No. Leave line	6 blank. Enter -0- on line	7.			
X Yes. Subtract li	ne 5 from line 4.			<b>6</b> . 22,000	_
If the result is no	ot a multiple of \$1,000, in	crease it	to the next multiple of \$1,000.		
For example, in	crease \$425 to \$1,000, i	ncrease \$	1,025 to \$2,000, etc.		
' '	t on line 6 by 5% (.05). E				7. <u>1,100</u>
8. Is the amount on lin	ne 1 more than the amou	nt on line	7?		
☑ No. STOP					
You cannot take	the child tax credit on F	orm 1040,	line 52; Form 1040A, line 35; or Form	1040NR, line 49. You also	
cannot take the	additional child tax credit	on Form	1040, line 67; Form 1040A, line 43; or	Form 1040NR, line 64.	
	st of your Form 1040, Fo				
_	ne 7 from line 1. Enter th	ne result.	Go to Part 2 below.		8
Part 2					
		Form 1040	A, line 30; or Form 1040NR, line 45.		9
<b>10.</b> Add the following a		_			
Form 1040	or Form 1040A	or F	orm 1040NR		
Line 48			Line 46	+	
Line 49	Line 31		Line 47	+	
Line 50	Line 33			+	_
Line 51	Line 34		Line 48	+	_
Form 5695, lir				+	_
Form 8910, lin				+	_
Form 8936, lir				+	_
Schedule R, li	ne 22		Fotos the total	+	_
44	of the following one dis	-0	Enter the total.	10.	_
	ny of the following credits	5?			
	est credit, Form 8396.				
Adoption credit,     Residential one		dit Form 6	COE Dort I		
	rgy efficient property cre			_	
	nbia first-time homebuyer mount from line 10.	oreall, FC	IIII 0003.		
_ =		EZ onto	r the amount from line 10. Otherwise,	complete	11.
	ksheet, later, to figure the			complete	***
	m line 9. Enter the result		o onto noto.		<b>12.</b> 0
	ne 8 of this worksheet mo		amount on line 122		· <u>·</u>
	mount from line 8.	no uidii lii			
	amount from line 6.	e the TID	This is your child tax credit.		<b>13.</b> 0
			x credit on Form 1040, line 67; Form		
<b>or</b> Form 1040	NR, line 64, only if you a	nswered '	Yes" on line 13.	, ,	Enter this amount on Form 1040, line 52;
			a (also complete line 71), Form 1040A	through line 42a,	Form 1040A, line 35; or Form 1040NR, line 49.
	NR through line 63 (also, Parts II - IV of Schedule 8		ine 67). ure any additional child tax credit.		
		118	,		

WK\_8812.LI

#### **Credit Limit Worksheet** 2016 (Keep for your records) Name(s) as shown on return Tax ID Number -1368 BHAVESH B & MITALBAHEN PATEL 2. Foreign tax credit amount from Form 1040, line 48 or Form 1040NR line 46 ..... 2. 3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 17<u>,243</u> 2441. line 10 5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on 16,643 8. Subtract line 6 from line 5. If zero or less, enter -0- .... 8. 9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime 12. Enter the smaller of line 10 or line 11. Nonrefundable American 13. Add line 9 and line 12. Enter this amount on Form 8863, line 19 . . . . . . . . . 14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 16,643 16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 16,643 16. 476 20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 16,167 22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 16,167 24. Amount from Line 12 of the line 11 Worksheet from Pub 972 (WK\_8812.PG2) . . . . . 25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount 25. 16,167 27. Subtract line 26 from line 25. If zero or less, enter -0-16,167 **28.** Amount from Form 8839, line 14 29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, line 16 . . . . . 30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 16,167 32. Subtract line 31 from line 30. If zero of less, enter -0-. Enter this amount on Form **32**. 16,167

* Item was disposed of during current year.  Depreciation Detail Listing  MBM02 LLC  For your records only							<b>2016</b> PAGE 1								
	s) as shown on return												Socia	I security number/EIN	
E	HAVESH B & MITALBAHEN	PATEL			1	I .								-1368	
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
	BUILDING POS SYSTEM NEW PUMPS	01012013 09162014	285,000 89,434		100.00		285,000 89,434		SL MM 200 DB HY	2.564 14.4	7,308 12,878	16,356 20,700			7,308 12,878
	Totals Land Amount		374,434				374,434				20,186	37,056		ST ADJ:	20,18

		Next Year's D	<b>Depreciation V</b> of for your records)	Vorksheet		201	6
Name(s) as	s ahown on retu		p for your records)			_	Number
		& MITALBAHEN PATEL					-1368
	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	BUILDING	01012013	285,000	SL	39	7,308
С	1	POS SYSTEM NEW PUMPS	09162014	89,434	M	10	10,303
		TOTAL					17,611
							, , ,

# Carryover Worksheet List of items that will carryover to the 2017 tax return

(Keep for your records)

Name(s) as shown on return

RHAVESH B & MITALBAHEN DATEL.

BHAVESH B & MITALBAHEN PATEL	-1368
Itemized Deductions	Carryovar Amount
	Carryover Amount
Contributions subject to 100% of AGI limitations  Contributions subject to 50% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2017 to flow to the Schedule A	
Preparer Fee to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	
Expenses	
Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense AMT Reg. Tax	
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Losses	
Short-term capital loss	
Long-term capital loss	
Net operating loss	
Nonrecaptured net section 1231 losses from WK_1231C AMT Reg. Tax	
Credits	
Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	
District of Columbia first time home owner's credit	
Res. energy efficient property credit	
Other	
Overpayment applied to next year's estimates	
Estimated Tax Payment 1 3, 280 Estimated Tax Payment 2	
Estimated Tax Payment 3 3, 280 Estimated Tax Payment 4	
Federal tax liability for 2210 calculation	
State tax liability for state 2210 calculation	4,518
IRA basis	
Passive Activity	
	=
At Risk Limitations	
At Nisk Elimitations	
	-
·	

# TAX RETURN COMPARISON 2014 / 2015 /2016 Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL Identifying number -1368

	2014	2015	2016	Difference 2015-2016
Filing Status	2	2	2	Dillerence 2013-2010
Number of Exemptions	3	3	3	
Income		3	<u> </u>	
Wages, salaries, tips, etc	70,945	72,400	70,900	(1,500)
Taxable interest and dividends	707713	727100	, 0 , 5 0 0	(1/300)
Taxable state and local refunds				
Alimony				
Business income (loss)			(872)	(872)
Gains (losses)			(0,2)	(072)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	28,549	23,211	61,398	38,187
Farm income (loss)	20,022	20,222	02,000	207207
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	99,494	95,611	131,426	35,815
Adjusted Gross Income		75,011	131,120	33,013
Half of self-employment tax		121	263	142
IRA deduction		121	203	112
Other adjustments				
Total Adjusted Gross Income	99,494	95,490	131,163	35,673
Deductions	77,171	73,170	131,103	33,073
Medical deductions				
State and local taxes			3,009	3,009
Interest			5,118	5,118
Contributions			2,937	2,937
Employee business expenses			5,148	5,148
Standard or other deductions	12,400	12,600	3,140	(12,600)
Total Itemized or Standard Ded	12,400	12,600	16,212	3,612
Exemption Amount	11,850	12,000	12,150	150
Tax and Credits	11,000	12,000	12,130	130
Taxable Income	5,244	70,890	102,801	31,911
Tax	10,519	9,709	17,243	7,534
Credits	1,000	1,000	1,076	76
Self-employment tax	1,000	242	526	284
Other taxes	792	1,498	2,762	1,264
Total Tax	10,311	10,449	19,455	9,006
Payments	10,311	10,447	17,433	7,000
Withholdings	5,408	3,452	3,592	140
Estimated tax payments	3,400	3,432	16,500	16,500
Earned income credit			10,500	10,500
Other payments and credits				
Overpayment			637	637
Overpayment Applied			037	037
Refund			528	528
Balance Due	4,903	6,997	520	(6,997)
Resident State	AL	AL	AL	(0,331)
Taxable income	74,242	ALI .	91,951	91,951
Tax	3,633		4,518	4,518
	5,055		4,510	7,310
Refund	1,638		2,897	2,897
Marginal tay rate	1,030		25.00	25.00
Marginal tax rate	200.59	13.70	16.77	3.07
Liteotive tax rate	200.33	13.10	<b>TO.</b> / /	3.07

	count Transaction	on Summary	2016		
Name(s) as shown on return  BHAVESH B & MITALBAHEN	PATEL		Your ID Number  XXX-XX-1368		
Account #1 Financial Institution N Routing Transit Number Account Number Account Type	0025	0776			
AL Debit Net Debit	(2,897) (2,897)	Date of Trans	saction 12-18-2017		
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number  4. Bank Account Type					
This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.					
I have reviewed the above information and certify that this information is correct and authorize ALPESH PATEL CPA to use this account to deposit my refund.					
Your Signature	Date	Spouse's Signature (If Married Filing	g Jointly) Date		

ALINST	Filing Instructions	2016
Name(s) as shown on return		SSN or EIN
BHAVESH B & MITALBAHEN	PATEL	_1368

**Date to file by:** 04-18-2017

Form to be filed: AL40 and supplemental forms and schedules

Sign and Date: Please sign and date your return. If a joint return

is being filed both taxpayer and spouse must sign.

**Payment:** \$2,897.00

Address to file: Alabama Department of Revenue

Alabama Income Tax

P.O. Box 2401

Montgomery, AL 36140-0001

Transaction Method: The balance of \$2,897.00 will be paid by direct

debit from your checking account number ending in 0776 and will be withdrawn from your account on

12-18-2017.

Other Instructions: If mailing either an AL40 or AL40NR, enclose all

W-2's, W-2G's, 1099-R's, K-1's, etc. Amended returns

should contain a detailed explanation of all

changes made.

Individu: RESIDENTS	al Inc	pama <b>2016</b> ome Tax Retum RT-YEAR RESIDENTS 31, 2016, or other tax year:										
Beginning:	DCC.	Ending:										
Your social security			Spouse's SSN if ioint			mill state of A. F.	CONTRACTOR TO 11	Em ren i la secución d'ariun	N Marian	A NAME OF THE OWNER, OR A SECOND CO.	A BOUND OF LOST AND INSTANCE OF THE SECTION OF THE	-1111
•	-13	68	-	5976								
Primary's dec (mm/dd/yy)	rimary eased		Spouse's decea (mm/dd/yy)	ouse is deceased ased date								
Your first name  BHAVESI	Η	Initial B	Last name PATEL									
Spouse's first name		Initial	Last name PATEL									
Present home addr	ess (nı	umber and street or P.O. Bo	x number)		)	CHECK BOX	IF AMEN	DED RETURN •				
City, town or post o	ffice		State	ZIP code			Foreign C	`ountry				
<ul><li>Montgor</li></ul>		À		36117	• [	Check if address outside U.S.	roreign	ountry				
Filing Status/	1 0	<u>-</u> — .		<b>3 e</b> [] \$1,5	500 Married f	iling separate. Co	omplete S	Spouse SSN				
Exemptions	2 (	▶ 🛚 \$3,000 Married	d filing joint	4 ● □ \$3,0	000 Head of	Family (with quali	fying per	son).				
		Alabama Income Ta	•			,	1 1	labama tax withheld			B - Income	
		Wages, salaries, tip	•			• •		1,6210	-	•	70,900	_
Income		Interest and dividen	•						7	•	60,526	00
and Adjustments	8	Other income (from <b>Total income</b> . Add		*		rough line 7			8	•	131,426	
Adjustinonts	9	Total adjustments to				•			9	•		00
	10	Adjusted gross inc		•					10	•	131,426	
Deductions	11	Box a or b MUST be	e checked.									
You Must Attach	1	Check box a, if you	itemize deducti	ons, and ente	er amount fro	om Schedule A, li	ne 27.					
page 2 of Federal		Check box b, if you										
Form 1040,	40	a		_	andard Dedu	iction	11 •	20,0080	)			
Federal Form 1040A, Federal	12	Pederal tax deduction DO NOT ENTER TH	•	,	FROM YOU	R FORM W-2(S)	12 0	16,1670	)			
Form 1040NR, or	13	Personal exemption				` ,	13 •	3,000 0	_			
page 1 of 1040EZ, if claiming a de-		Dependent exempti	•				14 •	300 0	_			
duction on line12.	15	Total deductions.	Add lines 11, 12,	13, and 14					15	•	39,475	
		Taxable income. S				<u>.</u>		<b></b> .	16	•	91,951	
_		Income Tax due. E							17	•	4,518	
Tax		Net tax due Alabama.		0 0		_				•	4,518	00
		Consumer Use Tax  Alabama Election	. ,					X	19		0	00
here.		Alabama Democrati		100 may ma	X none .	ary contribution to		,	20a	•		00
		Alabama Republica	. =	\$2	X none .				20b			00
	21	Total tax liability a	nd voluntary co	ntribution. A	dd lines 18,	19, 20a, and 20b		<u> </u>	21	•	4,518	00
	22	Alabama income to	ax withheld (from	m column A, li	ine 5) .		22 🗢	1,6210	)			
		2016 estimated tax	•		•	· · · · · · · · · · · ·	23 •	0	-			
		Amended Returns (		•			24 •	0	-			
Payments		Refundable portion Refundable portion		-			25 • 26 •	0	_			
		Total payments. A	•				$\overline{}$		27	•	1,621	00
		Amended Returns (							28	•	, -	
	29	Adjusted Total Pay	yments. Subtrac	t line 28 from	line 27			<b></b> .	29	0	1,621	00
AMOUNT	30	If line 21 is larger th										
YOU OWE		Place payment, alon	-		-	•			30	•	2,897	00
		Estimated tax penal						0	32	•		00
OVERPAID		If line 29 is larger th Amount of line 32 to					33 e	0		-		_00
Donations		Total Donation Che					34 •	0	-			
REFUND		REFUNDED TO YO										
		Subtract lines 33 an	-	_					35	•		00
		For Direct Deposit, of	check here	and complete	e Part V, Pa	ge 2.					10	)24_

— Forr	n 40 (2016)								Pag	ge 2
	סטאזו		/				-1368			
PARTI			ITTALD	AUTH LAITH				4 4		T_00
FARII	1 Alimony receiv		ob Fodoral S	· · · · · · · · · · · · · · · · · · ·				2 0	(872	00
		, , ,		, ,		,		3 0	(0/2	+-
	, ,		4a ●	cks, Bonds, etc. (attac	,		· · · · · · · · · · · · · · · · · · ·			00
Other	4a Total IRA distri		4a ●				structions)	4b ● 5b ●		00
Income	5a Total pensions					•	structions)		61,398	00
(See page 13)				ts, etc. <i>(attach Sched</i> u	,			6 <b>e</b>	01,390	-
		or (loss) (attach F		,			• • • • • • • •	8 0		00
		(state nature and		· —	an naga 1 lina	7		9 •	60,526	
PART II				Enter here and also				Ť	00,520	$\overline{}$
FARIII								1a ● 1b ●		00
	<b>b</b> Spouse's IRA			of ampleyment CED de				2 0		-
	•	•	•	elf-employment SEP de				3 0		00
A divotmente	•	•	•					4 •		-
Adjustments								5 •		00
to Income	5 Adoption expe							3 •		00
(See page 16)	• .	ses (Attach Feder		,	710			6 0		
	City	hoolth inquironse		State _	ZIP			7 0		00
				Fund or Alabama PAC	T Drogram			8 •		00
	•	Ü			Ü			9 •		+
			'	yer employee (see in	,					00
		. •		ind or flood damage						00
			•	Enter here and also				11 °		00
PART III	· · · · · · · · · · · · · · · · · · ·	ients. Add lines i	triiougri i i	. Enter here and also	T .				(4) Did you provid	
FARTIII	1 a Dependents: (1) First name		Last name		(2) Depend Social Security	Number	(3) Depender Relationship to	You	more than one-ha dependent's supp	ılf
Dependents						-1165	DAUGHTE	R	YES	
Do not include yourself or	-				•					
your spouse					•					
(See page 17)	<b>h</b> Total number of	nf denendents clai	med above					1b		1
( p-g)				er of dependents claim					1	<del></del>
		here and on page				-	•	2 •	300	_
PART IV		only one box ▶ ●	_	Part Year From			through			
		pama income tax return	_		No If no	, state reason				
		dress of present employ	-	OM SAI 1	_		gomery	36	109	
General			Your Spo	ouse's OM SAI 1			gomery	36	109	
Information	4 Enter the Federal A	Adjusted Gross Income	• \$	$1\overline{31,163}$ an	d Federal Taxable I	Income • :	\$ 102,	801as	s reported on your	
	2016 Federal Indivi	idual Income Tax Retur	m. —	· · · · · · · · · · · · · · · · · · ·						
All Taxpayers	5 Do you have incom	ne which is reported on	your Federal re	turn, but not reported on you	Alabama return (ot	ther than your s	tate tax refund)?		Yes 2	No
Must Complete This Section.	If yes, enter source	e(s) and amount(s) belo	w: (other than s	tate income tax refund)						
	Source						Amount	•		00
(See page 17)	Source						Amount	•		00
PART V	For Direct Deposit	of your refund, complet	e 1, 2, 3, and 4	below. (See Page 17 of instr	uctions to see if you	ı qualify.)				
Direct	1 Routing Number:			2 Type: Che	ecking Saving	s 3 Account	Number:			
Deposit	4 Is this refund going	to or through an accou	unt that is locate	d outside of the United State	s? [	Yes I	No .			
Duinens	DOB				Iss o	date		xp date		
Drivers	(mm/dd/yyyy) DOB		our state	DL# •	lss o	/dd/yyyy) date	E	nm/dd/yyyy xp date		—
License Info	(mm/dd/yyyy)	Sp	ouse state	DL# •	(mm	n/dd/yyyy) =_	(	mm/dd/yyy	ry) =	—
	I authorize a repre	esentative of the Depar	tment of Reven	ue to discuss my return and a	ttachments with my	preparer.				
Cian Hara	complete. Declaration of	preparer (other than ta	ve examined this expayer) is base	s return and accompanying s d on all information of which	chedules and stater preparer has any kr	nents, and to the nowledge.	e best of my knowledg	je and beli	er, they are true, corre	et, and
Sign Here In Black Ink	Your Signature			Date	Daytime Telepho	one Number	Your Occupation			
Keep a copy							_			
of this return for your records	Spouse's Signature (if jo	int return, BOTH must	sign)	Date	Daytime Telepho	one Number	Spouse's Occupati	on		
iccords										
D-14	Preparer's Signature			Date	Check if Self-em		rer's SSN or PTIN	E	I. Number	
Paid Preparer's				01-09-2018	X		845932		27-062492	22
Use Only	Firm's Name (or yoursA	LPESH PAT	TEL CP	A	Daytime Telephone No	<sub>5.</sub> 973-	638-1418	ZIP O	7512	
···· <b>y</b>	Address 205 US		STE 7	Totowa NJ	•					





Alabama Department of Revenue
Schedule A - Itemized Deductions 2016

#### (Schedules B, and DC are on back page) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown of					Yo	ur socia	al security numb	er
BHAVESH B	&	MITALBAHEN PATEL					-1368	
differ. Please see in	struct	rou may claim for the year 2016 are similar to the itemized deductions c tions before completing this schedule. <b>PART-YEAR RESIDENTS:</b> A re ually paid while a resident of Alabama.		•				elow
		CAUTION: Do not include expenses reimbursed or paid by others.						
Medical and	1	Medical and dental expenses	1	1,702 00				
Dental Expenses	2	Enter amount from Form 40, line 10 2 131, 426 00						
(See page 19)	3	Multiply the amount on line 2 by 4% (.04). Enter the result	3 _	5,257 00				
	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-			4	•	0	00
	5	Real estate taxes	5	1,284 00				
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	5,423 00	1			
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7	00	1			
(See page 19)	8	Other taxes. (List - include personal property taxes.)						
,		PERSONAL PROPERTY TAX	8	104 00				
	9	Add the amounts on lines 5 through 8. Enter the total here			9	•	6,811	00
	10 a	Home mortgage interest and points reported to you on Federal Form 1098	10a	5,118 00	Ť		- , , , , ,	
Interest You Paid		Home mortgage interest not reported to you on Federal Form 1098. (If paid to		-,,	1			
(See page 19)	-	an individual, show that person's name and address.)						
,								
NOTE: Personal			10b	00				
interest is not	11	Qualified mortgage insurance premiums	11	00	1			
deductible.	12	Points not reported to you on Form 1098	12	00	1			
	13	Investment interest. (Attach Form 4952A.)	13	00	1			
	14	Add the amounts on lines 10a through 13. Enter the total here	13	100	14	•	5,118	00
	14	CAUTION: If you made a charitable contribution and received a benefit in return,		<u> </u>	1		3,110	- 00
		see page 19.						
Gifts to Charity	45		45	2,834 00				
(See page 19)	15	Contributions by cash or check	15	103 00	+			
	16	Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.)	16	103 00	-			
	17	Carryover from prior year	17	1 00	18	•	2,937	00
Casualty and	18	Add the amounts on lines 15 through 17. Enter the total here	40-	00	18		2,931	00
-		Enter the amount from Federal Form 4684, line 16 (See page 20)	19a	00	┨			
Theft Loss		Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b	•	١	•	0	00
(Attach Form 4684)		Subtract line 19b from line 19a. If zero or less, enter -0-	<del></del>	<del></del>	19c	-	U	00
	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.						
lah Ermanasa		(You MUST attach Federal Form 2106 if required. See instructions.)						
Job Expenses		EODM 2106	1	7 422 00				
and Most Other		FORM 2106	20	7,432 00	-			
Miscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type						
Deductions		and amount. •		220 22				
(See page 20)		SEE ALA21	21	339 00	-			
	22	Add the amounts on lines 20 and 21. Enter the total	22	7,771 00	-			
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	-	۱		E 140	00
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-		<u> </u>	24	•	5,142	00
Otto	25	Other (from list on page 21 of instructions). List type and amount.						
Other								
Miscellaneous								
Deductions								
					25	•		00
Qualified Long-		CAUTION: Do not include medical premiums.						
Term Care Ins.								
Premiums	26	Enter amount here			26	•		00
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then				1		
Deductions		enter on Form 40, page 1, line 11			27	<u> •</u>	20,008	00

Schedule A (Form 40) 2016

**SCHEDULE E** (FORM 40)



# Alabama Department of Revenue Supplemental Income and Loss 2016

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

	e(s) shown on return	D 7 (III						(		Your	social securi	-	
	HAVESH B & MITALBAHEN Income or Loss From Rental Rea								_		<u>-13</u>	68	
P	Note: If you are operating under a Federal Em			ncome and ex	penses	from y	our bu	usiness of renting pers	onal <sub>l</sub>	property	on <b>Schedul</b>	e C or C-EZ.	
1	Show the kind and location of each Rental I	Real E	State Property:		2			ch rental real esta				Yes	No
Α						use	e it d	n line 1, did you o luring the tax year	r for	persor	nal 🔒		
В						•	•	es for more than t ys, <b>or</b>	the c	greate			
					-	- 1	0% c	of the total days r	ente	d at fa	air B		
С					1		renta	al value?			С		
				Prop	erties	<b>S</b>					Tota	als	
ince	ome:		Α		В			С		(Ad	d Column	s A, B, and	d C)
3	Rents received	3	00			C	00		00	3			00
4	Royalties received	4	00			C	00		00	4			00
	enses:	5				,			00				
5	Advertising	6	00			_	00		00				
6 7	Auto and travel	7	00				00		00				
8	Commissions	8	00				00		00				
9	Insurance	9	00			- 1	00		00				
10	Legal and other professional fees	10	00				00		00				
11	Management fees	11	00				00		00				
12	Mortgage interest	12	00			C	00		00	12			00
13	Other interest	13	00			C	00		00				
14	Repairs	14	00				00		00				
15	Supplies	15	00				00		00				
16	Taxes	16	00				00		00				
17	Utilities	17 18	00				00		00				
18	Other (list) ►	18	00	<u> </u>			00		00				
			00	_			00		00				
	<del></del>		00				00		00				
			00				00		00				
19	Add lines 5 through 18	19	00			C	00		00	19			00
20	Depreciation expense or depletion	20	00			C	00		00	20			00
21	Total expenses. Add lines 19 and 20	21	00			C	00		00				
22	Income or (loss). Subtract line 21 from												
	line 3 (rents) or line 4 (royalties)	22	00			C	00		00				
22	Total Dool Fatata and Davidty in come on (losses	. \ \ \ _ \ _ \ .	d a a luma ma A D a mad C A				. 41	un acult la aun					00
	Total Real Estate and Royalty income or (loss ART   Income from Partnerships, S Corp			(h)	. 10		, o			23	(j)		00
Ε,	ANT II moone nom armerships, o oor	J3, L3	iaics a Trasis	(")	artnership	tate	orp	Employe	er		U)		
	(g) Name and Address				ship	Estate or Trust	Corporation	Identificat Number				Amount	
				Check One		ıst	š	Number					
ΜŪ	SKAN 2631 INC												
	ntgomery, AL 36108				X	_	_	0	49	8	<u> </u>	4,598	00
_	M 01 INC				-			_	<i>-</i>	_	-	2 0 6 5	
_	ntgomery, AL 36117				1		X	5	62:	4	<u> </u>	3,965	00
_	M 01 INC ntgomery, AL 36117				-		X	5	62:	,	1	3,964	00
	WOODLEY				+	$\vdash$	$+^{\Delta}$	5	о <u>Д</u> .	۷		J, 204	100
	ntgomery, AL 36116				-		x	9	14:	2		7,776	00
	TOTAL INCOME FROM PARTNERSHIPS,	s co	RPORATIONS, ESTA	TES, AND	TRU	STS.						. , , , 0	55
_	column (j). Enter the total here and include o								<u>.</u> •	24	4	0,303	00
25	, ,	s 23 a	and 24. Enter the total	here and o	on For	m 40	), pa	ge 2, Part I, line	6 ►	25		0,303	
102	4									Sc	hedule E	(Form 40	) 2016

**SCHEDULE E** (FORM 40)



# Alabama Department of Revenue Supplemental Income and Loss 2016

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

Name(s) shown on	n return									L	Your	social s	ecurity	number	
BHAVES	H B & MITALBAHEN	PATEL										_	136	8	
	Income or Loss From Rental Rea Note: If you are operating under a Federal Em			income	and avne	neae	from vo	ur hu	siness of renting ne	rennal	nronerh	on Sci	aluba	C or C-FZ	
		-	-	income i	and expe								ledule		NI-
1 Show the	e kind and location of each Rental I	Real Estat	e Property:			2			h rental real est i line 1, did you				$\Box$	Yes	No
Α ——									uring the tax yea				A		
_									s for more than	the (	greate	r of:			
В ——									s, or				в		
_									f the total days	rente	ed at fa	air			
с —							r	entai	value?				С		
ncome:					Prope	rties	i						Totals	6	
ilicome.			Α		E	3		$\perp$	С		(Ac	ld Colu	umns	A, B, and	(C)
3 Rents red	ceived	3	C	0			00	)		00	3				00
	s received	4	C	0			00	)		00	4				00
Expenses:		_													
	ng	5		0			00	_		00					
	travel	6		0			00	-		00					
_	and maintenance	7		0			00	_		00					
	sions	8		0			00	_		00					
	d other professional fees	9 10		0			00	_		00					
Ü	ment fees	11		0			00			00					
_	e interest	12		0			0(	_		00	12				00
0 0	erest	13		0			0(	-		00					100
		14		0			0	_		00					
•		15	C	0			00	0		00					
		16	C	0			00	0		00					
17 Utilities		17	С	0			00	0		00					
18 Other (lis	st) ►	18	С	0			00	0		00					
			C	0			00	0		00					
			C	0			00	)		00					
			C	0			00	)		00					
			C	0			00	)		00					
	5 5 through 18	19		0			00	_		00	19				00
	ation expense or depletion	20		0			00	-		00	20				00
	penses. Add lines 19 and 20	21	C	0			00	)		00					
	or (loss). Subtract line 21 from														
line 3 (re	nts) or line 4 (royalties)	22	0	0			00	)		00					
22 Total Dool	Lestate and Payalty income or (loss	s) Add ool	umns A P and C	from li	ino 22	and a	ntor	tha r	ocult horo		23				00
	I Estate and Royalty income or (loss Income from Partnerships, S Corp	-		(h)	116 22	. 0		တ	(i)	• •	23	(j)			100
I AIXI II	• ,	oo, Louice	5 G 11G55	(")		artnership	Estate or Trust	Corporation	Employ	er		U)			
	(g) Name and Address					ship	Ĭ	ratio	Identifica Numbe				Α	mount	
				Chec	k One		ıst	Š	Number	••					
OM SAI	1 LLC														
Montgom	ery, AL 36109							Х	3	18	4		21	,095	00
															00
															00
ToT	NOOME EDOM D. DELLED OF THE	0.0000	DATION'S ===	A TE 2	41.5	 			the second of		1				00
	NCOME FROM PARTNERSHIPS,		· ·								24		21	005	00
column (J	j). Enter the total here and include of	IIIIIE ZO D	EIUW		• • •	• •		• •	· · · · · · · ·	. •	24	$\vdash$	$\Delta \perp$	,095	00
5 TOTALI	NCOME OR (LOSS). Combine line	e 23 and 3	04 Enter the total	l here	and or	For	m ∕1∩	nac	na 2 Part I lina	6 -	25	l	21	,095	00
1024		o zo anu z	Lintor the tota		and UI		··· <del>··</del> ·	μαζ	,			hodu		Form 40	

ALABAMA DEPARTMENT OF REVENUE Form INDIVIDUAL AND CORPORATE TAX DIVISION 40V 2016 Individual Income Tax Payment Voucher Name(s) as shown on return FIN/SSN BHAVESH B & MITALBAHEN PATEL -1368 Date to file by: 04-18-2017 \$2,897.00 Payment: Payment Methods: Make check or money order payable to Alabama Department of Revenue. Address to file: Alabama Department of Revenue P.O. Box 327467 Montgomery, AL 36132-7467 On your payment write your SSN, your daytime phone Other Instructions: number, the tax year, and the form number, e.g. 2016 Form 40, and mail with this voucher. Taxpayer Records Amount Paid: Check Number: Date Mailed: Mail check or money order along with Form 40V to: Form 40 Form 40NR Form 40A Form E40 / Automatic Extension Alabama Income Tax Alabama Income Tax Alabama Income Tax Alabama Department of Revenue P.O. Box 327467 P.O. Box 2401 P.O. Box 327469 P.O. Box 327477 Montgomery, AL 36140-0001 Montgomery, AL 36132-7469 Montgomery, AL 36132-7477 Montgomery, AL 36132-7467 DO NOT staple or attach your payment or Form 40V to your return or to each other. DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT Alabama Department of Revenue 40V 2016 Individual Income Tax Payment Voucher PRIMARY TAXPAYER'S FIRST NAME SPOUSE'S FIRST NAME MITALBAHEN BHAVESH MAILING ADDRESS city Montgomery STATE AL ZIP 36117 Tax Type: IIT Tax Period: 12-31-2016 Primary Taxpayer SSN: -1368 5976 Spouse SSN: Tax Form: CHECK ONLY ONE BOX ● X Return ● Amended ■ Automatic Extension Payment

2,897

DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Amount Due:

#### FORM

# **AL8453**

### ALABAMA DEPARTMENT OF REVENUE

## Individual Income Tax Declaration for Electronic Filing

2016

For the year January 1 - December 31, 2016

MITALBAHEN PATEL	ır social security number
MITALBAHEN PATEL	-1368
	s soc. sec. no. if joint return
	-5976
	phone number (optional)
City, town or post office, state, and ZIP code	
Montgomery, AL 36117	
Part I	
Tax Return 1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	91,951 00
Information	71/731 00
2 Total tay liability (Form 40 line 21) or Net tay due (Form 40NR line 20)	4,518 00
(Whole dollars only.)	1/310 00
3 Total payments (Form 40, line 27 or Form 40NR, line 27)	1,621 00
5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1,021 00
4 Refund (Form 40, line 35 or Form 40NR, line 34)	00
5 Amount you owe (Form 40, line 30 or Form 40NR, line 30)	2,897 00
Part II	,
Refund 1 Routing number: 0 0 2 5	
and 2 Account number: 0 7 7 6	
Payment 3 Type of account ☒ Checking ☐ Savings	
Information 4 Type of transaction: ☐ Direct Deposit ☒ Direct Debit	
5 Paper Check (Check this box to have your refund issued by a paper check.)	
Part III Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have pro	
Declaration of Taxpayer of Taxpayer (Sign only after Part I is completed.)  ual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statement complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information bursement of the refund requested or any problems encountered in the processing of my return. By using a computer system and and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparation.	on concerning the dis- nd software to prepare d software to create my le by law.
Sign L	ı
Here 01-09-2018	01-09-2018
Your signature Date Spouse's signature. If a joint return, BOTH must sign	n. Date
Part IV I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are c	complete and correctly
Declaration of represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements of 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2016), and the Alabama Handbook Individual Income Tax Returns (Tax Year 2016). If I am also the paid preparer, under penalties of perjury, I declare that I he return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, corrections.	k for Electronic Filers of have examined this
Return EBO's Use Only	
ERO'S USE ONLY	D 1 D
Originator	Preparer's PTIN
Originator (ERO) and ERO's Date Check if also	P00845932
Originator (ERO) and Paid ERO's Signature Date O1-09-2018 Paid Preparer X	27 0624022
Originator (ERO) and ERO's Signature Date Check if also O1-09-2018 Pare Date O1-09-2018 Pare Preparer  Preparer Firm's name (or yours if self-employed)  ALPESH PATEL CPA E.I. No. 2007, 10 The Tell Pare Date Of the Control of the Co	
Originator (ERO) and ERO's signature Preparer (See instructions.)  Date Check if also paid preparer  ALPESH PATEL CPA 205 US 46 WEST STE 7; Totowa, NJ  ZIPC	
Originator (ERO) and ERO's Signature Paid Signature Preparer  ALPESH PATEL CPA Signature  ALPESH PATEL CPA Signatu	Code 07512
Originator (ERO) and Paid Preparer (See instructions.)  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my	Code 07512
Originator (ERO) and Paid Preparer (See instructions.)  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my belief, they are true, correct, and complete.  Date  Check if also 01-09-2018  Paid Preparer's Use Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my belief, they are true, correct, and complete.	code 07512  By knowledge and
Originator (ERO) and Paid Preparer (See instructions.)  Paid Preparer's  Paid Preparer's  ALPESH PATEL CPA 205 US 46 WEST STE 7; Totowa, NJ  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my belief, they are true, correct, and complete.  Preparer's  Date  Check if also 01-09-2018  paid preparer  E.I. No 2IP Co	ode 07512  by knowledge and  Preparer's PTIN

Form AL8453 2016

# DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

1024

ALC	CLMWK.LD	1	Worksheet 2 - A		than z	ero, enter zero.	its			2016
Name(s)	as shown on return			rtoop for your re	000140	/		Yo	ur socia	al security number
внал	ESH B & MIT	'ALBAHEN	PATEL							-1368
	Enter any qualified co			<u> </u>				l -		
-	If you are a qualified fa				00% lir	mit			1	0
	Enter any QCCs not e			-					2	0
	List your other charita				-, ., -	, , , , , ,				
•	Enter your contribution		_	•	of car	oital gain propert	v if vo	u reduced		
	the property's fair mark		,							
	value.) Do not include								3	2,937
4.	Enter your contribution	-	-						4	0
5.	Enter your contribution			•	•					-
	organizations				-				5	0
6.	Enter your contribution									
	must be entered on line		, ,	•		•			6	0
7.	Add lines 5 and 6								7	0
8.	Enter your contribution									
	enter here any amount								8	0
Step 3.	Figure your deduction	for the year a	nd your carryover t	to the next year	ır.					
9.	Enter your adjusted gro	oss income							9	131,426
10.	Multiply line 9 by 0.5. 7	This is your 50%	limit						10	65,713
	Contributions to 50%	limit organiza	tions							Carryover
11.	Enter the smaller of lin	ne 3 or line 10			11			2,9	37	
12.	Subtract line 11 from lin	ne3			12					0
13.	Subtract line 11 from lin	ne 10			13	62,7	76			
	Contributions not to	50% limit orga	nizations							
14.	Add lines 3 and 4 $\cdot\cdot$				14	2,9				
15.	Multiply line 9 by 0.3. 7	This is your 30%	limit		15	39,4				
16.	Subtract line 14 from li	ne 10			16	62,7	76			
17.	Enter the smallest of lin	ne 7, 15, or 16			17				0	
18.	Subtract line 17 from li	ne7			18					0
19.	Subtract line 17 from li	ne 15			19	39,4	28			
	Contributions of capi	ital gain prope	rty to 50% limit org	janizations						
20.	Enter the smallest of li	ne 4, 13, or 15			20				0	
21.					21					0
	Subtract line 17 from li				22	62,7				
23.	Subtract line 20 from lin	ne 15			23	39,4	28			
	Other contributions					0.5.0	0 -			
	Multiply line 9 by 0.2. 7				24	26,2	85			
	Enter the smallest of li				25				0	0
26.	Subtract line 25 from li				26	2 0	27			0
	Add lines 11, 17, 20, ar				27	2,9				
28.	Subtract line 27 from li				28	62,7	76			
29.	Enter the smaller of lin				29				0	0
30.	Subtract line 29 from line Subtract line 27 from line				30	120 4	0.0			0
31.					31	128,4			0	
	Enter the smaller of lin Add lines 27, 29, and 3						32		U	
33.			ai nere and on Sche 				32	2 0	27	
24	line 17, whichever is ap Subtract line 32 from li						33 34	2,9	۱ د	0
	Add lines 12, 18, 21, 26		arry this amount for				34			0
33.	next year		any tris amount for		(/	L TO/ TOINIT/	35			0

ALINCWK	Federal Income Tax Deduction Worksheet		2016
Name(s) as shown on return		Your	social security number
BHAVESH B &	MITALBAHEN PATEL		-1368
1 Enter the tax as sh	own on line 56, Form 1040, line 37 on Form 1040A,		
line 10 on Form 10	40EZ or line 53 on Form 1040NR	. 1	16,167
2 Net Investment Inc	ome Tax. Enter amount from line 17, Form 8960	. 2	
3 Federal Tax. Add I	ines 1 and 2	. 3	16,167
line 42a on Form 1 b Additional child t line 43 on Form 10 c American Opport Enter the amount f d Credits from Form	redit (EIC). Enter the amount from line 66a, Form 1040,       4a         040A or line 8a on Form 1040EZ       4a         ax credit. Enter the amount from line 67, Form 1040,       4b         40A, or line 64 on Form 1040NR       4b         unity Credit.       4c		
6 Subtract line 5 from	and d		16,167

Schedule W-2



2016

(FORM 40, 40A, or 40NR)

Alabama Department of Revenue Wages, Salaries, Tips, etc.



Form must be completed fully in order to receive proper credit for your Alabama income tax withheld.

Attach a copy of all withholding statements to your return

	ME(S) AS SHOWN ON TAX AVESH B & MIT		т.		PRIMAF	RY SOCIAL SEC	URITY NO. SPOUSE S		AL SECURITY NO. 5976				
	A	В	С	D	E	F	G		н	Τ	1		J
		Employer's		Schedule		Alabama							
	Employee's Social	Identification Number	Statutory		State	Employer's	Alabama State		Federal Wages		Alabama State Wages	Addi	tional Taxable Wages
	Security Number on W-2	(EIN)	Employe		Code	State ID Number			(Box 1 of Form W-2)	_	(Box 16 of Form W-2)		Other States
	1368	3184	• 📙	• 📗	●AL	●R006254613	• 694	•	24,000	•	24,000	•	
	5976	3184	• 🗌	•	•AL	●R006254613	• 694	•	24,000	•	24,000	•	
	1368	3074	• 🗌	• 🗌	•AL	•R009081222	• 10	•	3,000	•	3,000	•	
	1368	9142	• 🗌	•	●AL	•R009035728	• 98	•	5,500	•	5,500	•	
	5976	0498	• 🗌	• 🗌	●AL	•R009129318	• 118	•	13,200	•	13,200	•	
	1368	0498	• 🗌	• 🗆	●AL	•R009129318	• 7	•	1,200	•	1,200	•	
7	•	•	• 🗌	• 🗌	0	•	•	•		•		•	
8	•	•	• 🗌	• 🗆	•	•	•	•		•		•	
9	•	•	• 🗌	• 🗌	•	•	•	•		•		•	
10	•	•	• 🗆	• 🗆	•	•	•	•		•		•	
11	•	•	• 🗌	• 🗆	•	•	•	•		•		•	
12	•	•	• 🗆	• 🗆	•	•	•	•		•		•	
13	•	•	• 🗌	• 🗆	•	•	•	•		•		•	
14	•	•	• 🗆	• 🗆	•	•	•	•		•		•	
15	•	•	• 🗆	• 🗆	•	•	•	•		•		•	
16	TOTAL ALABAMA TAX WIT	HHELD FROM W-2S. Total	l lines 1-15,	Column G a	nd enter	the amount here	• 1,621						
17	ALABAMA TAX WITHHELD	FROM 1099s AND W-2Gs.	. Enter the t	otal Alabama	a Income	Tax Withheld	,						
	from all Form 1099s and Form	n W-2Gs received. See instr	ructions on	where to rep	ort the in	come from							
	these statements						•						
18	TOTAL WAGES AND TOTAL												
	See instructions						1,621	•	70,900	•	70,900	•	

ALA21	Form 40, Sched Othe	ule A, Line 21 Attachment r Expenses	2016
Name(s) as shown on return			Your social security number
BHAVESH B & MI	TALBAHEN PATEL		_1368
DESCRIPTION		AMOUNT	
SAFE DEPOSI TAX PREP FE	T RENTAL ES	89 250	
TOTAL OTHER	EXPENSES	======= 339	

FOR TAX YEAR 2017	
BHAVESH B & MITALBAHEN PATEL	
ALPESH PATEL CPA	
205 US 46 WEST STE 7	
Totowa, NJ 07512	
(973)638-1418	

## ALPESH PATEL CPA

205 US 46 WEST STE 7 Totowa, NJ 07512 manish@apatelepa.com Phone: (973)638-1418 | Fax: (973)400-4088

May 16, 2018

BHAVESH B & MITALBAHEN PATEL 8832 PEMBERTON PARK Montgomery, AL 36117

Subject: Preparation of Your 2017 Tax Returns

BHAVESH B & MITALBAHEN PATEL:

Thank you for choosing ALPESH PATEL CPA to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

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

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

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

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

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

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

	The second second
hank you for the opportunity to be of service. If you have any questions,	contact our office at (973)638-1418,
Sincerely,	
Alpesh Patel ALPESH PATEL CPA	
Both spouses must sign for preparation of joint returns.)	
Accepted By:	
axpayer	
Spouse	
Date	

## ALPESH PATEL CPA

205 US 46 WEST STE 7 Totowa, NJ 07512 manish@apatelcpa.com Phone: (973)638-1418 | Fax: (973)400-4088

May 16, 2018

## BHAVESH B & MITALBAHEN PATEL

Montgomery, AL 36117

#### BHAVESH B & MITALBAHEN PATEL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$26,597 Balance Due	Direct Debit from **0776
Alabama Income Tax	\$4,138 Balance Due	Direct Debit from **0776

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

Federal Income Tax Alabama Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method			
1st	\$6,360	April 17, 2018	Mail a check			
2nd	\$6,360	June 15, 2018	Mail a check			
3rd	\$6,360	September 17, 2018	Mail a check			
4th	\$6,360	January 15, 2019	Mail a check			

Sincerely\_

Alpesh Patel ALPESH PATEL CPA

Department of the Treasury - Internal Revenue Service

Form **9325** (January 2017)

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

	Taxpayers Who File Returns Electronically
Thank you for pa	articipating in IRS e-file.
Taxpayer name BHAVESH I	B & MITALBAHEN PATEL
Taxpayer address	s (optional)
Montgome	ry, AL 36117
	rederal income tax return for 2017 was filed electronically with the IRS Submission sessing Center. The electronic filing services were provided by ALPESH PATEL CPA
signa	return was accepted on using a Personal Identification Number (PIN) as your electronic ature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN ou. The Submission ID assigned to your return is
The I	return was accepted on Allow 4 to 6 weeks for the processing of your return.  Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a  's name and social security number mismatch.
4. Your	electronic funds withdrawal payment request was accepted for processing.
5. Your	electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
	Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was epted on The Submission ID assigned to your extension

# DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

#### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to <code>www.irs.gov</code> and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

#### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

#### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

#### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.

#### Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

#### BHAVESH B & MITALBAHEN PATEL

For the year Ian 1-D	ec 31 201	Individual Incor 7, or other tax year beginning		, 2017, ending		, 20				or staple in this spi instructions.	
Your first name and in		7, or other tax year beginning	Last name	, 2017, ending		, 20		_		rity number	
BHAVESH			PATEL							X-XXXX	
If a joint return, spous		me and initial	Last name							security number	
MITALBA			PATEL					1		X-XXXX	
		et). If you have a P.O. box, see in					Apt. no.			re the SSN(s) a	ahovo
		, , ,								line 6c are corr	
City, town or post office	ce, state, a	nd ZIP code. If you have a foreign	address, also complete sp	paces below (see instructi	ons).			Pre	sidontia	Election Campaig	ın
Montgome	rv		AL	3	6117	7		Check h	ere if you	or your spouse if fi	ling
Foreign country name				province/state/county	<u> </u>		ostal code			go to this fund. Che ot change your tax	
								refund.			pouse
1	Single	<b>;</b>	<u> </u>			ehold (with qu				)	
Filing 2	✓ Marrie	ed filing jointly (even if only	one had income)		e qualifyin d's name h	ig person is a nere.	child but not	your depen	dent, ente	r this	
status 3	-	filing separately. Enter spouse's \$		<b>&gt;</b>	20 11011101	10.0.					
Check only one box.	and full	name here.		<b>5</b> Qu	alifying	widow(er)	(see instr	uctions)			
	6a	X Yourself. If someone	can claim you as a	dependent, do no	check	box 6a .			ι	Boxes checked	
Exemptions	b	X Spouse							}	on 6a and 6b No. of children	2
_	С	Dependents:		(2) Dependent's		(3) Depend		(4) Chk if c	alifvina	on 6c who:	1
(1	1) First nar	ne Last na	me	social security number	r	relationship	to you	for child ta (see instr	x credit uctions)_	lived with you did not live w	
				xxx-xx-xxx	Z D	aughte	r	x		you due to divor or separation	rce
f more than four dependents, see										(see instruction	
instructions and										Dependents on not entered abo	6c ve
check here 🕨 📗									]	Add numbers on lines	
	d	Total number of exempti	ons claimed					<u></u>		above	3
Income	7	Wages, salaries, tips, etc	c. Attach Form(s) W-	2				7		73,	775
	8a	Taxable interest. Attach	Schedule B if requi	red				8	а		
Attach Form(s)	b	Tax-exempt interest. Do			8b						
W-2 here. Also	9a	Ordinary dividends. Atta	ch Schedule B if req	uired	1 1			9	а		
attach Forms	b	Qualified dividends		• • • • • • • •	9b						
W-2G and 1099-R if tax	10	Taxable refunds, credits,	1								
was withheld.	11	Alimony received	<u>1</u> 1	_	10						
	12	Business income or (loss). Attach Schedule C or C-EZ								12,	PTT
If you did not	13	Capital gain or (loss). At					•				
get a W-2,	14	Other gains or (losses).	1 1		1				4		
see instructions.	15a	IRA distributions			1	able amo		15			
	16a	Pensions and annuities			J	able amo			_		726
	17	Rental real estate, royalt						1		70,	/36
	18	Farm income or (loss).							8		
	19	Unemployment compens	1 1		 L. <del>.</del>			1	_		
	20a	Social security benefits	20a		<b>b</b> rax	able amo	unt				
	21 22	Other income	. for sight only me for lie	7 thursumb 04. This	4	-4-1 !		2 ▶ 2	_	157,0	022
	23	Combine the amounts in the Educator expenses .	e lai light column for iin	les / tillough z i. This	23	otal incom		2	_	137,	0 2 2
Adjusted	24	Certain business expenses	of reconsists performin	a artists and	23						
Gross	24	fee-basis government officia			24						
Income	25	Health savings account of			25						
	26	Moving expenses. Attac			26						
	27	Deductible part of self-er			27		1,4	0.2			
	28	Self-employed SEP, SIM			28		Δ,1	02			
	29	Self-employed health ins			29			_			
	30	Penalty on early withdra			30						
	31a	Alimony paid <b>b</b> Recipie	_		31a						
	32	IRA deduction			32						
	33	Student loan interest ded			33						
	34	Tuition and fees. Attach			34						
	35	Domestic production acti			35						
	36	Add lines 23 through 35						3	6	1 . 4	402
	37	Subtract line 36 from line			me					155,0	
			,						- 1	/ .	

Form 1040 (2017	) BH <i>I</i>	AVESH B & MITALBAHEN PATEL	XXX-	-XX-XXXX Page 2
	38	Amount from line 37 (adjusted gross income)	38	155,620
Tax and Credits	39a	Check <b>f</b> You were born before January 2, 1953, Blind. <b>\) Total boxes</b>		<u> </u>
Credits		if: Spouse was born before January 2, 1953, Blind. ∫ checked ▶ 39a		
0	ь	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard Deduction	40	<b>Itemized deductions</b> (from Schedule A) or your standard deduction (see left margin)	40	15,335
for -	41	Subtract line 40 from line 38	41	140,285
People who check any	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
box on line	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	128,135
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	23,511
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
•All others:	47	Add lines 44, 45, and 46	47	23,511
Single or	48	Foreign tax credit. Attach Form 1116 if required	_	
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, \$6,350	50	Education credits from Form 8863, line 19	4	
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required		
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695	_	
Head of	54	Other credits from Form: a 3800		
household, \$9,350	55	Add lines 48 through 54. These are your <b>total credits</b>	55	02 511
ψ9,330	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	23,511
041	57	Self-employment tax. Attach Schedule SE	57	2,803
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	. ,	60a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	60b	3,371
	61 62	Health care: individual responsibility (see instructions) Full-year coverage  Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	61	3,3/1
	63		62	20 695
	64	Add lines 56 through 62. This is your <b>total tax</b>	03	29,685
Payments	65			
If you have a	66a	2017 estimated tax payments and amount applied from 2016 return		
qualifying child, attach	b	Nontaxable combat pay election 66b	1	
Schedule EIC.	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		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	3,512
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	•
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . •	76a	
Direct deposit?	▶ b	Routing number Pc Type: Checking Savings		
See instructions.	► d	Account number T		
manachons.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77		
Amount	78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	26,597
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do yo Design		es. Com	plete below. X No
Designee	name	▶ no. ▶ number (PIN)		<u> </u>
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it ely 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		
Here		ignature Date Your occupation		Daytime phone number
Joint return? See	135	The second secon		973-444-4017
instructions. Keep a copy for		e's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation		Identity Protection PIN (see inst.)
your records.	466	Deta		DTIN
		Check		PTIN
Paid			nployed	XXXXXXXXX
Preparer		Type preparer's name Alpesh Patel	EIN .	
Use Only	Firm's	205 HG 46 HDGB GBD 7	EIN ►	
	Firm's		a'	73-638-1419
EEA Go to www	irs acu	/Form 1040 for instructions and the latest information.	e 110. J	73-638-1418 Form <b>1040</b> (2017)
-5 to WWW.	5.901	,		, ,

	SCHEDULE A (Form 1040)								
Department of the T		► Attach to Form 1040.	tile late	ost imormation.		2017 Attachment			
Internal Revenue S	ervice	(99) Caution: If you are claiming a net qualified disaster loss on Form	n 4684,	see the instructions for	line 2	8. Sequence No. <b>07</b>			
Name(s) shown on						social security number			
BHAVESH	В	& MITALBAHEN PATEL		I	XX	X-XX-XXXX			
Medical		Caution: Do not include expenses reimbursed or paid by others.		0 000					
and		Medical and dental expenses (see instructions)	1	2,083					
Dental		Enter amount from Form 1040, line 38 2 155, 620		11 670					
Expenses		Multiply line 2 by 7.5% (0.075)	3	11,672					
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<del></del>	· · · · · · · · · · · · · · · · · · ·	4	0			
Taxes You	5	State and local (check only one box):	_	4 256					
Paid		a 🗓 Income taxes, or	5	4,356	-				
		b General sales taxes		1 204					
	6	Real estate taxes (see instructions)	6	1,284	-				
	7		7	483					
	8	Other taxes. List type and amount							
	9	Add lines 5 through 8	8		9	6 122			
	10	Add lines 5 through 8	10	4,957	9	6,123			
Interest		Home mortgage interest and points reported to you on Form 1098. If paid	10	1,331					
You Paid	••	to the person from whom you bought the home, see instructions							
Note:		and show that person's name, identifying no., and address							
Your mortgage		and show that persons frame, identifying no., and address							
interest deduction may									
be limited (see			11						
instructions).	12	Points not reported to you on Form 1098. See instructions for	F.,						
		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	4,957			
Ciffe to	16	Gifts by cash or check. If you made any gift of \$250 or more,				2750.			
Gifts to Charity		see instructions	16	4,132					
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see		·					
gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500	17	123					
benefit for it,	18	Carryover from prior year	18						
see instructions.	19	Add lines 16 through 18			19	4,255			
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses. Attack	Form 4	1684 and					
Theft Losses		enter the amount from line 18 of that form. See instructions			20				
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job							
and Certain		education, etc. Attach Form 2106 or 2106-EZ if required. See instr.							
Miscellaneous		▶FORM 2106-EZ 1,419	21	1,419					
Deductions		Tax preparation fees	22	250					
	23	Other expenses - investment, safe deposit box, etc. List type							
		and amount ▶SAFE DEPOSIT RENTAL 75							
			23	75					
	24	Add lines 21 through 23	24	1,744					
	25	Enter amount from Form 1040, line 38 25 155,620	-	2 110					
	26	Multiply line 25 by 2% (0.02)	26	3,112	27	0			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0			
Other Miscellaneous		Other - from list in instructions. List type and amount							
Deductions	•				28				
-	29	Is Form 1040, line 38, over \$156,900?			20				
Total Itemized		No. Your deduction is not limited. Add the amounts in the far right	column	٦					
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40			29	15,335			
		Yes. Your deduction may be limited. See the Itemized Deductions	-			23,333			
		Worksheet in the instructions to figure the amount to enter.							
	30	If you elect to itemize deductions even though they are less than your s	tandard						
		deduction, check here		▶ □					
For Paperwork	k Re	duction Act Notice, see the instructions for Form 1040.			Sche	dule A (Form 1040) 2017			
EEA						-			

# SCHEDULE C (Form 1040)

### **Profit or Loss From Business**

(Sole Proprietorship)

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

2017

OMB No. 1545-0074

Department of the Treasury

Intern	Internal Revenue Service (99) Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09											
Nam	ne of proprietor						Soc	ial secu	urity number (SS	iN)		
BH.	AVESH B PATEL						Х	.XX-	XX-XXX	X		
A Ga	Principal business or profes PumpS	ession,	includi	ng product or service (see in	struct	ions)	В	Enter c	ode from instruc	tions		
C	Business name. If no sepa	arate bi	usines	s name. leave blank.			D	Employ	er ID number (El	N), (see	e instr.)	
MB	M02 LLC			,					•			
E		ng suite	or ro	om no.) ▶ 2631 Eas	t S	South Blvd						
	City, town or post office, st	tate, an	d ZIP	code Montgome	ry	, AL 36116						
F	Accounting method:	(1) X	Cash	(2) Accrual (	(3)	Other (specify)						
G	Did you "materially participa	ate" in	the op	eration of this business durin	g 201	7? If "No," see instructions for limits	it on I	osses	Х	Yes	No.	
Н	If you started or acquired th	is busir	ness d	uring 2017, check here					▶			
1	Did you make any payment	ts in 20	17 that	would require you to file For	m(s)	1099? (see instructions)				Yes	No	
J		file req	uired F	orms 1099?						Yes	No	
Pa	rt I Income											
1	•					income was reported to you on	٦		1 0	2.0	<b>545</b>	
								1	1,0	<u>32,</u>	745	
2	Returns and allowances							2	1 0		745	
3								3	1,0			
4	Cost of goods sold (from lin	,					-	4			423	
5	Gross profit. Subtract line							5		43,	322	
6				gasoline or fuel tax credit or		,		7		12	322	
7						home <b>only</b> on line 30.		-		±3,	344	
8	Advertising		8	es 101 business use 01	18	Office expense (see instructions	\ T	18				
9	Car and truck expenses (se		-		19	Pension and profit-sharing plans	′ ⊢	19				
,	instructions)		9		20	Rent or lease (see instructions):		13				
10	,		10		1	Vehicles, machinery, and equipment		20a				
11	Contract labor (see instructi		11		1	Other business property		20b				
12	Depletion	,	12		21	Repairs and maintenance		21				
13	Depreciation and section 17				22	Supplies (not included in Part III		22				
	expense deduction (not				23	Taxes and licenses	´	23				
	included in Part III) (see instructions)		13	17,611	24	Travel, meals, and entertainmen	ıt:					
14	Employee benefit programs	S			а	Travel		24a				
	(other than on line 19) .		14		b	Deductible meals and						
15	Insurance (other than health	h) .	15	1,959		entertainment (see instructions)		24b				
16	Interest:				25	Utilities		25				
а	Mortgage (paid to banks, e	etc.) .	16a	9,942	26	Wages (less employment credits	s)	26				
b	Other		16b		27a	Other expenses (from line 48)	. 2	27a			699	
17	Legal and professional serv		17	600		Reserved for future use	-	27b				
28						hrough 27a		28		<u>30,</u>		
29	Tentative profit or (loss). Su						· ·  -	29		12,	<u>511                                   </u>	
30	·	•		. Do not report these expens	es els	sewhere. Attach Form 8829						
	unless using the simplified			,								
				e total square footage of: (a	) your		-					
	and (b) the part of your hom				lin n O	. Use the Simplifie	a	20				
24				igure the amount to enter on	line 3	0	.  -	30				
31	<ul> <li>Net profit or (loss). Subtract line 30 from line 29.</li> <li>If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> </ul>											
	(If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .							31		12	511	
	• If a loss, you <b>must</b> go to line 32.									<u> </u>	<u> </u>	
32	, ,			cribes your investment in this	s activ	ity (see instructions)	J					
-	-			both Form 1040, line 12, (		-	3:	2a 🗌	All investm	ent is	at risk.	
	•			the box on line 1, see the li				2b	Some inve			
	trusts, enter on Form 1041	-			0				at risk.			
	• If you shooked 32h you	oited -	J		-							

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Schedul	e C (Form 1040) 2017 Gas PumpS		Pag	je <b>2</b>
Name(s		SN	vv vvvv	
Part I		<u> </u>	XX-XXXX	_
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (attac	h explar	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		Yes X I	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0
36	Purchases less cost of items withdrawn for personal use	36	989,42	3
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	989,42	3
41	Inventory at end of year	41		0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	989,42	3
Part	Information on Your Vehicle. Complete this part only if you are claiming car and are not required to file Form 4562 for this business. See the instructions f file Form 4562.		•	
	1116 1 01111 4002.			
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle during 2017, enter the number of miles you used your vehicle during 2017.	ehicle fo	or:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47a	Do you have evidence to support your deduction?		Yes	No
b	If "Yes," is the evidence written?			No
Part	Other Expenses. List below business expenses not included on lines 8-26 or	line 30		
DOC	UMENT FEES		69	9
48 EEA	Total other expenses. Enter here and on line 27a	48	69 Schedule C (Form 1040) 2	

Sche	dule E (Form 1040) 2017						Atta	chment	Sequence No.	13			Page 2
	s) shown on return. Do not enter name		-	on page 1.								security nun	
	AVESH B & MITAL									XX	X-X	X-XXX	X
	tion: The IRS compares amount II Income or Loss							_ , ,			مادة		مام زمایی
Га	any amount is not at		•		•							ictivity for	Wnich
27	Are you reporting any loss no												
	unallowed loss from a passiv												
	you answered "Yes," see ins	tructions befo	ore completing	this section		·			· · · · · · · ·		. 🛘	Yes	X No
28	(a	) Name			(b) Enter P for partnership; S		(c) Ch fore		(d) Emplidentifica			(e) Ch any amo	
<b>A A</b> .					for S corporation		partne		numb	er		not at	
B	atement #1							1					]
С							Ť	1					]
D							Ī						]
	Passive Income	and Loss			•	No	onpa	ssive Ir	come and Lo	ss			
	(f) Passive loss allowed		sive income		npassive loss				tion 179 expense			Nonpassive in	
	(attach Form 8582 if required)	from Sc	hedule K-1	from S	chedule K-1			deduction	from Form 4562		fro	m Schedule	K-1
A													
B C													
D													
29a	Totals											70,	736
b	Totals												
30	Add columns (g) and (j) of lin	ie 29a								30		70,	736
31	Add columns (f), (h), and (i) o									31	(		)
<b>32 Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below										32		70	736
Pa	rt III Income or Loss						• • •			32		, ,	750
											(b)	Employer	
33	(a) Name											ation number	
Α													
В	D	- h 1											
		sive Income		D			(-) F		onpassive Inc				
	(c) Passive deduction or loss allow (attach Form 8582 if required)	ea	(d) Passive income from Schedule K-1					Deduction n <b>Schedu</b>		(f) Other income from Schedule K-1			
Α													
В													
34a	Totals												
b	Totals	- 04-								0.5			
35 36	Add columns (d) and (f) of lin Add columns (c) and (e) of lin									35 36	1		١
37	Total estate and trust inco			 es 35 and 36	 . Enter the re	· · · esult h	ere a	nd		- 50			
	include in the total on line 41	` '								37			
Pa	rt IV Income or Loss	From Re	al Estate M			t Co	ndu	its (R	EMICs) - R	esid	ual F	lolder	
38	(a) Name	(b) Employer id		Schedu	s inclusion from ules Q, line 2c				come (net loss)			ncome from	
		num	ber	(see	instructions)		IIOII	Schedu	les Q, line 1b		Scheau	les Q, line 3	)
39	Combine columns (d) and (e)	only Enter t	he result here	and include i	n the total on	line 4	l 1 bel	ow		39			
	rt V Summary	01.1y1 2.1101 t	no recuit mere				. 50.	<del></del>					
40	Net farm rental income or (lo	oss) from <b>Fo</b> i	rm 4835. Also,	, complete lir	ne 42 below					40			
41	Total income or (loss). Com	bine lines 26, 32,	37, 39, and 40. Er	nter the result he	re and on Form 1	040, lin	e 17, c	r Form 10	040NR, line 18	41		70,	736
42	Reconciliation of farming	_											
	farming and fishing income r	•											
	(Form 1065), box 14, code B V; and Schedule K-1 (Form		•			42							
43	Reconciliation for real esta	, .		,	state	42							
.5	professional (see instructions	•	,										
	anywhere on Form 1040 or F	* *	,										
	in which you materially partic	cipated unde	r the passive a	ctivity loss ru	ules	43							
									_	alaad.	/	Farm 404	0) 2047

### **SCHEDULE SE** (Form 1040)

## **Self-Employment Tax**

OMB No. 1545-0074 2017

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/ScheduleSE for instructions and the latest information. ► Attach to Form 1040 or Form 1040NR.

Attachment

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

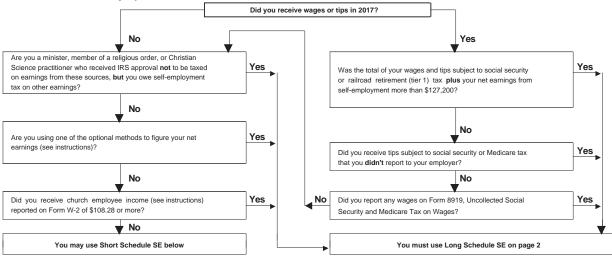
Social security number of person with self-employment income ▶

BHAVESH B PATEL

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

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

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



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

					-
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form				
	1065), box 14, code A	1a			
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve				
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	(		_)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),				
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.				
	Ministers and members of religious orders, see instructions for types of income to report on				
	this line. See instructions for other income to report	2		19,841	
3	Combine lines 1a, 1b, and 2	3		19,841	-
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't			-	_
	file this schedule unless you have an amount on line 1b	4		18,323	
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,			-	_
	see instructions.				
5	Self-employment tax. If the amount on line 4 is:				
	• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line				
	57, or Form 1040NR, line 55				
	<ul> <li>More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.</li> </ul>				
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5		2,803	
6	Deduction for one-half of self-employment tax.			2,005	
·	Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form</b>				
	1040, line 27, or Form 1040NR, line 27				
	1040, IIIIe 27, OI T OI III 1040 (III. III. III. III. III. III. III. II				

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

Schedule SE (Form 1040) 2017

EEA

Form **2106-EZ** 

### **Unreimbursed Employee Business Expenses**

Attach to Form 1040 or Form 1040NR.

2017 Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form2106EZ for the latest information.

Sequence No. 129A

Your name Occupation in which you incurred expenses Social security number XXX-XX-XXXX BHAVESH B PATEL

#### You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You don't get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Pa	rt I Figure Your Expenses				
1	Complete Part II. Multiply line 8a by 53.5 cents (0.535). Enter the result here	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work	2		1,	103
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc.  Don't include meals and entertainment	3			
4	Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment	4			
5	Meals and entertainment expenses: \$ 632 x 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5			316
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6		1,	419
Pa	rt II Information on Your Vehicle. Complete this part only if you are claiming vehicle	expen	se on line	1.	
7	When did you place your vehicle in service for business use? (month, day, year) ▶				
8	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle	cle for:			
а	Business b Commuting (see instructions) c Other				
9	Was your vehicle available for personal use during off-duty hours?			. Yes	☐ No
10	Do you (or your spouse) have another vehicle available for personal use?			. 🗌 Yes	☐ No
11a	Do you have evidence to support your deduction?			. 🗌 Yes	☐ No
	If "Yes," is the evidence written?			. 🗌 Yes	☐ No
For	Paperwork Reduction Act Notice, see your tax return instructions.		F	orm 2106-E	Z (2017)

EEA

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Denart	ment of the Treasury		,	► Attach to	your tax	return.		,			Attachment
	Revenue Service (99)	▶ G	o to www.irs.go	v/Form4562 f	or instru	ctions an	d th	e latest infor	mation.		Sequence No.179
Name(	s) shown on return				Business of	r activity to w	hich t	his form relates			Identifying number
BHA	AVESH B & I	MITALBAH	EN PATEL		MBM	102 LI	LC_				XXX-XX-XXXX
Pai			e Certain Pro								
	Note: If	you have any	listed property,	complete Pa	rt V befo	ore you c	omp	olete Part I.			
1	Maximum amount (	(see instructions)								1	
2	Total cost of sectio	n 179 property p	placed in service	(see instruction	ns)					2	
3	Threshold cost of s		•			tructions)				3	
4	Reduction in limitat									4	
5	Dollar limitation for	•						•		_	
	separately, see ins									5	
6		(a) Description of pr	operty		(b) Cost (l	business use	only)	(c) Elec	cted cost		
_	Lists discounts. Es	t th	!! 00				_				
7	Listed property. En					_	7				
8 9	Total elected cost of Tentative deduction									9	
10	Carryover of disalle									10	
11	Business income li		•							11	
12	Section 179 expens			,		,		,	,	12	
13	Carryover of disallo					"I'IIIIe I'I ▶ [	13	· · · · · ·		12	
	: Don't use Part II o					-	10				
_					_	iation	(Do	<b>n't</b> include l	isted pr	opert	y.) (See instructions.)
14	Special depreciation	•					•		.ото а р.	орон	). <b>)</b> (200 ii.o
										14	0
15											
16 Other depreciation (including ACRS)									7,308		
Pai	Part III MACRS Depreciation (Don't include listed property.) (See instructions.)										
	Section A										
17	MACRS deductions	s for assets plac	ed in service in ta	ax years begin	ning befor	e 2017 .				17	10,303
18	If you are electing	to group any ass	sets placed in ser	vice during the	tax year	into one o	r mo	re general			
	asset accounts, che	eck here						▶			
	Section	n B - Assets F	Placed in Serv			Year Us	ing	the Genera	al Depr	eciati	on System
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for de (business/invesionly-see instr	tment use	(d) Recover period	ery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property										
b	5-year property										
С	7-year property										
d	10-year property						_				
е	15-year property		_								
f	20-year property		_				_				
g	25-year property					25 yrs	$\overline{}$		S/		
h	Residential rental					27.5 yr	_	MM	S/		
	property					27.5 yr		MM	S/		
i	Nonresidential real					39 yrs	-	MM	S/		
	property	A A a a a ta Dia	and in Commiss	D	7 Tov V	ar Hain	41-	MM	S/		ion Custom
20.0		- ASSELS Fla	ced in Service		/ lax re	ar USIII	ց տ	e Alternativ			ion system
20 a	Class life 12-year					12 yrs	_		S/		
	40-year					40 yrs		MM	S/		
		ary (See instr	uctions )			⊥ <del>-t</del> ∪ yls	-	IVIIVI			
21	Listed property. Er									21	
22	Total. Add amount				d 20 in co	olumn (a)	and	line 21 Enter	 r		
	here and on the ap		•							22	17,611
23	For assets shown a		-	•		Г		T			
	portion of the basis	-					23				

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

## Form PMT

## **ACH Payment**

2017

(Keep for your records)

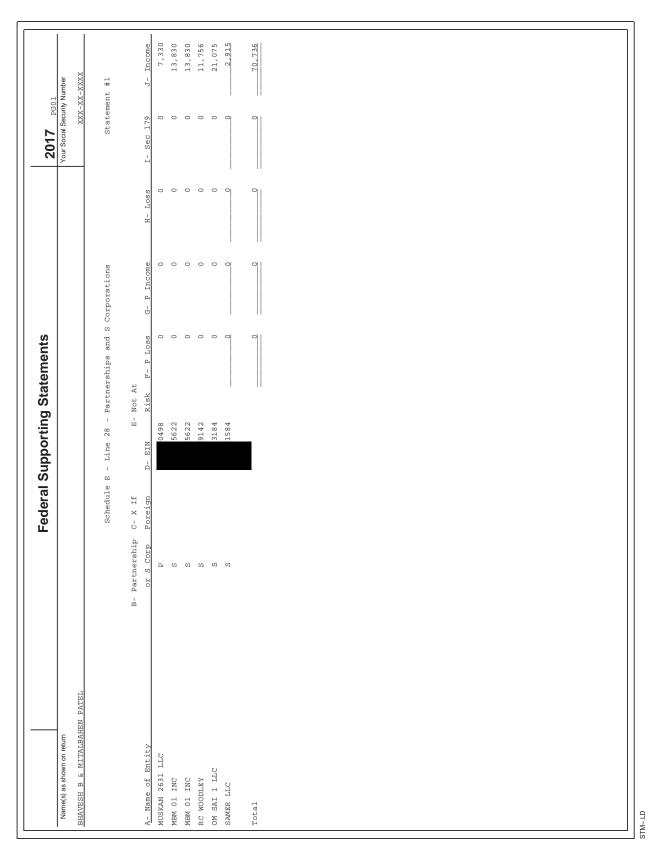
Name(s) shown on return	Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL	XXX-XX-XXXX
	Spouse's SSN
	XXX-XX-XXXX
Routing Transit Number	
0025	
Bank Account Number	
0776	
Type of Account:	
1 Checking	
Amount of Tax Payment	
26,597	
Requested Payment Date	
05-16-2018	
Taxpayer's Daytime Phone Number	
Type of Form being filed	
1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

			Earne	d Income Cr	edit Due Diligeno	e				
(Keep for your records)						2017				
Name(s) as shown on return  BHAVESH B & MITALBAHEN PATEL							Tax ID Numbe	Tax ID Number  XXX – XX – XXXX		
	ਪਾਸ਼ਨਸ਼ ਲੋ ਕ ਯ · Qualifying Child (co						AAA-A	X-XXXX		
_	hildren over age 18 w			• ,	d. the following	Child 1	Child 2	Child 3		
	onal information and d			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1. (	Children who are stude	ents				. Not a	☐ Not a	☐ Not a		
						student	student	student		
а	. What school does	the child atte	end?		lementary					
						_				
h	. Can you provide do	ncumentation	showing that the	Child 3		-				
			-	show the dates of						
						. ☒ Yes ☐ No	☐ Yes ☐ No	Yes No		
							Not	☐ Not		
а	<ul> <li>What type of disabilities</li> </ul>	ility does the	child have?	Child 1		disabled -	disabled	disabled		
				Child 2		_				
	Door the shild year	CCI	than aliaah ilituu na	Child 3		- □ v □ N-	□ Vaa □ Na	No. D No.		
C				nents?		Yes No	☐ Yes ☐ NO	Yes   No		
	•			nat the child is perma						
					· · · · · · · · · · · · · · ·	. 🗌 Yes 🗌 No	Yes No	Yes No		
Relat	ionship - Qualifying (									
For re	elationships with childr	en other tha	n son or daughter	the following addition	onal information and					
	mentation should be av									
1. 1	the biological parent i Chile	-		·	Child 3					
N				ild 2						
	ather									
	dopted children:					Child 1	Child 2	Child 3		
		ending, do yo	ou have a letter fro	m an authorized add	option agency?	.  Yes  No	☐ Yes ☐ No	☐ Yes ☐ No		
	oster children:			-t li	ble court document? .	□ vaa □ Na	□ Vaa □ Na	No. D No.		
	Brother, sister, niece, ne				ible court document? .	Yes No	☐ Yes ☐ No	Yes   No		
					child?	. ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
	Stepchildren or descen									
а	. Can you provide a	birth certifica	ate & marriage ce	rtificate verifying the	relationship to the child?	. 🗌 Yes 🗌 No	Yes No	Yes No		
	dency - Qualifying Ch									
	ou provide any of the year? More than one				red with you for more than h	alt				
Child	,	, ,	Child 2		Child 3					
	chool records		School records		School records					
	edical records	[	Medical record	s	Medical records					
$\equiv$	etter*	l	Letter*		Letter*					
$\equiv$	ocial service records	 	Social service		Social service records					
	aycare records are provider	ı	Daycare record Daycare provider	us	☐ Daycare records  Daycare provider					
Dayo	are previde.		zajouro providor		Dayouro provido.					
acce	letter must be on offici otable entity. The letter child lived with taxpaye	r must includ	from one of the for e the name of the	ollowing: school, med child, name of the c	dical provider, social service hild's parent or guardian, ch	agency, place of vild's address, and o	vorship, or other lates during the			
Adj	usted Gross Inco	ome - Qua	alifying Child							
child the A	ax years beginning afte can claim the child, bu GI of any parent of the	it only if the a	adjusted gross inc	ome (AGI) of the tax	payer is higher than	Child 1	Child 2	Child 3		
	any parent of the child	?	<u> </u>	Data		. Yes No	Yes No	Yes No		
rour s	gnature			Date	Spouse's signature. If joint return	ı, b∪ı⊓ must sign.	Date			
Paid p	reparer's signature			Date						
	. •			05-16-2018	3					
EIC_Q	C.LD			1						

	Earned			
		2017		
Name(s) as shown on return  BHAVESH B &	Tax ID Number  XXX-XX-XXXX			
Use the notes fields belo the taxpayer is complete	·	I inquiries made by the ta	x retum preparer to help determine if the info	rmation fumished by
Date of interview 05-13-2018	Name of taxpayer intervio		Taxpayer interviewed by ALPESH PATEL	
Note:				
Note:				
Note:				
Note:				
Your signature		Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature		Date 05-16-2018		,

Form 8879	IRS e-file Signature Authorization		OMB No. 1545-0074
	► Return completed Form 8879 to your ERO. (Do not send	to IRS.)	0047
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879 for the latest informati	on.	2017
Submission Identification	Number (SID)		
Taxpayer's name	, , , , , , , , , , , , , , , , , , ,	Social security number	
BHAVESH B P	ATEL	XXX-XX-XXXX	
Spouse's name		Spouse's social security nu	
MITALBAHEN Part I Tax Ret	PATEL curn Information - Tax Year Ending December 31, 2017 (Who	XXX-XX-XXXX	<u> </u>
	ncome (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 104		
, ,			155,620
2 Total tax (Form	1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)		29,685
	tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;		2 510
	ne 7; Form 1040NR, line 62a)		3,512
,	040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Pari ine 73a)		
	e (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR		
	er Declaration and Signature Authorization (Be sure you ge		
of receipt or reason for reject authorize the U.S. Treasury account indicated in the tax institution to debit the entry authorization. To revoke (car creceived no later than 2 bus payment of taxes to receive personal identification numb. Taxpayer's PIN: check	ir, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receitation of the transmission, (b) the reason for any delay in processing the return or refund, and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct det preparation software for payment of my federal taxes owed on this return and/or a payment to this account. This authorization is to remain in full force and effect until I notify the U.S. Trincel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payminess days prior to the payment (settlement) date. I also authorize the financial institutions in confidential information necessary to answer inquiries and resolve issues related to the payer (PIN) below is my signature for my electronic income tax return and, if applicable, my Eleone box only  PESH PATEL CPA to enter or generate my PIN	(c) the date of any refund. oit) entry to the financial inst of estimated tax, and the fine easury Financial Agent to te nent cancellation requests revolved in the processing of ment. I further acknowledge ctronic Funds Withdrawal C	If applicable, I titution ancial erminate the nust be the electronic that the
	ERO firm name	Enter five digits, but	
as my signature	on my tax year 2017 electronically filed income tax return.	don't enter all zeros	
	IN as my signature on my tax year 2017 electronically filed income tax return. C vn PIN and your return is filed using the Practitioner PIN method. The ERO mus		
Your signature ▶		Date ▶	
Spouse's PIN: check or	na hay anly		
. —	PESH PATEL CPA to enter or generate my PIN	46631	
	ERO firm name	Enter five digits, but	
as my signature	on my tax year 2017 electronically filed income tax return.	don't enter all zeros	
	IN as my signature on my tax year 2017 electronically filed income tax return. C		
entering your ov	vn PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO mus	t complete Part III belov	<b>√</b> .
Spouse's signature ▶		Date ▶	
Dowt III Contifie	Practitioner PIN Method Returns Only - continue bel	OW	
Part III Certific	cation and Authentication - Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter	your six-digit EFIN followed by your five-digit self-selected PIN.	XXXXXX-2492	
Lead's that the above or	and the state of t		ter all zeros
•	umeric entry is my PIN, which is my signature for the tax year 2017 electronically f above. I confirm that I am submitting this return in accordance with the requirement		
1 7 ( )	Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	The or the Fractitionel F	
ERO's signature ▶ <u>A1</u>	pesh Patel	Date ▶ <u>05-16-20</u>	)18
-	ERO Must Retain This Form - See Instruction	ne .	
	Don't Submit This Form to the IRS Unless Requested		
For Panarwork Poducti	on Act Notice see your few return instructions		Form 9970 (2017)

	_	
ame(s) as shown on return	Preparer Note	2017 PG01 Your Social Security Number
	MITALBAHEN PATEL	XXX-XX-XXXX
NITA A D O TANTITO	MITADDAREN FAIEU	\u00e4\u00
BONUS DEPRE	R MAKES THE FOLLOWING ELECTIONS RELATED TO CIATION FOR THE 2017 TAX YEAR.	
ELECT OUT	OF ALL BONUS DEPRECIATION FOR ALL CLASSES	OF PROPERTY.



Summary of Estimates 2018									
Name(s) as shown on return		Your SSN/EIN							
BHAVESH B & MITALBAHEN PATEL XXX-XXXX STREET XXXX-XXXXX									
Federal Form: 1040-ES									
		Payment Schedule							
Due Date	04-17-2018	06-15-2018	09-17-2018	01-15	-2019	Total			
Total Installment Amount	6,360	6,360	6,360		,360	25,440			
Overpayment Applied	0	0	0		0	0			
Net Installment Due	6,360	6,360	6,360	6	,360	25,440			
		Taxpayer Records							
Amount Actually Paid									
Date Paid									
Check #/Confirmation									

#### **Estimated Tax Worksheet for Next Year** 2017 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX 4. 5. Total income (add lines 1 thru 7) 8. b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit. refundable American opportunity credit, and refundable credit from Form 8885 b. Required annual payment based on prior year's tax (see instructions) 110%.... 24b. 28,945 3,512 25,433

Estimates will be computed on \$25,433. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

### With the state of the state	As shown on return   Your Social Security Number   XXX-XX-XXX		Federal Income Tax Withheld	<b>2017</b> PG01
Amount   A	Cription       Amount         - OM SAI 1 LLC       1,272         - OM SAI 1 LLC       1,272         - RC WOODLEY       372         - MUSKAN 2631 INC       168         - SAMER LLC       428	Name(s) as shown on return		Your Social Security Number
1,272 2 - OM SAI 1 LLC 2 - OM SAI 1 LLC 2 - RC WOODLEY 372 2 - MUSKAN 2631 INC 2 - SAMER LLC 428	- OM SAI 1 LLC 1,272 - OM SAI 1 LLC 1,272 - RC WOODLEY 372 - MUSKAN 2631 INC 168 - SAMER LLC 428	BHAVESH B & MITALBAH	EN PATEL	XXX-XX-XXXX
1,272 2 - OM SAI 1 LLC 2 - OM SAI 1 LLC 2 - RC WOODLEY 372 2 - MUSKAN 2631 INC 2 - SAMER LLC 428	- OM SAI 1 LLC 1,272 - OM SAI 1 LLC 1,272 - RC WOODLEY 372 - MUSKAN 2631 INC 168 - SAMER LLC 428	Dogarintion		Amount
1,272 2 - RC WOODLEY 372 2 - MUSKAN 2631 INC 168 2 - SAMER LLC 428	- OM SAI 1 LLC 1,272 - RC WOODLEY 372 - MUSKAN 2631 INC 168 - SAMER LLC 428	Jeschiption		
12 - RC WOODLEY       372         12 - MUSKAN 2631 INC       168         12 - SAMER LLC       428	- RC WOODLEY 372 - MUSKAN 2631 INC 168 - SAMER LLC 428	WZ - OM SAL I LLC		1,272
22 - MUSKAN 2631 INC 168 22 - SAMER LLC 428	- MUSKAN 2631 INC 168 - SAMER LLC 428			1,2/2
2 - SAMER LLC 428	- SAMER LLC 428			
otal Withholdings 3,512	al Withholdings 3,512	W2 - SAMER LLC		428
		Total Withholdings		3,512

	v	V-2 Detail Lis	sting				
		(Keep for your reco	rds)			2017	
Name(s) as shown on return	1	(**************************************				Tax ID Nur	mber
BHAVESH B &	MITALBAHEN PATEL					XXX-	XX-XXXX
			FEDERAL		STAT		
T/S	Employer Name	Gross		State Code	Gross		W/H
T OM SAI 1 I S OM SAI 1 I		22,000 22,000	1,272 1,272	AL		000	537 537
T RC WOODLEY		6,000	372	AL AL	44,	000	116
s Muskan 263		14,400	168	AL	14.	400	129
T SAMER LLC	71 1113	9,375	428	AL		375	140
Taxpayer T		37,375	2,072			375	793
Spouse Tot	als	36,400	1,440			400	666
<u>Totals</u>		73,775	3,512		73,	775	1,459
W2_LIST.LD							

	Computation of Regular Tax	
	(Keep for your records)	2017
Name(s) as shown on return		Tax ID Number
BHAVESH B &	MITALBAHEN PATEL	XXX-XX-XXXX

Statement for line 44 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is of the

	but not			% on	amount
over	over	pay	plus	excess	over
0	18,650	0.00		10%	0
18,650	75,900	1,865.00		15%	18,650
75,900	153,100	10,452.50		25%	75,900
153,100	233,350	29,752.50		28%	153,100
233,350	416,700	52,222.50		33%	233,350
416,700	470,700	112,728.00		35%	416,700
470,700		131,628.00		39.6%	470,700

 $$10,452.50 + (($128,135.00 - $75,900.00) \times 25.0%) = $23,511$ 

Tax from Tax Rate Schedule

\$ 23,511

\$ 23,511 Tax computed using only available method

Worksheet B Form 1040	Earned Income Credit (EIC)-Lines 66a and 66b  (Keep for your records)	2017
Name(s) as shown on return	PRI	Tax ID Number
Complete the par	rou answered "Yes" to Step 5, question 2. ts below (Parts 1 through 3) that apply to you. Then, continue to Part 4. d filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to	XXX-XX-XXXX
Part 1	<b>1a.</b> Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.	1a 19,841
Self-Employed, Members of the Clergy, and	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	1b
People With	c. Combine lines 1a and 1b. = d. Enter the amount from Schedule SE, Section A, line 6, or	1c 19,841
Employee Income Filing	Section B, line 13, whichever applies.	1d 1,402
Schedule SE	e. Subtract line 1d from 1c.	1e 18,439
Part 2  Self-Employed NOT Required To File Schedule SE  For example, your net earnings from self-employment were less than \$400.	<ul> <li>2. Do not include on these lines any statutory employee income, any net profit from services per notary public, any amount exempt from self-employment tax as the result of the filling and appendix appendix appendix.</li> <li>a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.</li> <li>b. Enter any 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*.</li> <li>c. Combine lines 2a and 2b. = *If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule your name and social security number on Schedule SE and attach it to your return.</li> </ul>	2a 2b 2c Section A.
Part 3 Statutory Employees Filing Schedule C or C-EZ	<ol><li>Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filling as a statutory employee.</li></ol>	3
Part 4  All Filers Using Worksheet B	4. Combine lines 1e, 2c, and 3. This is your total self-employed income.	18,439

Need more information or forms? Visit IRS.gov.

1040	Overflow Statement		2017
ame(s) as shown on retr BHAVESH B		Your Social Sec	curity Number
	Schedule A, Line 5 - STATE AND LOCAL INCOME	TAXES	
Description			Amount
	- OM SAI 1 LLC - OM SAI 1 LLC	\$	537 537
form W-2 -	- RC WOODLEY		116
	- MUSKAN 2631 INC - SAMER LLC		129 140
	entry on Schedule A - line 5		2,897
	Total	: _\$	4,356

1040N			Child Tax Credit (Keep for your reco			201	
Name(s) as	s shown on return					Tax ID f	
	ESH B & MIT						-XX-XXXX
	ON! • To be a qualify requirements liste • If you do not h	ring child for the child and earlier under Qualify ave a qualifying child,	dits you are claiming on Form tax credit, the child must be t ying Child. Also see Taxpaye you cannot claim the child ta if line 30 (nonbusiness energ	inder age 17 at the e r identification numbe x credit.	end of 2017 and m er needed by due o	eet the othe	r
Part 1	I		,		<u>'</u>		
1.	Number of qualifying cl	nildren:	1 X \$1,000. Enter the	e result.		1.	1,000
2.	Enter the amount from	Form 1040, line 38; Fo	rm 1040A, line 22; or Form 10	040NR, line 37. 2	. 155,6	20	-
3.	1040 Filers. Enter the	total of any -		٦			
	<ul> <li>Exclusion of income</li> </ul>	from Puerto Rico, and	I				
	<ul> <li>Amounts from Form</li> </ul>	2555, lines 45 and 50	; Form 2555-EZ, line 18;	- 3			
	and Form 4563, line 15						
	1040A and 1040NR F	lers. Enter -0					
4.	Add lines 2 and 3. Ente	r the total.		4	155,6	20_	
5.	Enter the amount show	n below for your filing s	status.	٦			
	<ul> <li>Married filing jointly</li> </ul>	- \$110,000					
	<ul> <li>Single, head of house</li> </ul>	ehold, or qualifying wi	dow(er) - \$75,000	- 5	110,0	00	
	<ul> <li>Married filing separa</li> </ul>	•					
6.	Is the amount on line 4						
	No. Leave line 6 bla		<b>'</b> .		4.5	0.0	
	Yes. Subtract line 5				. 46,0	00_	
			ease it to the next multiple of	\$1,000.			
_	•		rease \$1,025 to \$2,000, etc.			_	0 200
	Multiply the amount on					7	2,300
8.	Is the amount on line 1	more than the amount	on line /?				
	No. STOP     No. STOP	-1-7-1 (		l' 05 5 404	ONID 1' 40 V	-1	
			m 1040, line 52; Form 1040A				
			n Form 1040, line 67; Form 1	J40A, line 43; or Forn	n 1040NR, line 64.		
		•	n 1040A, or Form 1040NR. result. Go to Part 2 below.				
Part 2		nom line i. Enter the	result. Go to Part 2 below.			o	
		Form 1040 line 47: Fc	rm 1040A, line 30; or Form 10	040NR line 45		a	0
	Add the following amou		ini 1040A, iine 30, oi 1 oini 1	940IVIX, IIIIC 40.		J	
	Form 1040 or		or Form 1040NR				
	Line 48		Line 46		+		
	Line 49	Line 31	Line 47				
	Line 50	Line 33			+		
	Line 51	Line 34	Line 48		+ +		
	Form 5695, line 30				+		
	Form 8910, line 15				+		
	Form 8936, line 23				+		
	Schedule R, line 2				+		
	•			Enter the total. 10			
11.	Are you claiming any o	the following credits?					
	Mortgage interest cr	•					
	<ul> <li>Adoption credit, Forr</li> </ul>	n 8839.					
	Residential energy 6	efficient property credit	, Form 5695, Part I.				
	District of Columbia	first-time homebuyer c	redit, Form 8859.		٦		
	No. Enter the amou	nt from line 10.					
	Yes. If you are filing	Form 2555 or 2555-E	Z, enter the amount from line	e 10. Otherwise, com	plete	<b>11.</b>	
	the Line 11 Worksho	eet, later, to figure the a	amount to enter here.				
12.	Subtract line 11 from lin	e 9. Enter the result.			_	12	0
13.	Is the amount on line 8	of this worksheet more	than the amount on line 12?				·
	No. Enter the amou	nt from line 8.	l	This is your			
TIP	You may be able to or Form 1040NR,  • First, complete y	line 64, only if you ans	child tax credit on Form 104 swered "Yes" on line 13. h line 66a (also complete line			Form Form	this amount on 1040, line 52; 1040A, line 35; rm 1040NR, line 49.
		nrough line 63 (also, co II - IV of Schedule 88	omplete line 67). 12 to figure any additional chil	d tax credit.			

WK\_8812.LD

#### **Shared Responsibility Payment Worksheet** (Keep for your records) 2017 Name(s) as shown on return Tax ID Number BHAVESH B PATEL XXX-XX-XXXX

This worksheet is a combination of Steps 2-5, Worksheets A and B, and the Shared Responsibility Payment Worksheet shown in the instructions for Form 8965.

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2017, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment.

Complete the monthly columns by placing "X's" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.

	Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
BHA	VESH PATEL	X	Х	Х	X	X	X	X	Х	Х	Х	Х	Х
MIT	ALBAHEN PATEL	X	Х	Х	X	Х	Х	X	X	Х	X	X	X
1.	Total number of X's in a												
	month. If 5 or more,												
	enter 5	2	2	2	2	2	2	2	2	2	2	2	2
2.	Total number of X's in a												
	month for individuals 18 or												
	over*	2	2	2	2	2	2	2	2	2	2	2	2
3.	One-half the number of X's												
	in a month for individuals												
	under 18*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.	Add lines 2 and 3 for each												
	month	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
5.	Multiply line 4 by \$695 for												
	each month. If \$2,085 or												
	more, enter \$2,085							1,390.0					1,390.
	Sum of the monthly amo											24	
7.	Enter your household in												20.00
8.	,	old (see <u>Fil</u>	<u>ing Thresh</u>	nolds For N	Nost Peopl	<u>e</u> )					· · ·	20,8	00.00
	Subtract line 8 from line 7											134,8	20.00
	Multiply line 9 by 2.5% (.										• • •	3,3	70.50
11.	Is line 10 more than \$2,0	85?											
	X Yes. Multiply line 10	by the nun	nber of mo	nths for w	hich line 1	is more th	an zero	}				40,4	46.00
	☐ No. Enter the amoun	t from line	14 01 the <u>F</u>	lat Dollar	Amount W	orksneet		-					
													70.50
	Multiply line 6 by \$272**										· · ·	6,5	28.00
14.	Enter the smaller of line				,	,	,	,					
	1040EZ, line 11. This is y	our shared	d responsit	oility paym	ent .								70.50
							Rour	nded amou	nt will carr	y to main f	orm	3,37	1

<sup>\*</sup>For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not tum 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 1999, is considered age 18 on March 1, 2017, and therefore, is not considered age 18 for purposes of the shared responsibility payment until April 2017.

\*\*\$272 is the 2017 national average premium for a bronze level health plan available through the Martketplace for one individual and should not

be changed.

## Household Income Worksheets for Form 8965 and Flat Dollar Amount Worksheet

		Flat Dollar Alliount Worksheet		
		(Keep for your records)		017
Name	(s) as shown on return			x ID Number
BH.	AVESH B PAT	EL	X	XX-XX-XXXX
		Household Income Worksheet		
	Enter any tax-exempt	oss income (AGI) from Form 1040, line 38; Form 1040A, line 22; or Form 1040N interest from Form 1040, line 8b; Form 1040A, line 8b; or		155,620
	Enter any amounts fro	m Form 2555, lines 45 and 50, and Form 2555-EZ, line 18		
4.		4		0
		es 2 through 4		
		ents' Combined Modified AGI Worksheet, line 5		
7.	Household income. A	dd lines 1, 5, and 6. Enter here and on the Shared Responsibility Payment Works	neet, line 7 7.	155,620
8. 9.	Premiums paid throug Household income for	h a salary reduction arrangement	9.	155,620
10.	Non-taxable social sec	curity received by taxpayers and dependents who were required to file a return		
11.		computing Coverage Exemption "G" for residents of a state that did not I lines 7 and 10	44	155 620
	expand Medicaid. Add	Tillnes 7 and 10	11.	155,620
		Dependents' Combined Modified AGI Workshee	t - Line 2b	
1.	•	dependents from Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 3		
			1.	
2.		interest for your dependents from Form 1040, line 8b; Form 1040A,		
		, the amount written to the left of the line 2 entry space; and		
		2		
3.	•	your dependents from Form 2555, lines 45 and 50, and		
		3		
		on horse and an University little course Westerbert For C		
5.	Add lines 1 and 4. Ent	er here and on Household Income Worksheet, line 6	5.	
	The Filing Threshold	for this return is		20,800
		Line for this household is		20,160
	•	Household Income Worksheet, line 11) as a percentage of Federal Poverty		772
		Flat Dollar Amount Worksheet		
С	AUTION! Do not comp	lete this worksheet unless the amount on line 10 of the Shared Responsibility Pa	yment Worksheet is less	s than \$2,085.
Foi	reach month is the	amount on line 5 of the Shared Responsibility Payment Worksheet	Yes	No
		n line 10 of the Shared Responsibility Payment Worksheet?*	Enter the amount	Enter the amount
			from line 10	from line 5
	•			
3.				
	•			
	•			
	,			
	=			
11.				
		each column		
		ine 13 of both columns. Enter the result on line 11 of the Shared		
		ent Worksheet		
*If th		Shared Responsibility Payment Worksheet is -0- for any month, leave both columns of this		nonth.

WK\_89652.LD

Besis depreciation Besis 285, 00	G @	Date Cost Basis Business Section  Adjustment percentage 179 01012013 285,000 100.00 09162014 89,434 100.00

Exhibit 2 - Residency of Owners - 214

				Next		preciation Voor your records)	Vorksheet		201	7	
	s ahown on retu		TALBAHE	N PATE		or your records)			Tax ID Number XXX-XX-XXXX		
	Multi-Form	Descr		111111		Date	Basis	Method	Life	Deduction	
C C	1 1		LLDING S SYSTEM	NEW P	UMPS	01012013 09162014		SL M	39 10	7,308 8,246	

## Carryover Worksheet List of items that will carryover to the 2018 tax return

 Name(s) as shown on return
 Tax ID Number

 BHAVESH B & MITALBAHEN PATEL
 XXX-XX-XXXX

Itemized Deductions			XXX-XX-XXXX
			Carryover Amount
	al limitations		•
•			
•		ted property)	
•		ted property)	
•			
	•		
_	ear		•
Expenses			
	nse		
•			
		ons when used for personal use	
-	_E, Sch E - Rental limitation on deduction	ons when used for personal use	•
Losses			
Short-term capital loss		. AMT Reg. Ta	x
Long-term capital loss		. AMT Reg. Ta	x
Net operating loss		. AMT Reg. Ta	x
Nonrecaptured net section 1231 loss	ses from WK_1231C	. AMT Reg. Ta	x
Credits			
Mortgage interest credit			
Credit for prior year minimum tax .			
Foreign Tax credit		. AMT Reg. Ta:	х
District of Columbia first time home of	owner's credit		
Res. energy efficient property credit			
Other			
Preparer Fee			
Overpayment applied to next year's	estimates		
Estimated Tax Payment 1	6,360	Estimated Tax Payment 2	6,360
	6,360	Estimated Tax Payment 4	
Estinated rax Payments		· · · · · · · · · · · · · · · · · · ·	1 0,300
	 ion		
Federal tax liability for 2210 calculat	ion		. 29,685
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis			. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68 . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,68! . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,685 . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,685 . 5,59
Federal tax liability for 2210 calculat State tax liability for state 2210 calculat IRA basis	ulation		. 29,685 . 5,59

	Potential Tax Cuts and Jobs Act Impact	
	(For your information)	2017
Name(s) as shown on return		Tax ID Number
BHAVESH B & M	MITALBAHEN PATEL	XXX-XX-XXXX

	2017 Tax Law	Tax Cuts and Jobs Act	Difference
Standard deduction	12,700	24,000	11,300
Personal exemptions	12,150	0	(12,150)
Itemized deduction breakdown			
Medical deduction			
Total taxes	6,123	6,123	0
Interest	4,957	4,957	0
Charitable contributions	4,255	4,255	0
Casualty and theft			
Job expenses and certain miscellaneous deductions			
Other miscellaneous deductions			
Total itemized deductions	15,335	15,335	0
Greater of standard deduction or itemized deductions	15,335	24,000	8,665
Taxable income before Qualified Business Income(QBI) deduction	128,135	131,620	3,485
Potential QBI deduction **		16,649	16,649
Taxable income after potential QBI deduction	128,135	114,971	(13,164)
Tax	23,511	17,173	(6,338)
	·	·	,
Child Tax Credit - non-refundable portion	0	2,000	2,000
Child Tax Credit - refundable portion	0	0	0
Net change in tax if the Tax Cut and Jobs Act applied to the 2017 return			(8,338)

Final result of 2017 return <b>before</b> the Tax Cuts and Jobs Act	Balance Due:	26,597
Potential final result of 2017 return after the Tax Cuts and Jobs Act*	Balance Due:	18,259

<sup>\*</sup>based on the withholding shown on the 2017 return

This document is not intended to project total tax due on the 2018 return. It is intended to show some of the more common differences that would have occurred on this tax return had the Tax Cuts and Jobs Act been in place for tax year 2017. Only the changes shown above have been taken into consideration.

- \*\* The Qualified Business Income (QBI) deduction was computed as the sum of the following:
  - 20% of net Schedule C income
  - 20% of net Schedule F income
  - 20% of the sum of all 1065 K-1 income and 1120S K-1 income

This may not be an accurate representation of the actual QBI. There may be applicable limits that have not been considered because some necessary information is not available in the return.

This amount can be overridden on the QBI screen, line 17.

	TAX RETURN COMPARISON 2015 / 2016 /2017	2017
Name(s) as shown on	retum	Identifying number
BHAVESH B &	MITALBAHEN PATEL	XXX-XX-XXXX

	2015	2016	2017	Difference 2016-2017
Filing Status	2	2	2	
Number of Exemptions	3	3	3	
Income				
Wages, salaries, tips, etc	72,400	70,900	73,775	2,875
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)		(872)	12,511	13,383
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	23,211	61,398	70,736	9,338
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	95,611	131,426	157,022	25,596
Adjusted Gross Income				
Half of self-employment tax	121	263	1,402	1,139
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	95,490	131,163	155,620	24,457
Deductions				
Medical deductions				
State and local taxes		3,009	6,123	3,114
Interest		5,118	4,957	(161)
Contributions		2,937	4,255	1,318
Employee business expenses		5,148		(5,148)
Standard or other deductions	12,600			
Total Itemized or Standard Ded	12,600	16,212	15,335	(877)
Exemption Amount	12,000	12,150	12,150	
Tax and Credits				
Taxable Income	70,890	102,801	128,135	25,334
Tax	9,709	17,243	23,511	6,268
Credits	1,000	1,076		(1,076)
Self-employment tax	242	526	2,803	2,277
Other taxes	1,498	2,762	3,371	609
Total Tax	10,449	19,455	29,685	10,230
Payments				
Withholdings	3,452	3,592	3,512	(80)
Estimated tax payments		16,500		(16,500)
Earned income credit				
Other payments and credits				
Overpayment		637		(637)
Overpayment Applied				
Refund		528		(528)
Balance Due	6,997		26,597	26,597
Resident State	AL	AL	AL	
Taxable income		91,951	113,588	21,637
Tax		4,518	5,597	1,079
Refund				
Balance Due			4,138	4,138
Marginal tax rate		25.00	25.00	
Effective tax rate	13.70	17.00	18.35	1.35
				=::0

Name(s) as shown on return	count Transaction Sur	nmary	2017 Your ID Number
Name(s) as snown on return  BHAVESH B & MITALBAHEN	PATEL		XXX-XX-XXXX
Account #1 Financial Institution N Routing Transit Number Account Number Account Type	ame 021200025 1010180010776 Checking		
Federal Debit AL Debit Net Debit	(26,597) (4,138) (30,735)		<b>saction</b> 05-16-201 <b>saction</b> 05-16-201
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number  4. Bank Account Type			
This information is used to deposit your re or you have closed the account, you are re		you have provided incorre	ect information,
I have reviewed the above information and ce to use this account.	rtify that this information is correct an	d authorize ALPESH	PATEL CPA
Your Signature	Date Spouse	's Signature (If Married Filin	ng Jointly) Date

ALINST	Filing Instructions	2017
Name(s) as shown on return		SSN or EIN
BHAVESH B &	MITALBAHEN PATEL	XXX-XX-XXXX

Date to file by: 04-17-2018

Form to be filed: AL40 and supplemental forms and schedules

**Payment:** \$4,138.00

Payment Methods: Make check or money order payable to Alabama

Department of Revenue.

Address to file: Alabama Department of Revenue

P.O. Box 327467

Montgomery, AL 36132-7467

Other Instructions: On your payment write your SSN, your daytime phone

number, the tax year, and the form number, e.g. 2017

Form 40, and mail with this voucher.

	Ala	oama <b>2017</b> Ome Tax Retum	U-VER	<u></u>	one e	uyan aran-oraya naga i	
		THE TAX REGIDENTS	X		Ж		
		31, 2017, or other tax year:	W	N			
Beginning:	500.	Ending: •	A)	W	W	A21640-1230-1236-1846-1	
Your social security		er Spouse's SSN if joint return					
Check if p Primary's dec (mm/dd/yy)	rimary eased	is deceased  ☐ Check if spouse is deceased date  Spouse's deceased date  (mm/dd/yy) →					
Your first name  BHAVES	Н	Initial Last name B PATEL					
Spouse's first name		Initial Last name N PATEL					
Present home addr	ess (n	mber and street or P.O. Box number) ► CHECK BOX IF AMENDED RETURN	. [				
•							
eMontgo		State ZIP code Foreign Country  Y AL 36117 • Check if address is outside U.S.					
Filing Status/	1	□ \$1,500 Single 3 • □ \$1,500 Married filing separate. Complete Spouse SSN					
Exemptions	2	\$3,000 Married filing joint 4 • \$3,000 Head of Family (with qualifying person).					
	58	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) A - Alabama tax withheld				B - Income	
	5k	Wages, salaries, tips, etc. (from Schedule W-2, line 18, columns I plus J): 5a • 1 , 459	00	5b	•	73,775	00
Income	6	Interest and dividend income (also attach Schedule B if over \$1,500)		6	•		00
and	7	Other income (from page 2, Part I, line 9)		7	•	83,247	
Adjustments	8	<b>Total income.</b> Add amounts in the income column for line 5b through line 7		8	•	157,022	
	9	Total adjustments to income (from page 2, Part II, line 12)	•	9	•	157 000	00
Deductions		Adjusted gross income. Subtract line 9 from line 8		10	•	157,022	00
Deductions	11	Box a or b <b>MUST</b> be checked.					
V NA A44	7	Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 27.					
You Must Attach page 2 of Federal		Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)  a X Itemized Deductions  b X Standard Deduction 11 1 16 , 623	20				
Form 1040, Form	12	■ a 🔀 Itemized Deductions ■ b 📙 Standard Deduction 11 ■ 16,623 Federal tax deduction (see instructions)	UU				
1040A, Form	<b>▶1</b> 2	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 12 • 23,511	nn				
1040EZ, or Form 1040NR if claiming	13	Personal exemption ( <i>from line</i> 1, 2, 3, or 4)	_				
a deduction on line		Dependent exemption (from page 2, Part III, line 2)	-				
12.		<b>Total deductions.</b> Add lines 11, 12, 13, and 14	-	15	•	43,434	00
	16	Taxable income. Subtract line 15 from line 10		16	•	113,588	
		Income Tax due. Enter amount from tax table or check if from • Form NOL-85A		17	•	5,597	-
Tax	18	Net tax due Alabama. Check box if computing tax using Schedule NTC ● , otherwise enter amount from line 17		18	•	5,597	00
Staple Form(s) W	-2,19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box $\  \  \  \  \  \  \  \  \  \  \  \  \ $		19	•	0	00
W-2G, and/or 109	9. <b>20</b>	Alabama Election Campaign Fund. You may make a voluntary contribution to the following:					
here.	i	Alabama Democratic Party 🗌 \$1 🗌 \$2 🔯 none	. 2	20a	•		00
	- 1	Alabama Republican Party 🗌 \$1 🔲 \$2 🛛 none	. 2	20b	•		00
		Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	-	21	•	5,597	00
			00		1		
	23		00				
			00				
Payments	25	·	00				
			00	27	_	1 450	00
		Total payments. Add lines 22, 23, 24, 25, and 26	- 1	27		1,459	00
	28 29	Amended Returns Only - Previous refund (see instructions)	- 1	28 29		1,459	00
AMOUNT		If line 21 is larger than line 29, subtract line 29 from line 21, and enter <b>AMOUNT YOU OWE.</b>	•	_3	Ė	1,109	- 50
YOU OWE	50	Place payment, along with Form 40V, loose in the mailing envelope(Form 40V MUST ACCOMPANY PAYMENT.)		30		4,138	റ
. 00 0112	31		00			1,150	_ 00
		If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount <b>OVERPAID</b>		32	•		00
OVERPAID			00	_			
Donations			00				
REFUND		REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.)					
		Subtract lines 33 and 34 from line 32		35	•		00
		For Direct Deposit, check here • and complete Part V, Page 2.				10	)24

— Forn	n 40 (2017)			Page 2
	BHAVESH B & MITALBAHEN	PATEL XXX	X-XX-XXX	
PART I	1 Alimony received		1 •	00
	2 Business income or (loss) (attach Federal Schedule	C or C-EZ) (see instructions)	2 •	12,51100
	3 Gain or (loss) from sale of Real Estate, Stocks, Bond	ls, etc. (attach Schedule D)	3 •	00
Other	4a Total IRA distributions 4a ●	00 4b Taxable amount (see ir	nstructions) 4b •	00
Income	5a Total pensions and annuities 5a •	00 <b>5b</b> Taxable amount (see in	nstructions) 5b •	00
(See page 13)	6 Rents, royalties, partnerships, estates, trusts, etc. (at	ttach Schedule E)		70,73600
(GGG page 70)	7 Farm income or (loss) (attach Federal Schedule F)			00
	8 Other income (state nature and source - see instruct	· ————————————————————————————————————	8 0	00
PART II	9 Total other income. Add lines 1 through 8. Enter he			83,247 00
PARTII	1 a Your IRA deduction		1a ●	00
	<ul><li>b Spouse's IRA deduction</li></ul>	ment SED deduction		00
	3 Penalty on early withdrawal of savings			00
Adjustments	Alimony paid. Recipient's last name		4 •	00
to Income				00
(See page 16)	6 Moving Expenses (Attach Federal Form 3903) to:			
	City	State ZIP	6 •	00
		<del></del>		00
	8 Payments to Alabama College Counts 529 Fund or Al	abama PACT Program	8 •	00
	9 Health insurance deduction for small employer employer	oyee (see instructions)	9	00
	10 Costs to retrofit or upgrade home to resist wind or floor	nd damage	10	00
	<b>11</b> Deposits to a catastrophe savings account			00
	12 Total adjustments. Add lines 1 through 11. Enter he		12   •	00
PART III	1 a Dependents: (1) First name Last name	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than one-half dependent's support?
Dependents		•XXX-XX-XXXX	DAUGHTER	YES
Do not include		•		
yourself or your spouse		•		
		•		
(See page 17)	<b>b</b> Total number of dependents claimed above			
	2 Amount allowed. (Multiply the total number of dependence of the second	•	int from the dependent cha	3 0 0 00
PART IV		Part Year From	through	300 00
. ,	2 Did you file an Alabama income tax return for the year 2016?	X Yes No If no, state reason		<del></del> '
			gomery 361	.09
General	Your Spouse's OM		gomery 361	.09
Information	4 Enter the Federal Adjusted Gross Income • \$ 15	5,620 and Federal Taxable Income	\$ 128,135 as re	eported on your
	2017 Federal Individual Income Tax Return.			
All Taxpayers	5 Do you have income which is reported on your Federal return, but not	reported on your Alabama return (other than your	state tax refund)?	Yes X No
Must Complete This Section.	If yes, enter source(s) and amount(s) below: (other than state income	tax refund)		
(See page 17)	Source		Amount	00
	Source		Amount	00
PART V	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See			
Direct		Type: Checking Savings 3 Account	-	
Deposit	Is this refund going to or through an account that is located outside of  DOB		No Fire data	
Drivers	(mm/dd/yyyy)	Iss date (mm/dd/yyyy) Iss date	Exp date mm/dd/yyyy) Exp date	•
License Info	(mm/dd/yyyy) • Spouse state • DL# •	(mm/dd/yyyy)	(mm/dd/yyyy)	•
	I authorize a representative of the Department of Revenue to discuss	my return and attachments with my preparer.		
Sign Here	<b>Under penalties of perjury,</b> I declare that I have examined this return and complete. Declaration of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information.	accompanying schedules and statements, and to the mation of which preparer has any knowledge.	ne best of my knowledge and belief,	they are true, correct, and
In Black Ink	Your Signature Date	Daytime Telephone Number	Your Occupation	
Keep a copy of this return		973-444-4017		
of this return for your records	Spouse's Signature (if joint return, BOTH must sign) Date	Daytime Telephone Number	Spouse's Occupation	
Paid	Preparer's Signature Date	Check if Self-employed. Prepared 6 − 2018	arer's SSN or PTIN E.I. I	Number
Preparer's	Firm's Name (or yoursALPESH PATEL CPA fi self-employed)	Daytime 072		512
Use Only		Telephone No. 273	Code U /	<u> </u>
	Address 205 US 46 WEST STE 7 Toto	owa NJ		





Alabama Department of Revenue
Schedule A - Itemized Deductions 2017

#### (Schedules B and DC are on back page) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown o							ial security numb	er
BHAVESH B	· &	MITALBAHEN PATEL			XX	X-X	XX-XXX	
differ. Please see ins	struct	rou may claim for the year 2017 are similar to the itemized deductions c cions before completing this schedule. <b>PART-YEAR RESIDENTS:</b> A re ually paid while a resident of Alabama.						elow
		CAUTION: Do not include expenses reimbursed or paid by others.						
Medical and	1	Medical and dental expenses	1	2,083 00				
Dental Expenses	2	Enter amount from Form 40, line 10 2 157,022 00						
(See page 19)	3	Multiply the amount on line 2 by 4% (.04). Enter the result	3 _	6,281 00				
	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-			4	•	0	00
	5	Real estate taxes	5	1,284 00				
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	5,644 00				
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7	00	1			
(See page 19)	8	Other taxes. (List - include personal property taxes.)						
(	-	PERSONAL PROPERTY TAX	8	483 00				
	9	Add the amounts on lines 5 through 8. Enter the total here			9	•	7,411	00
		Home mortgage interest and points reported to you on Federal Form 1098	10a	4,957 00	+		,,,,,	- 00
Interest You Paid		Home mortgage interest and points reported to you on Federal Form 1098.	100	1,00	1			
(See page 19)	o	an individual, show that person's name and address.)						
(See page 19)		an individual, show that person's name and address.)						
NOTE: Personal				00				
interest is not			10b		+			
deductible.	11	Qualified mortgage insurance premiums	11	00	-			
	12	Points not reported to you on Form 1098	12	00	-			
	13	Investment interest. (Attach Form 4952A.)	13	00	-		4 0 5 5	
	14	Add the amounts on lines 10a through 13. Enter the total here		<u> </u>	14	•	4,957	00
		CAUTION: If you made a charitable contribution and received a benefit in return,						
Gifts to Charity		see page 19.						
(See page 19)	15	Contributions by cash or check	15	4,132 00	4			
(Goo page 10)	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	123 00				
	17	Carryover from prior year	17	00	4			
	18	Add the amounts on lines 15 through 17. Enter the total here		<del></del>	18	•	4,255	00
Casualty and	19 a	Enter the amount from Federal Form 4684, line 16 (See page 20)	19a	00				
Theft Loss	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b	00				
(Attach Form 4684)	С	Subtract line 19b from line 19a. If zero or less, enter -0-			19c	•	0	00
	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.						
		(You MUST attach Federal Form 2106 if required. See instructions.)						
Job Expenses								
and Most Other		FORM 2106	20	1,419 00				
Miscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type		.	1			
Deductions		and amount.						
(See page 20)		SEE ALA21	21	325 00				
,	22	Add the amounts on lines 20 and 21. Enter the total	22	1,744 00	1			
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	3,140 00	1			
	24				24	•	0	00
	25	Other (from list on page 21 of instructions). List type and amount.			† · ·			
Other								
Miscellaneous								
Deductions								
					25	•		00
Qualified Long-		CALITION: Do not include medical promiums			25	1		00
Term Care Ins.		CAUTION: Do not include medical premiums.						
	00	Fater arraying house				•		00
Premiums Total Itamizad	26	Enter amount here			26	<u> </u>		00
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then				l.	16,623	00
Deductions		enter on Form 40, page 1, line 11		<del></del>	27		10,023	00

Schedule A (Form 40) 2017

SCHEDULE **E** (FORM 40)



# Alabama Department of Revenue Supplemental Income and Loss 2017

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

Name(s) shown on return							(		Your	social se	curity	number	
BHAVESH B & MITALBAHEN	PATEL							XX	X-:	XX-	XXX	XΣ	
PART I Income or Loss From Rental Rea			nome and over		from 110	ur bur	inon of routing norm	onal ne	ronortu	on Cab	adula	C or C E7	
			come and exp								uuie		
1 Show the kind and location of each Rental	Real Estat	te Property:		2			n rental real esta line 1, did you o				$\dashv$	Yes	No
Α ————————————————————————————————————					use	it du	ring the tax year	r for p	ersor	nal	Α		
							s for more than t	the gr	eate	r of:	_		
В —							s, <b>or</b>				В		
_							the total days re	ented	l at fa	ir	$\neg$		
с —					re	ental	value?				С		
Income:			Prop	erties	i					1	Γotal:	s	
		Α		В			С		(Ad	d Colu	mns	A, B, an	d C)
3 Rents received	3	00			00	_		00	3				00
4 Royalties received	4	00			00	)		00	4				00
Expenses:	_												
5 Advertising	5	00			00	-		00					
6 Auto and travel	6	00			00	+		00					
7 Cleaning and maintenance	7	00			00	_		00					
8 Commissions	9	00			00	+		00					
<ul><li>9 Insurance</li></ul>	10	00			00	_		00					
11 Management fees	11	00			00	_		00					
12 Mortgage interest	12	00			00	_		00	12				00
13 Other interest	13	00			00	_		00					00
<b>14</b> Repairs	14	00			00	_		00					
<b>15</b> Supplies	15	00			00	_		00					
16 Taxes	16	00			00	)		00					
17 Utilities	17	00			00			00					
18 Other (list) ▶	18	00			00	)		00					
		00			00	)		00					
		00			00	)		00					
		00			00			00					
		00			00	-		00					
<b>19</b> Add lines 5 through 18	19	00			00	_		00	19				00
20 Depreciation expense or depletion	20	00			00	_		00	20				00
21 Total expenses. Add lines 19 and 20	21	00			00	)		00					
22 Income or (loss). Subtract line 21 from line 3 (rents) or	00				0.0			00					
line 4 (royalties)	22	00			00	<u>'</u>		00					
23 Total Real Estate and Royalty income or (los	s) Add col	umns Δ R and C fr	nm line 22	and a	anter t	he r	esult here		23				00
PART II Income from Partnerships, S Cor			(h)	. 0	-	S	(i)		20	(j)			00
	,		()	artnership	state or Trust	Corporation	Employe			u,			
(g) Name and Address				ship	뒬	ratio	Identificati Number				А	mount	
			Check One		ıst	š							
MUSKAN 2631 LLC													
Montgomery, AL 36108				X			04	498	3		7	,330	00
MBM 01 INC													
Montgomery, AL 36117						Χ	5 (	622	2		13	,830	00
MBM 01 INC								c 0 0			1 ^	0.2.0	
Montgomery, AL 36117						X	5 (	622	i		<u> 13</u>	,830	00
RC WOODLEY						v	0.7	1 // ^	,		11	750	
Montgomery, AL 36116 24 TOTALINCOME FROM PARTNERSHIPS, S CO		NC ECTATES AND	TDIIQTO A	dd the	oma:::	X ats in	_	142	-			,756	00
total here and include on line 25 below									24		46	,746	
total field and include Off life 20 Delow						• •			4-	$\vdash$	10	, , = 0	, 00
25 TOTAL INCOME OR (LOSS). Combine line	es 23 and 2	24. Enter the total h	nere and o	n For	m 40	pad	e 2. Part I. line 6	6 ▶	25		46	,746	00
1024					,	, -9	, , , , , , , , , , , ,			hedul		Form 4	

**SCHEDULE E** (FORM 40)



# Alabama Department of Revenue Supplemental Income and Loss 2017

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

BART	Name	e(s) shown on return							, ,		Yours	ocial security	number /	
Show the kind and location of each Rental Real Estate Property:	В	HAVESH B & MITALBAHEN	PAT	'EL						XX	XX-X	XX-XX	XX	
Section   Sect	PA				come and ex	penses	from y	our b	business of renting perso	onal p	property	on <b>Schedul</b> e	C or C-EZ.	
B	1	Show the kind and location of each Rental I	Real E	State Property:		2							Yes	No
B	Δ													
C														
Totals	В									3	,			
Name and Address	_								* '	nte	d at fa	ir B		
C	С								•		u u 1u			
Income:	_			T					a. varao.					
3   Rents received   3   00   00   00   3   00   00	Inco	ome:			Prop		3	_		_				
## Royalties received						В	- 1 -	_				d Columns	A, B, and	
Expenses:			_					-			-			_
5 Advertising		•	4	00			0	10		00	4			00
6 Auto and travel 6 00 00 00 00 00 00 00 00 00 00 00 00 0			_							_				
7 Cleaning and maintenance 7 000 000 00 000 000 000 000 000 000 0			_					_		-				
8 Commissions 8 8 000 00 00 00 00 00 00 00 00 10 10 10 Legal and other professional fees 10 00 00 00 00 00 11 Management fees 11 000 00 00 00 00 12 00 12 00 13 0ther interest 12 00 00 00 00 00 00 14 Repairs 14 000 00 00 00 00 00 14 Repairs 15 00 00 00 00 00 15 00 15 Supples 15 00 00 00 00 00 00 16 15 Supples 15 00 00 00 00 00 00 17 Utilities 17 00 00 00 00 00 00 17 Utilities 17 00 00 00 00 00 00 18 00 19 00 00 00 00 00 19 00 19 00 00 00 00 00 00 00 00 00 00 00 00 00			_					-		-				
9   nourance   9   00   00   00   00   00   00   00		9						-						
10   Legal and other professional fees								-						
11			_					-		-				
12		•						-		-				
13 Other interest		_					_	-		-	40			00
14 Repairs								-		-	12			100
15 Supplies								-						
16 Taxes								-		-				
17 Utilities								-		-				
18 Other (list) > 18 00 0 00 00 00 00 00 00 00 00 00 00 00							_	-		_				
00   00   00   00   00   00   00   0							_	-		-				
19   Add lines 5 through 18	10	Other (list)	10					-		-				
19   Add lines 5 through 18   19   00   00   00   00   19   00   00							_	-						
19   Add lines 5 through 18   19   00   00   00   19   00								-						
19 Add lines 5 through 18								-		-				
20 Depreciation expense or depletion 20 00 00 00 00 20 00 21 Total expenses. Add lines 19 and 20 21 00 00 00 00 00 22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	10	Add lines 5 through 18	10				_	-			19			00
21 Total expenses. Add lines 19 and 20 21		•	_				_	-		-	-			_
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)								-						1
23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here 23  PART II Income from Partnerships, S Corps, Estates & Trusts  (b) PART II Income from Partnerships, S Corps, Estates & Trusts  (check One Income from Partnerships, S Corps, Estates & Trusts  (check One Income from Partnerships, S Corps, Estates & Trusts  (d) Employer Identification Number  Amount  Amount  Amount  Amount  X 3184 21,075 00  SAMER LLC  Lowndesboro, AL 36752 X 2,915 00														
23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here 23 00  PART II Income from Partnerships, S Corps, Estates & Trusts (h)			22	00			0	00		റ				
PART II Income from Partnerships, S Corps, Estates & Trusts (g) Name and Address (h) Part II Income from Partnerships, S Corps, Estates & Trusts (h) Part II Income from Partnerships, S Corps, S Co		, , ,												
PART II Income from Partnerships, S Corps, Estates & Trusts (g) Name and Address (h) Part II Income from Partnerships, S Corps, Estates & Trusts (h) Part II Income from Partnerships, S Corps, S Co	23	Total Real Estate and Royalty income or (loss	s). Add	d columns A, B, and C f	rom line 22	2 and	enter	the	result here	.	23			00
OM SAI 1 LLC Montgomery, AL 36109  SAMER LLC Lowndesboro, AL 36752   00  00	PA	RT II Income from Partnerships, S Corp	os, Es	tates & Trusts	(h)	Part	Esta	6	ဂ္ဂ (i)			(j)		'
OM SAI 1 LLC Montgomery, AL 36109  SAMER LLC Lowndesboro, AL 36752   00  00		(A) No				ners	ite o	5	Employer				A maunt	
OM SAI 1 LLC Montgomery, AL 36109  SAMER LLC Lowndesboro, AL 36752   00  00		(g) Name and Address				) Hi	쿨	1 2	5 Number	on			Amount	
Montgomery, AL 36109 X 3184 21,075 00 SAMER LLC Lowndesboro, AL 36752 X 1584 2,915 00 00					Check One	_	st	L	-					
SAMER LLC Lowndesboro, AL 36752						-							_	
Lowndesboro, AL 36752 X 1584 2,915 00 00						_		X	31	. 8 4	4	2	L,075	00
	_					-		l			.			
	<u>101</u>	vndesboro, AL 36752						X	15	84	4		2,915	00
	_					-								
						+		-						00
	_					-								
24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS, Add the amounts in column (i). Enter the	24	TOTAL INCOME FROM THE STATE OF		TIONS FOR THE COMME	TD116=0 :	1	<u> </u>	<u> </u>						00
	24										ا ہر	0.1	2 000	00
total here and include on line 25 below		total riere and include on line 25 below					• •			•	24	۷.	, 990	00
25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6 > 23, 990 00	25	TOTAL INCOME OR (LOSS). Combine line	ie 22 1	and 24. Enter the total	here and a	n For	m 40	l no	ana 2 Part I lina 6		25	2.	3 991	00
1024 Schedule E (Form 40) 201		· '	.5 20 6	AND AT. LINES WE WILL	ioro anu C	,,,, OI	40	, μο	290 2, 1 alt 1, iiile t	_	_			

#### **FORM**

## **AL8453**

### ALABAMA DEPARTMENT OF REVENUE

## Individual Income Tax Declaration for Electronic Filing

2017

For the year January 1 - December 31, 2017

Your first name and initia	al		Last name				Yours	ocial security number	
BHAVESH B	Р	ATEL					XXX-	XX-XXX	
If a joint return, spouse's	first	ame and initial	Last name			_ [8	pouse's s	oc. sec. no. if joint retur	m
MITALBAHE	N	PATEL					XXX-	XX-XXX	
Home address (number	and s	eet). If a P.O. Box, see instructions.			Apt. no.	I_	Teleph	one number (optional)	
						L		_	
City, town or post office,	state								
Montgomer Part I	У,	AL 36117							
	4	Alabama tayahla in sama (Farm 40 line	16 or Form 10ND line 10)					112 500	00
Tax Return Information	1	Alabama taxable income (Form 40, line	e 16 of Form 40NR, line 18)				1	113,588	00
(Whole dollars only.)	2	Total tax liability (Form 40, line 21) or N	Net tax due (Form 40NR, line 20)				2	5,597	00
	3	Total payments (Form 40, line 27 or Fo	rm 40NR, line 27)			• • • • •	3	1,459	00
	4	Refund (Form 40, line 35 or Form 40Nl	R, line 34)				4		00
	5	Amount you owe (Form 40, line 30 or F	form 40NR, line 30)				5	4,138	00
Part II Refund	1	Routing number:	0 0 2 5_						
and	2	Account number:	_0 7 7 6						
Payment	3	Type of account: X Checking							
Information	4	Type of transaction: Direct De	posit 🛚 Direct Debit						
	5	Paper Check (Check this box to ha	ve your refund issued by a paper	check.)					
Part III Declaration		Under penalties of perjury, I declare that I have con that the amounts described in Part 1 above agree w knowledge and belief this return, including any acc	with the amounts shown on the corresponding	g lines of n	ny 2017 Alabam	a individual inc	ome tax re	turn. To the best of my	,
of Taxpayer		of Revenue to disclose to my ERO described below of my return.							ı
(Sign only after Part I is completed.)		☐ I authorize a representative of the D	epartment of Revenue to discuss	my retui	n and attach	ments with	my prep	oarer.	
Sign Here			05-16-2018					05-16-2	2018
		Your signature	Date S	pouse's sig	nature. If a joint	return, BOTH r	nust sign.	Date	
Part IV  Declaration of		declare that I have reviewed the above taxpayer's Al Il information of which I have any knowledge. I also of I Individual Income Tax Returns (Tax Year 2017), an ystem and software to prepare and transmit my clien to create my client's return and to the electronic trans aid preparer, under penalties of perjury, I declare and belief, they are true, correct, and complete.	declare that I have followed all other requirer to the Alabama Handbook for Electronic File t's return electronically, I consent to the disc mission of my client's tax return to the <b>Alaba</b>	nents desc rs of Individ losure of al Ima Depar	ribed in IRS PUB dual Income Tax I information per tment of Reven	3. 1345, Reven Returns (Tax \ taining to my u ue, as applicab	ue Proced fear 2017 se of the s le by law.	ures for Electronic Filin  By using a computer system and software  If I am also the	
Electronic									
Return		ERO's Use Only							
Originator (ERO) and				Date				Preparer's PTI	INI
Paid		ERO's signature			6-2018	Check if also paid preparer	x	XXXXXXXXX	
Preparer		Firm's name (or yours ALPESH PA	TEL CPA	103 1	0 2010	para proparo	E.I. No.	212222222222222	
(See instructions.)		f self-employed)	WEST STE 7; Totowa, N	IJ			ZIP Cod	de 07512	
(See Instructions.)		Paid Preparer's Use Only	,						
		Under penalties of perjury, I declare that I have e belief, they are true, correct, and complete.	xamined this return and accompanying s	chedules	and statements	, and to the be	st of my	knowledge and	
		Preparer's signature		Date		Check if self-employed	,	Preparer's PTI	IN
		Firm's name (or yours				,	E.I. No.	11	
		f self-employed) and address					ZIP Cod	de	
		,							

Form AL8453 2017

## DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

1024

ALC	CLMWK.LD	Worksheet 2 - Applying th If the result on any line is less			its		2017		
		(Keep for your re	ecords	5)					
Name(s)	as shown on return					Y	our soci	al security number	
BHA	TESH B & MIT	ALBAHEN PATEL				X	XX-	XX-XXXX	
Step 1.	Enter any qualified co	nservation contributions (QCCs).							
1.	If you are a qualified fa	armer or rancher, enter any QCCs eligible for the 10	00% lii	mit			1	0	
2.	Enter any QCCs not e	ntered on line 1. Do not include this amount on line	3, 4, 5	5, 6, or 8			2	0	
Step 2.	List your other charita	ble contributions made during the year.							
3.	Enter your contribution	s to 50% limit organizations. (Include contributions	of cap	oital gain property	y if yo	u reduced			
	the property's fair mark	ket value. Do not include contributions of capital ga	ain pro	perty deducted a	t fair r	market			
	value.) Do not include	any contributions you entered on line 1 or 2 $$ .					3	4,255	
4.	Enter your contribution	s to 50% limit organizations of capital gain propert	y dedu	ucted at fair mark	et val	ue	4	0	
5.	Enter your contribution	s (other than of capital gain property) to qualified o	rganiz	ations that are no	ot 50%	6 limit			
	organizations						5	0	
6.	Enter your contribution	s "for the use of" any qualified organization. (But d	o not e	enter here any an	nount	that			
	must be entered on line	e 8.)					6	0	
7.	Add lines 5 and 6						7	0	
8.	Enter your contribution	s of capital gain property to or for the use of any q	ualified	d organization. (E	But do	not			
	enter here any amount	entered on line 3 or 4.)					8	0	
Step 3.	Figure your deduction	for the year and your carryover to the next year	ır.						
9.	Enter your adjusted gro	oss income					9	157,022	
10.	Multiply line 9 by 0.5.	This is your 50% limit					10	78,511	
	Contributions to 50%	limit organizations						Carryover	
11.	Enter the smaller of lin	e 3 or line 10	11			4,2	255		
12.	Subtract line 11 from lin	ne3	12					0	
13.	Subtract line 11 from lin	ne 10	13	74,2	56				
	Contributions not to	50% limit organizations							
14.	Add lines 3 and 4 $\cdot\cdot$		14	4,2					
15.	Multiply line 9 by 0.3.	This is your 30% limit	15	47,1	07				
16.	Subtract line 14 from li	ne 10	16	74,2	56				
17.	Enter the smallest of li	ne 7, 15, or 16	17				0		
18.	Subtract line 17 from li	ne7	18					0	
19.	Subtract line 17 from li	ne 15	19	47,1	07				
	Contributions of capi	ital gain property to 50% limit organizations							
20.	Enter the smallest of li	ne 4, 13, or 15	20				0		
21.	Subtract line 20 from line	ne 4	21					0	
22.	Subtract line 17 from li	ne 16	22	74,2	56				
23.	Subtract line 20 from line	ne 15	23	47,1	07				
	Other contributions								
24.	Multiply line 9 by 0.2.	This is your 20% limit	24	31,4	04				
25.	Enter the smallest of li	ne 8, 19, 22, 23, or 24	25				0		
26.	Subtract line 25 from li	ne8	26					0	
27.	Add lines 11, 17, 20, ar	nd 25	27	4,2	55				
28.	Subtract line 27 from li	ne 10	28	74,2	56				
29.	Enter the smaller of lin	e 2 or line 28	29				0		
30.	Subtract line 29 from li	ne 2	30					0	
31.	Subtract line 27 from li	ne9	31	152,7	67				
32.	Enter the smaller of lin	ne 1 or line 31			32		0		
33.	Add lines 27, 29, and 3	32. Enter the total here and on Schedule A (Form A	L40/N	IR), line 16 or					
		opropriate		*	33	4,2	255		
34.		ne1			34	ĺ .		0	
		6, 30, and 34. Carry this amount forward to Schedu							
	next vear				35			0	

	ALINCWK	Federal Income Tax Deduction Worksheet	2017			
Name	e(s) as shown on return		Your	social security number		
BH	AVESH B &	MITALBAHEN PATEL	XX	XXXX-XXX		
1	Enter the tax as sh	own on line 56, Form 1040, line 37 on Form 1040A,				
	line 10 on Form 10	40EZ or line 53 on Form 1040NR	. 1	23,511		
2	Net Investment Inc	ome Tax. Enter amount from line 17, Form 8960	. 2			
3	Federal Tax. Add I	nes 1 and 2	. 3	23,511		
b	line 42a on Form 1 Additional child to line 43 on Form 10 American Opport Enter the amount for Credits from Form	rom line 68, Form 1040 or line 44 on Form 1040A				
5 6	Subtract line 5 from	and d		23,511		

Schedule W-2 (FORM 40, 40A, or 40NR)



Alabama Department of Revenue

Wages, Salaries, Tips, etc.

Form must be completed fully in order to receive proper credit for your Alabama income tax withheld.

Attach a copy of all withholding statements to your return

SPOUSE SOCIAL SECURITY NO XXX-XX-XXX PRIMARY SOCIAL SECURITY NO. XXX-XX-XXX

BHAVESH B & MITALBAHEN PATEL

NAME(S) AS SHOWN ON TAX RETURN

Additional Taxable Wages Other States 0 0 Alabama State Wages 22,000 22,000 6,000 14,400 9,375 73,775 (Box 16 of Form W-2) 0 22,000 22,000 6,000 14,400 73,775 9,375 (Box 1 of Form W-2) Federal Wages I 116 1,459 1,459 Income Tax Withheld Alabama State G •AL •R009035728 •AL •r009757824 ●R006254613 ●R006254613 ●R009129318 State ID Number Employer's TOTAL ALABAMA TAX WITHHELD FROM W-2S. Total lines 1-15, Column G and enter the amount here Alabama ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2S, 1099S, AND W-2GS. Code OAL State ш Schedule C/C-EZ Filed? 0 0 0 • 0 0 0 • 0 0 Employee Statutory ပ 0 • 0 0 Identification Number XXXXXXXXXX XXXXXXXXXX •XXXXXXXXX XXXXXXXXXX • •XXXXXXXXXX Employer's 0 0 Security Number on W-2 •XXXXXXXXX XXXXXXXXX XXXXXXXXXX 5 SXXXXXXXXX See instructions • 0 0 • 0 0 0 9 ထ ဂ 10 1 2 5 14 15 8

ALA21	Form 40, Schedule Other E	A, Line 21 Attachment expenses	2017
I me(s) as shown on return HAVESH B & MITALBAHEN PATEL			Your social security number  XXX-XX-XXXX
	TADDAHUN TATEL	AMOUNT	7777 777 77777
DESCRIPTION		AMOUNT	
SAFE DEPOSI TAX PREP FE		75 250	
TOTAL OTHER		======= 325	
IOIAL OIHER	FYLFINDED	323	

FOR TAX YEAR 2018	
BHAVESH B & MITALBAHEN PATEL	
ALPESH PATEL CPA	
205 US 46 WEST STE 7	
Totowa, NJ 07512	
(973)638-1418	
· · · · · · · · · · · · · · · · · · ·	

## ALPESH PATEL CPA

205 US 46 WEST STE 7 Totowa, NJ 07512 alpeshcpa@gmail.com Phone: (973)638-1418 | Fax: (973)400-4088

May 22, 2019

### BHAVESH B & MITALBAHEN PATEL

Montgomery, AL 36117

BHAVESH B & MITALBAHEN PATEL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$3,645 Balance Due	Direct Debit from **0776
Alabama Income Tax	\$2,084 Balance Due	Direct Debit from **0776

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

Federal Income Tax Alabama Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$890	April 15, 2019	Mail a check
2nd	\$890	June 17, 2019	Mail a check
3rd	\$890	September 16, 2019	Mail a check
4th	\$890	January 15, 2020	Mail a check

Sincerely\_

ALPESH PATEL CPA

2018	FEIN XXX-XXXXX		
(KEEP FOR YOUR RECORDS)  EF Attachments		Filename:	rrent based on the last calculation ***
(KEEP F	BAHEN PATEL	Description	*** Refore celecting this return for EE ansure all DDEs are current based on the last calculation ***
EF_PDF~	Name of corporation  BHAVESH B & MITALBAHEN	Reference	EE DIE IN *** Before selecti

	<b>J</b> U.	S. Individual Income	lax	Return 2			/IB No. 1545-007	/4	S Use C	Dniy-Do not	write or staple i	типо орасс.
Filing status:	S	ngle X Married filing jointly	Married	I filing separately	Head	of house	hold Quali	ifying wi	dow(er	)		
Your first name	and in	tial	La	st name						Your	social security	number
BHAVESH :	В		P	ATEL						xxx	-xx-xxx	ζ
Your standard	deducti	on: Someone can claim you as	s a depe	endent 🗌 You w	ere born	before Ja	anuary 2, 1954		You a	re blind		
If joint return, s	oouse's	first name and initial	La	ist name						Spous	e's social secu	ırity number
MITALBAH	EN		P	ATEL						XXX	-xx-xxx	ζ
Spouse standard  Spouse is blir		n: Someone can claim your spou					before January	2, 1954	ı		ıll-year health exempt (see	
Home address	(numbe	er and street).						Ap	ot. no.	Presid (see in	lential Election	
		e, state, and ZIP code. If you have a fo	oreign a	ddress, attach Sche	dule 6.						e than four depo	
Montgome: Dependents				(2) Social security nu	mbor	(3) Polo	tionship to you		(4)		alifies for (see i	
(1) First name	(	Last name		(2) Social security flu	IIIDEI	(3) Itela	donship to you		Child ta			ther depender
(.,				xxx-xx-xx	vv	Daug	hter		х			
				AAA-AA-AAA	n.A.	Daug	ncer				+	
											+	_
												=
Sign	Under	penalties of perjury, I declare that I have exa	mined th	is return and accompa	nvina sche	dules and	statements and to	the hest	of my ki	nowledge a	nd helief they a	re true
Sign Iere		and complete. Declaration of preparer (other								iomougo u	Dollor, 11.0y c	
	Y	our signature		Date	Vous	occupation				If the IRS	sent you an Ide	ntity Protection
oint return? ee instructions.	135	-		05-21-2019		occupation				PIN, ente	rit 🔠	,
eep a copy for our records.	_	pouse's signature. If a joint return, <b>both</b> mus	st sign.	Date		se's occupa	ation			here (see	sent you an Ide	ntity Protection
our records.	466	, ,	g	05-21-2019	1 '	se s occupa	10011			PIN, ente	r it	
		eparer's signature		05 21 201.			PTIN	F	irm's Ell	here (see	Check i	f:
aid		PESH PATEL					XXXXXXXX			62492		I Party Design
reparer	_	eparer's name ALPESH PATEL					Phone no			38-141		If-employed
Jse Only		eparers manne ALPEST PAIEL								30-T41	.0   🔼 👓	omployed
	F:	NIDECH DATET	CDA					o. <b>J</b>				
or Disclosure,	Fi	rm's name ► ALPESH PATEL rm's address ► 205 US 46 WES y Act, and Paperwork Reduction Ac	ST SI				'	<u>. , , , , , , , , , , , , , , , , , , ,</u>			For	n <b>1040</b> (20
	Privac	rm's address ▶205 US 46 WES	ST SI				'	o. <i>y</i>			For	n <b>1040</b> (20 Page
	Fi	rm's address ▶205 US 46 WES	ST ST	e, see separate ins		s.				1	For	Page
orm 1040 (2018	Privac	m's address ▶205 US 46 WES y Act, and Paperwork Reduction Ac  Wages, salaries, tips, etc. Attach Fo Tax-exempt interest	ST ST	e, see separate ins	struction	s.  b Ta	axable interest			2b	For	Page 72,400
orm 1040 (2018 ttach Form(s) V-2. Also attach	Privac	m's address > 205 US 46 WES y Act, and Paperwork Reduction Ac Wages, salaries, tips, etc. Attach Fo	ST ST	e, see separate ins		s.  b Ta					For	Page 72,400
orm 1040 (2018 ttach Form(s) V-2. Also attach orm(s) W-2G and 099-R if tax was	Privac  3)  1 2a	m's address ▶205 US 46 WES y Act, and Paperwork Reduction Ac  Wages, salaries, tips, etc. Attach Fo Tax-exempt interest	orm(s) W	e, see separate ins	struction	<b>b</b> Ta <b>b</b> Or	axable interest			2b 3b 4b	For	Page 72,400
orm 1040 (2018 ttach Form(s) V-2. Also attach orm(s) W-2G and	Privac 3) 1 2a 3a 4a 5a	m's address ▶205 US 46 WES y Act, and Paperwork Reduction Ac  Wages, salaries, tips, etc. Attach Fo Tax-exempt interest  Qualified dividends	orm(s) W	e, see separate ins	struction	<b>b</b> Ta <b>b</b> Or <b>b</b> Ta	axable interest	· · · · · · · · · · · · · · · · · · ·		2b 3b 4b 5b	For	
orm 1040 (2018 ttach Form(s) V-2. Also attach orm(s) W-2G and 099-R if tax was	Fi Privac 3) 1 2a 3a 4a	wages, salaries, tips, etc. Attach Fo Tax-exempt interest	orm(s) W 2a 3a 4a 5a	re, see separate ins	truction	<ul> <li>b Ta</li> <li>b Ta</li> <li>b Ta</li> </ul>	axable interest rdinary dividends axable amount	· · · · · · · · · · · · · · · · · · ·		2b 3b 4b		Page 72,400 1 121
orm 1040 (2018 ttach Form(s) J-2. Also attach orm(s) W-2G and 099-R if tax was	Privac 3) 1 2a 3a 4a 5a	wages, salaries, tips, etc. Attach For Tax-exempt interest	orm(s) W 2a 3a 4a 5a any amon	ve, see separate ins	121	b Ta b Ta b Ta 50	axable interest dinary dividends axable amount axable amount 1,123			2b 3b 4b 5b 6		Page 72,400 1 121
orm 1040 (2018 ttach Form(s) 1-2. Also attach orm(s) W-2G and 099-R if tax was ithheld.	Privac 3) 1 2a 3a 4a 5a 6 7	wages, salaries, tips, etc. Attach Fo Tax-exempt interest	orm(s) W 2a 3a 4a 5a any amor	unt from Schedule 1, lir	121 ne 22enter the	b Ta b Ta b Ta 50	axable interest dinary dividends axable amount axable amount 1,123			2b 3b 4b 5b 6		Page 72,400 1 121 122,645
orm 1040 (2018 ttach Form(s) /-2. Also attach orm(s) W-2G and 099-R if tax was tihheld.	Privac  3)  1 2a 3a 4a 5a 6 7	wages, salaries, tips, etc. Attach Fo Tax-exempt interest	orm(s) W 2a 3a 4a 5a any amor	unt from Schedule 1, lir stments to income, 6	121 ne 22enter the	b Ta b Ta b Ta 50	axable interest dinary dividends axable amount axable amount 1,123			2b 3b 4b 5b 6		Page 72,400 1 121 122,645 122,156 24,000
ttach Form(s)  4.2. Also attach  6.2. Also attach  6.3. Also attach  6.3. Also attach  6.4. Also attach  6.5. Also attach  6.4. Also  6.5. Also	Fi Privace  3)  1 2a 3a 4a 5a 6 7 8 9	mis address ▶205 US 46 WES y Act, and Paperwork Reduction Ac  Wages, salaries, tips, etc. Attach Fo Tax-exempt interest  Qualified dividends  IRAs, pensions, and annuities .  Social security benefits  Total income. Add lines 1 through 5. Add a Adjusted gross income. If you have to subtract Schedule 1, line 36, from line  Standard deduction or itemized de Qualified business income deduction.	orm(s) W 2a 3a 4a 5a any amouno adjuste 6 eduction (see in	unt from Schedule 1, lir stments to income, (	121  ne 22enter the	b Ta b Or b Ta b Ta c Ta c Ta c Ta c Ta c Ta c Ta c Ta c	axable interest dinary dividends axable amount axable amount 1,123			2b 3b 4b 5b 6		Page 72,400 1 121 122,645 122,156 24,000 7,603
orm 1040 (2018  ttach Form(s)  V-2. Also attach orm(s) W-2G and 099-R if tax was rithheld.  standard eduction for- Single or married filing separately, \$12,000	Fi Privace 3) 1 2a 3a 4a 5a 6 7 7 8 9 10	m's address ▶205 US 46 WES y Act, and Paperwork Reduction Ac Wages, salaries, tips, etc. Attach Fo Tax-exempt interest Qualified dividends IRAs, pensions, and annuities . Social security benefits Total income. Add lines 1 through 5. Add a Adjusted gross income. If you have is subtract Schedule 1, line 36, from lin Standard deduction or itemized de Qualified business income deductor Taxable income. Subtract lines 8 an	orm(s) W 2a 3a 4a 5a any amouno adjuste 6 eduction (see ird 9 from	unt from Schedule 1, lir stments to income, ( ons (from Schedule 2) nstructions)	121  121  ne 22  enter the	b Ta b Or b Ta b Ta c Ta c Ta c Ta c Ta c Ta c Ta c Ta c	exable interest redinary dividends exable amount exable amount exable amount exable from line 6; other			2b 3b 4b 5b 6		Page 72,400 1 121 122,645 122,156 24,000 7,603
orm 1040 (2018  tttach Form(s)  4-2. Also attach orm(s) W-2G and 099-R if tax was  ithheld.  standard beduction for- Single or maried filing separately, \$12,000  Married filing jointly or Qualifying	Fi Privace  3)  1 2a 3a 4a 5a 6 7 8 9	m's address ▶205 US 46 WES y Act, and Paperwork Reduction Ac Wages, salaries, tips, etc. Attach Fo Tax-exempt interest Qualified dividends IRAs, pensions, and annuities . Social security benefits Total income. Add lines 1 through 5. Add a Adjusted gross income. If you have is subtract Schedule 1, line 36, from lin Standard deduction or itemized de Qualified business income deductor Taxable income. Subtract lines 8 an	orm(s) W 2a 3a 4a 5a any amouno adjuste 6 eduction (see ird 9 from	unt from Schedule 1, lir stments to income, (	121  121  ne 22  enter the	b Ta b Or b Ta b Ta c Ta c Ta c Ta c Ta c Ta c Ta c Ta c	exable interest redinary dividends exable amount exable amount exable amount exable from line 6; other			2b 3b 4b 5b 6		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553
ttach Form(s) 4-2. Also attach orm(s) W-2G and ogs-R if tax was rithheld.  Standard beduction for- Single or married filing separately, \$12,000 Married filing	Fire Privace (3) 1 2a 3a 4a 5a 6 7 7 8 9 10 11	wages, salaries, tips, etc. Attach For Tax-exempt interest	str Str Str Notice  Trm(s) W  2a  3a  4a  5a  any amouno adjuste 6  eduction  (see ir d 9 from (check 1 any from and check and check	unt from Schedule 1, lir stments to income, 6 ons (from Schedule 2 nstructions) n line 7. If zero or les im: 1 Form(s) 88 eck here	121  122  enter the	b Ta b Or b Ta 50 amount fr	axable interest rdinary dividends axable amount axable amount 1,123	swise,		2b 3b 4b 5b 6 7 8 9 10 11		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791
ttach Form(s)  /-2. Also attach orm(s) W-2G and orm(s) W-2G and orm(s) W-2G and orm(s) w-2G and ormodel and ormode	Fire Privace (3) 1 2a 3a 4a 5a 6 7 10 11 11 12	wages, salaries, tips, etc. Attach For Tax-exempt interest	rm(s) W 2a 3a 4a 5a any amore no adjuste 6 eduction (see for on (see for on (see for on for one for on	unt from Schedule 1, lir stments to income, (  instructions) n line 7. If zero or les im: 1 Form(s) 88 eck here  2,000 bAd	121  ne 22enter the	b Ta b Or b Ta b Ta 50 amount fr	axable interest rdinary dividends axable amount axable amount 1,123	S		2b 3b 4b 5b 6 7 8 9 10 11 12		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000
ttach Form(s)  1-2. Also attach  1-2. Also attach  1-2. Also attach  1-3. Also attach  1-4. Also attach  1-5. Also attach  1-6. Also	First Privace (S) 1 2a 3a 4a 5a 6 7 8 9 10 11 12 13	ms address ▶205 US 46 WES y Act, and Paperwork Reduction Ac Wages, salaries, tips, etc. Attach Fo Tax-exempt interest Qualified dividends IRAs, pensions, and annuities . Social security benefits Total income. Add lines 1 through 5. Add a Adjusted gross income. If you have is subtract Schedule 1, line 36, from lin Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lines 8 and a Tax (see inst) 11,793 b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero	rm(s) W 2a 3a 4a 5a any amor adjuste 6 eductio n (see ir deher and che for and che for and che for and che for see for less, or less,	unt from Schedule 1, lir stments to income, 6 short Schedule 2, lir ins (from Schedule 4) structions) n line 7. If zero or les im: 1 Form(s) 88 eck here 2,000 bAd enter -0-	121  ne 22enter the  A)  sss, enter -14 2	b Ta b Or b Ta b Ta 50 amount fr	axable interest rdinary dividends axable amount axable amount 1,123	SS wwise,		2b 3b 4b 5b 6 7 8 9 10 11 12 13		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791
ttach Form(s) 1-2. Also attach orm(s) W-2G and opg-R if tax was ithheld.  Itandard reduction for- Single or married filing separately, \$12.000 Married filing jointly or Qualifying widow(er), \$24.000 Head of household, \$18,000 If you checked	First Frivate	wages, salaries, tips, etc. Attach Fo Tax-exempt interest Qualified dividends Notal security benefits Total income. Add lines 1 through 5. Add and and add and a Tax (see inst)  b Add any amount from Schedule 2  a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4   Value 1 46 WES  WES  WES  WES  WAG  WAG  WAG  WAG  WAG  WAG  WAG  WA	rm(s) W 2a 3a 4a 5a any amor no adjuste 6 eductio n (see ir debed charter) and che for nor less,	unt from Schedule 1, lin stments to income, 6 ons (from Schedule 2, structions) n line 7. If zero or les if 1 Form(s) 88 eck here 2,000 bAd enter -0-	121  121  ne 22enter the	b Ta b Or b Ta 50 amount fr	axable interest rdinary dividends axable amount axable amount 1,123	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978
tach Form(s)  -2. Also attach  -2. Also attach  -3. Also attach  -3. Also attach  -3. Also  -3. Also  -4.	First Privace (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Wages, salaries, tips, etc. Attach Fo Tax-exempt interest Qualified dividends Notal security benefits Total income. Add lines 1 through 5. Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Add one 13 and 14 Total tax. Add lines 13 and 14 Total tax. Add lines 13 and 14	to thotic  to thotic	unt from Schedule 1, lin stments to income, 6 nstructions) n line 7. If zero or les iff. 1 Form(s) 88 eck here 2,000 bAd enter -0-	121  121  ne 22enter the	b Ta b Or b Ta b Ta 50 amount fr	axable interest ridinary dividends axable amount axable amount 1,123 rom line 6; other	wwise,		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769
ttach Form(s)  -t2. Also attach  orm(s) W-2G and  g99-R if tax was  ithheld.  tandard  eduction for-  Single or married  filing separately,  \$12,000  filing or Qualifying  widow(er),  \$24,000  Head of  household,  \$18,000  If you checked  any box under  Standard  deduction,	Frivace (S) 1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16	wages, salaries, tips, etc. Attach Fo Tax-exempt interest	ct Notic  Trm(s) W  2a  3a  4a  5a  Any amount of the service of t	unt from Schedule 1, lir stments to income, onstructions) n line 7. If zero or les if: 1 Form(s) back here 2,000 bAd enter -02 and 1099	121  121  ne 22enter the	b Ta b Or b Ta b Ta 50 amount fr	axable interest ridinary dividends axable amount axable amount 1,123 rom line 6; other	wwise,		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769
ttach Form(s) -2. Also attach rm(s) -2. Also attach rm(s) W-2G and p99-R if tax was tithheld.  tandard eduction for- Single or married filling separately, \$12,000 Married filling jointly or Qualifying widowler), \$24,000 Head of household, \$18,000 If you checked any box under Standard deduction,	First Privace (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	wages, salaries, tips, etc. Attach Fo Tax-exempt interest	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, 6 short Schedule 2 nostructions) n line 7. If zero or les if: 1 Form(s) 88 eck here 2,000 bAd enter -02 and 1099  b Sch 8812	121  121  ne 22 enter the	b Ta b Or b Ta b Ta 50 amount fr	exable interest dinary dividends axable amount exable amount 1,123	wwise,		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769
ttach Form(s)  -t2. Also attach  orm(s) W-2G and  g99-R if tax was  ithheld.  tandard  eduction for-  Single or married  filing separately,  \$12,000  filing or Qualifying  widow(er),  \$24,000  Head of  household,  \$18,000  If you checked  any box under  Standard  deduction,	First Privace (3) 1 2a 3a 4a 5a 6 7 10 11 12 13 14 15 16 17	wages, salaries, tips, etc. Attach Forax-exempt interest Qualified dividends Wages and annuities Wages, salaries, tips, etc. Attach Forax-exempt interest Qualified dividends  RAs, pensions, and annuities Wages and annuities Wages, salaries, tips, etc. Attach Forax-exempt interest Wages, salaries, etc. Attach Forax-exempt interest Wages, salaries, etc. Attach Forax-exempt interest. Wages, s	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, o ms (from Schedule / nstructions) n line 7. If zero or les if: 2,000 bAd enter -02 and 1099 b Sch 8812	121  121  ne 22 enter the	b Ta b Or b Ta b Ta 50 amount fr	exable interest dinary dividends axable amount axable amount 1,123	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213
ttach Form(s)  -t2. Also attach  orm(s) W-2G and  g99-R if tax was  ithheld.  tandard  eduction for-  Single or married  filing separately,  \$12,000  filing or Qualifying  widow(er),  \$24,000  Head of  household,  \$18,000  If you checked  any box under  Standard  deduction,	First Privace (3) 1 2a 3a 4a 5a 6 7 10 11 11 12 13 14 15 16 17 18	wages, salaries, tips, etc. Attach Forax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5. Add and Adjusted gross income. If you have a subtract Schedule 1, line 36, from line Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lines 8 and a Tax (see inst)  11, 79: b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forated production and the subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forated production and the subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forated production and the subtract line 12 from line 15. If zero Other taxes and 17. These are your	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, onstructions) n line 7. If zero or leading: 1	121  ne 22enter the	b Ta b Or b Ta 50 amount fr	exable interest dinary dividends exable amount exable amount or other examples of the control of	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213
ttach Form(s)  1-2. Also attach  orm(s) W-2G and  ogs-R if tax was  ithheld.  ttandard  eduction for-  Single or married  filing separately,  \$12,000  fill of Qualifying  widow(er),  \$24,000  Head of	First Privace (3) 1 2a 3a 4a 5a 6 7 10 11 11 12 13 14 15 16 17 18 19	Wages, salaries, tips, etc. Attach Forax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5. Add adjusted gross income. If you have a subtract Schedule 1, line 36, from line Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lines 8 and a Tax (see inst)  11, 79: b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forate Income tax Refundable credits: a EIC (see inst.) Add any amount from Schedule 5 Add lines 16 and 17. These are your If line 18 is more than line 15, subtra	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, 6 instructions) n line 7. If zero or les if 1 Form(s 88 eck here 2,000 bAd enter -0- 2 and 1099 b Sch 8812 ayments 15 from line 18. This	121  121  ne 22  enter the	b Ta b Or b Ta b Ta 50 amount from S	ixable interest dinary dividends ixable amount ixable amount or 1,123 from line 6; other other ixable amount of the control of the contro	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213
ttach Form(s)  1-2. Also attach  orm(s) W-2G and  ogs-R if tax was  ithheld.  Itandard  eduction for-  Single or married  filing separately,  \$12,000  Head of  household,  \$18,000  Head of  If you checked  any box under  Standard  deduction,  see instructions.	Frivace (3)  1 2a 3a 4a 5a 6 7  8 9 10 11 12 13 14 15 16 17 18 19 20a	wages, salaries, tips, etc. Attach Forax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5. Add adjusted gross income. If you have usubtract Schedule 1, line 36, from line Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lines 8 and a Tax (see inst) 11, 79: b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Foratel Income tax Federal income tax withheld from Foratel Income tax Income Taxable Income tax withheld from Foratel Income tax wit	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, 6 instructions) n line 7. If zero or les if 1 Form(s 88 eck here 2,000 bAd enter -0- 2 and 1099 b Sch 8812 ayments 15 from line 18. This	121  ne 22 enter the	b Ta b Or b Ta b Ta 50 amount from S	ixable interest dinary dividends ixable amount ixable amount ixable amount in 1,123	S S		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213
ttach Form(s)  1-2. Also attach  1-2. Also attach  1-2. Also attach  1-3. Also attach  1-3. Also attach  1-3. Also  1-3.	Frivace  Privace  3)  1  2a  3a  4a  5a  6  7  10  11  12  13  14  15  16  17  18  19  20a  b	Wages, salaries, tips, etc. Attach For Tax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5. Add adjusted gross income. If you have a subtract Schedule 1, line 36, from line Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lines 8 and a Tax (see inst) 11,79. b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from For Refundable credits: a EIC (see inst.) Add any amount from Schedule 5 Add lines 16 and 17. These are your If line 18 is more than line 15, subtract Routing number	ST ST ST ST ST ST ST ST ST ST ST ST ST S	unt from Schedule 1, lir stments to income, 6 instructions) n line 7. If zero or les if 1 Form(s 88 eck here 2,000 bAd enter -0- 2 and 1099 b Sch 8812 ayments 15 from line 18. This	121  ne 22 enter the	b Ta b Or b Ta b Ta 50 amount from S	ixable interest dinary dividends ixable amount ixable amount or 1,123 from line 6; other other ixable amount of the control of the contro	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213
ttach Form(s) 1-2. Also attach orm(s) W-2G and ops-R if tax was ithheld.  ttandard eduction for- Single or married filing separately, \$12,000 Married filing jointly or Qualifying widow(er), \$24,000 Head of household, \$18,000 If you checked any box under Standard deduction, see instructions.	Frivace  Privace  3)  1  2a  3a  4a  5a  6  7  10  11  12  13  14  15  16  17  18  19  20a  b  d	Wages, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, salaries, tips, etc. Attach Formare, salaries, sa	set Notice  rm(s) W  2a  3a  4a  5a  any amore no adjuste 6  eduction of 9 from 1 check Lary from or less, r total particular total	unt from Schedule 1, lir stments to income, ons (from Schedule 4, lir structions)  n line 7. If zero or leading 1 Form(s) 88 eck here  2,000 bAd enter -0-  2 and 1099  b Sch 8812  ayments  15 from line 18. This lau. If Form 8888 is a	121  ne 22 enter the	b Ta b Or b Ta 50 amount from S  Form 49  ount from S  nount you check her	ixable interest dinary dividends ixable amount ixable amount ixable amount in 1,123	S S		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Page 72,400
ttach Form(s)  1-2. Also attach  orm(s) W-2G and  ogs-R if tax was  ithheld.  Itandard  eduction for-  Single or married  filing separately,  \$12,000  Head of  If you checked  any box under  Standard  deduction,  see instructions.	Frivace  (3)  1 2a 3a 4a 5a 6 7  8 9 10 11 12 13 14 15 16 17 18 19 20a b d 21	wages, salaries, tips, etc. Attach For Tax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5. Add Adjusted gross income. If you have subtract Schedule 1, line 36, from line Standard deduction or itemized de Qualified business income deduction Taxable income. Subtract lenes 8 and a Tax (see inst) 11, 79: b Add any amount from Schedule 2 a Child tax credit/credit for other depende Subtract line 12 from line 11. If zero Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from For Refundable credits: a EIC (see inst.) Add any amount from Schedule 5 Add lines 16 and 17. These are your If line 18 is more than line 15, subtract Amount of line 19 you want refunde Routing number Account number Amount of line 19 you want applied	set Notice  rm(s) W  2a  3a  4a  5a  Anny amore no adjuste 6  eduction 1 (check Larry from 1 check	unt from Schedule 1, lir stments to income, cons (from Schedule 4, lir structions)	121  ne 22 enter the	b Ta b Or b Ta 50 amount from S Form 48 count from S nount you check her	ixable interest dinary dividends ixable amount ixable amount ixable amount in 1,123 from line 6; other in 1,23 form line 6; other in 1,23 form 8863 form 8	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 810,769 7,213
ttach Form(s)  1-2. Also attach  1-2. Also attach  1-2. Also attach  1-3. Also attach  1-3. Also attach  1-3. Also  1-3.	Frivace  (3)  1 2a 3a 4a 5a 6 7  8 9 10 11 12 13 14 15 16 17 18 19 20a b d 21	Wages, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, tips, etc. Attach Formare, salaries, salaries, tips, etc. Attach Formare, salaries, sa	to Notice  Trick	unt from Schedule 1, linstrments to income, constructions)  n line 7. If zero or lest if 2,000 bAd enter -0 2 and 1099 4 Sch 8812 4 Spring line 18. This 5 from line 18. This	ane 22enter the	b Ta b Or b Ta 50 amount from S Form 48 count from S nount you check her	ixable interest dinary dividends ixable amount ixable amount ixable amount in 1,123 from line 6; other in 1,23 form line 6; other in 1,23 form 8863 form 8	s s		2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		Page 72,400 1 121 122,645 122,156 24,000 7,603 90,553 11,791 2,000 9,791 978 10,769 7,213

**SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

2018 Attachment Sequence No. 01

Name(s) shown on For		20 to www.molgovii ormiovo toi moli dollorio di			Your s	ocial security number
BHAVESH B	& MIT	ALBAHEN PATEL			xxx	-xx-xxx
Additional	1-9b	Reserved			1-9b	
Income	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). Attach Schedule D if required. If not required	l, chec	k here ▶ □	13	11,850
	14	Other gains or (losses). Attach Form 4797			14	(5,518)
	15a	Reserved			15b	
	16a	Reserved			16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, et	c. Att	ach Schedule E	17	43,791
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation			19	
	20a	Reserved			20b	
	21	Other income. List type and amount			21	
	22	Combine the amounts in the far right column. If you don't have any	adjust	ments to		
		income, enter here and include on Form 1040, line 6. Otherwise, go	to lin	23	22	50,123
Adjustment	<b>S</b> 23	Educator expenses	23			
to Income	24	Certain business expenses of reservists, performing artists,				
		and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces.				
		Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE .	27	489		
	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>b</b> Recipient's SSN ▶	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	489

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4 (Form 1040) Other Taxes				OMB No. 1545-0074
Department of the Trea Internal Revenue Service		Attachment Sequence No. <b>04</b>		
Name(s) shown on Form 1	040		Yo	our social security number
BHAVESH B &	MIT.	ALBAHEN PATEL	X	XXX-XX-XXXX
Other	57	Self-employment tax. Attach Schedule SE	57	978
Taxes	58	Unreported social security and Medicare tax from: Form <b>a</b> 4137 <b>b</b> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored		
		accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if		
		required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a Form 8959 b Form 8960		
		c Instructions; enter code(s)	62	
	63	Section 965 net tax liability installment from Form		
		965-A		
	64	Add the amounts in the far right column. These are your <b>total other taxes.</b> Enter		
		here and on Form 1040, line 14	64	978
For Paperwork Red	uctio	on Act Notice, see your tax return instructions.		Schedule 4 (Form 1040) 2018

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleD for instructions and the latest information.

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

Attachment Sequence No. **12** 

Name(s) shown on retum

BHAVESH B & MITALBAHEN PATEL

Your social security number XXX-XX-XXXX

	AVESH B & MITALBAHEN PATEL				.2323	XX-XXXX
Pa	Short-Term Capital Gains and Losse	s - Generally Ass	ets Held One Ye	ar or Less (s	see ir	structions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pa line 2, column (	art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	129,692	117,842			11,850
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	, , , , ,	, -			,
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4 5	Short-term gain from Form 6252 and short-term gain or (lo Net short-term gain or (loss) from partnerships, S corporati				4	
6	Schedule(s) K-1			 r	5	
7	Worksheet in the instructions  Net short-term capital gain or (loss). Combine lines 1a	through 6 in column (h	n). If you have any long		7	11,850
Pa	rt II Long-Term Capital Gains and Losses					
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro	om	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
8a	c dollars.			line 2. column (		column (a)
	Totals for all long-term transactions reported on Form			line 2, column (		column (g)
	1099-B for which basis was reported to the IRS and for			line 2, column (		column (g)
	- '			line 2, column (		column (g)
	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			line 2, column (		column (g)
8b	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with			line 2, column (		column (g)
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked			line 2, column (		column (g)
8b	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked			line 2, column (		column (g)
9	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked			line 2, column (		column (g)
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked			line 2, column (		column (g)
9	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked	439 and 6252; and long	g-term gain or (loss)	line 2, column (		column (g)
9	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked	,	, , ,			column (g)
9	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked				g)	column (g)
9 10 11	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked	ons, estates, and trusts	from Schedule(s) K-1		11 12	column (g)
9 10 11	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked	ons, estates, and trusts	from Schedule(s) K-1		g) 11	column (g)
9 10 11 12 13	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked	ons, estates, and trusts	from Schedule(s) K-1		11 12	column (g)
9 10 11 12 13	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b  Totals for all transactions reported on Form(s) 8949 with Box D checked	ons, estates, and trusts	from Schedule(s) K-1		11 12 13	column (g)

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

Schedule D (Form 1040) 2018

FFA

Schedule D (Form 1040) 2018

Form 8949

### Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

2018

Name(s) shown on return

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

Attachment Sequence No. **12A** 

BHAVESH	В	&	MITALBAHEN	PATEL

XXX-XX-XXXX

Social security number or taxpayer identification number

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

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

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions (B) Short-term transactions	reported on For	m(s) 1099-B sho	wing basis wasn't			ove)	
(C) Short-term transactions	not reported to	you on Form 109	9-B		Adjustment	f any, to gain or loss.	
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
TESLA INC	08-20-2018	12-26-2018	5,952	5,268			684
TD AMERITRADE ACTIVITY			3,732	3,233			
		12-31-2018	123,740	112,574			11,166
2 Totals. Add the amounts in colun negative amounts). Enter each to Schedule D, line 1b (if Box A ab above is checked), or line 3 (if B	otal here and includ ove is checked), <b>li</b>	le on your ne 2 (if Box B	129,692	117,842			11,850

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.

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

Form **8949** (2018)

	dule E (Form 1040) 2018					Attachment Sequence No.	13		Page 2	
Name(	ame(s) shown on return. Do not enter name and social security number if shown on page 1.						Your	social securit	ty number	
BHI	BHAVESH B & MITALBAHEN PATEL							XXX-XX-XXXX		
Caut	ion: The IRS compares am	ounts reported	l on your tax re	turn with amounts	shown on S	Schedule(s) K-1.				
Pai	rt II Income or Los	s From Pa	rtnerships a	and S Corpor	ations - N	ote: If you report a loss, red	ceive a	a distributio	on, dispose of	
	stock, or receive a	loan repaymer	nt from an S co	rporation, you mu	st check the	box in column (e) on line 2	8 and	attach the	required basis	
	computation. If you	report a loss f	rom an at-risk	activity for which	any amount	is <b>not</b> at risk, you <b>must</b> che	ck the	e box in col	umn <b>(f)</b> on	
	line 28 and attach I	Form 6198 (se	e instructions).	-						
27	Are you reporting any loss	not allowed in	a prior year du	ie to the at-risk, ex	cess farm lo	ss, or basis limitations, a pri	or yea	ır		
	unallowed loss from a pas	sive activity (if	that loss was no	ot reported on For	m 8582), or ı	unreimbursed partnership ex	kpense	es? If	_	
	you answered "Yes," see in	nstructions befo	ore completing t	this section		<u> </u>		. Yes	i ⊠ No	
28		(a) Name		(b) Enter P for partnership; S	(c) Check if foreign	(d) Employer identification	(e)	Check if s computation	(f) Check if any amount is	
		(a) Hamo		for S corporation	partnership	number		required	not at risk	
_	atement #1							<u> </u>		
В								<u> </u>		
С								<u> </u>		
D								Ш		
	Passive Incom	e and Loss			Nonpassive Income and Los			SS		
	(g) Passive loss allowed (attach Form 8582 if required)		sive income hedule K-1	(i) Nonpassiv		(j) Section 179 expense deduction from Form 4562			ssive income nedule K-1	
	(attach Form 6362 ii required)	110111 30	nedule K-1	from <b>Schedule</b>	: K-1	deduction from Form 4362		IIOIII <b>SCI</b>	ledule K-1	
A										
В										
С										
D	Totala							4	54,401	
29a	Totals			2	0,610				34,401	
b	Totals	line 20e					30	6	54,401	
30 31	Add columns (h) and (k) of Add columns (g), (i), and (i)						31		20,610)	
32	Total partnership and S					-	32		43,791	
	rt III Income or Los				30 and 3.1 .		32	_	13,191	
Га	It iii   iiicoiiie oi Los	S FIUII LS	iales and i	iusis						
33			(a) Nome					(b) Employ	ver	
			(a) Name							
Δ			(a) Name	•				identification n		
A			(a) Name	3						
A B	Pa	assive Income		3		Nonpassive Inc		identification n		
		assive Income	and Loss			Nonpassive Inc.	ome a	identification n	umber	
	Pc (c) Passive deduction or loss alla (attach Form 8582 if require	owed	and Loss	Passive income		Nonpassive Inco	ome a	identification n	umber me from	
В	(c) Passive deduction or loss allo	owed	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
	(c) Passive deduction or loss allo	owed	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A	(c) Passive deduction or loss allo	owed	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A B	(c) Passive deduction or loss alle (attach Form 8582 if required	owed	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A B 34a	(c) Passive deduction or loss all (attach Form 8582 if required	owed d)	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A B 34a b	(c) Passive deduction or loss allik (attach Form 8582 if required)  Totals Totals	owed d)	and Loss	Passive income		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A B 34a b 35	(c) Passive deduction or loss allik (attach Form 8582 if required)  Totals  Totals  Add columns (d) and (f) of	line 34a line 34b	and Loss (d) I	Passive income Schedule K-1		(e) Deduction or loss	ome a	and Loss  (f) Other incomp	umber me from	
A B 34a b 35 36 37	(c) Passive deduction or loss alla (attach Form 8582 if required Totals  Totals  Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc	line 34a line 34b	and Loss  (d) I from	Passive income Schedule K-1		(e) Deduction or loss from Schedule K-1	35 36 37	and Loss (f) Other inco	me from	
A B 34a b 35 36 37 Pai	(c) Passive deduction or loss alle (attach Form 8582 if required)  Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust incret IV Income or Los	line 34a line 34b	and Loss  (d) from	Passive income s Schedule K-1  Schedule K-1  Sample Same Same Same Same Same Same Same Sam	stment Co	(e) Deduction or loss from Schedule K-1	35 36 37	and Loss (f) Other inco	me from  • K-1	
A B 34a b 35 36 37	(c) Passive deduction or loss alla (attach Form 8582 if required Totals  Totals  Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc	line 34a line 34b come or (loss)	and Loss  (d) I from  (d) I combine line  al Estate Melentification	Passive income Schedule K-1	ion from ine 2c	(e) Deduction or loss from Schedule K-1	35 36 37 esid	and Loss (f) Other inconschedule	me from b K-1	
A B 34a b 35 36 37 Pai	(c) Passive deduction or loss alle (attach Form 8582 if required)  Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust incret IV Income or Los	line 34a line 34b come or (loss s From Re	and Loss  (d) I from  (d) I combine line  al Estate Melentification	Passive income Schedule K-1  es 35 and 36  ortgage Inves Schedules Q,	ion from ine 2c	(e) Deduction or loss from Schedule K-1	35 36 37 esid	and Loss (f) Other inco Schedule ( ual Hold (e) Income	me from b K-1	
A B 34a b 35 36 37 Pai	(c) Passive deduction or loss alle (attach Form 8582 if required)  Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust incret IV Income or Los	line 34a line 34b come or (loss s From Re	and Loss  (d) from  (d) from  (d) from  (d) from  (d) from  (e) from  (d) from  (d) from  (d) from  (e) fr	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct	ion from ine 2c ions)	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	and Loss (f) Other inco Schedule ( ual Hold (e) Income	me from b K-1	
A B 34a b 35 36 37 Pai	(c) Passive deduction or loss allo (attach Form 8582 if required form 8582) (attach Form	line 34a line 34b come or (loss s From Re	and Loss  (d) from  (d) from  (d) from  (d) from  (d) from  (e) from  (d) from  (d) from  (d) from  (e) fr	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct	ion from ine 2c ions)	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	and Loss (f) Other inco Schedule ( ual Hold (e) Income	me from b K-1	
A B 34a b 35 36 37 Pai	(c) Passive deduction or loss allo (attach Form 8582 if required form 8582)  Totals  Totals  Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust independent of the IV Income or Los (a) Name  Combine columns (d) and (d) an	line 34a line 34b come or (loss s From Re our number of the state of th	and Loss  (d) from  (d) from  (d) from  (d) from  (e) Combine line	Passive income Schedule K-1  28 35 and 36  Ortgage Inves (c) Excess inclus Schedules Q, (see instruct and include in the	on from ine 2c ions)	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	and Loss (f) Other inco Schedule ( ual Hold (e) Income	me from b K-1	
A B 34a b 35 36 37 Pau 38 Pau	(c) Passive deduction or loss allo (attach Form 8582 if required form 8582)  Totals  Totals  Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust incret IV Income or Los (a) Name  Combine columns (d) and (f) and (f) of Summary	line 34a line 34b come or (loss) s From Re (b) Employer ic num e) only. Enter t	and Loss  (d) from  (d) from  (d) from  (e) Combine line  (a) Estate M  (entification liber	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct and include in the complete line 42	total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1	
A B 34a b 35 36 37 Pai 38 Pai 40	(c) Passive deduction or loss allo (attach Form 8582 if required form 8582) (attach Form	line 34a line 34b come or (loss) S From Re (b) Employer ic num  (e) only. Enter to (loss) from Form the lines 26, 32, 37, 37, 37, 37, 37, 37, 37, 37, 37, 37	and Loss  (d) from  (d) from  (d) from  (e) Combine line  (a) Estate M  (entification liber  (entification liber  (from 4835. Also, 39, and 40. Enter the re-	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct and include in the complete line 42 esult here and on Scheule 1	total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 38 Pal 40 41	(c) Passive deduction or loss alle (attach Form 8582 if required fattach Form 8582 if required f	line 34a line 34b come or (loss) SFrom Re (b) Employer ic num  (e) only. Enter to (loss) from For imbine lines 26, 32, 37, g and fishing	and Loss  (d) from  (d) from  (d) from  (e) Combine line  (a) Estate M  (entification liber  (entification liber  (from 4835. Also, 39, and 40. Enter the reincome. Enter	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct and include in the complete line 42 esult here and on Scheule 1 r your gross	total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 38 Pal 40 41	(c) Passive deduction or loss alle (attach Form 8582 if required fattach Form 8582 if required f	line 34a line 34b	and Loss  (d) from  (d) from  (d) from  (e) Combine line  (a) Estate M  (e) Interded (e) Interde	Passive income Schedule K-1  es 35 and 36  ortgage Inves (c) Excess inclus Schedules Q, (see instruct and include in the complete line 42 esult here and on Scheule 1 r your gross 7; Schedule K-1	total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 40 41	Totals Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc rt IV Income or Los  (a) Name  Combine columns (d) and (f) Total estate and trust inc rt V Summary  Net farm rental income or Total income or (loss). ca Reconciliation of farming	line 34a line 34b come or (loss) s From Re  (b) Employer ic num  (c) only. Enter to (loss) from Fo umbine lines 26, 32, 37, g and fishing e reported on F B; Schedule K	and Loss  (d) I from  (d) I from  (d) I from  (e) I from  (e) Combine line  (e) Alexandria I Estate M  (e) I from  (f) I from	Passive income Schedule K-1  Schedule K-1  Sa 35 and 36  Ortgage Inves  (c) Excess inclus Schedules Q, (see instruct  and include in the schedule 1  r your gross 7; Schedule K-1 S), box 17, code	total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 38 Pal 40 41	Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc rt IV Income or Los  (a) Name  Combine columns (d) and (f) Total estate and trust inc rt V Summary  Net farm rental income or Total income or (loss). co	line 34a line 34b come or (loss) s From Re  (b) Employer ic num  (loss) from Fo umbine lines 26, 32, 37, g and fishing e reported on F B; Schedule K rm 1041), box	and Loss  (d) I from  (d) I from  (d) I from  (e) I from  (e) Combine line  (e) Alexandria I from  (e) I from 1203  (e) I from 1203  (e) I from 1403  (f) I fro	Passive income Schedule K-1  Schedule K-1  Sa 35 and 36  Ortgage Inves  (c) Excess inclus Schedules Q, (see instruct  and include in the schedule 1  r your gross 7; Schedule K-1 S), box 17, code e instructions)	tetment Co ton from ine 2c ons) total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 38 9 Pal 40 41 42	Totals Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc rt IV Income or Los  (a) Name  Combine columns (d) and (f) Total estate and trust inc rt V Summary  Net farm rental income or Total income or (loss). co Reconciliation of farming farming and fishing income (Form 1065), box 14, code AC; and Schedule K-1 (Fo	line 34a line 34b come or (loss) s From Re  (b) Employer ic num  (loss) from Fo umbine lines 26, 32, 37, g and fishing e reported on F B; Schedule K rm 1041), box state professi	and Loss  (d) I from  from  (d) I from  (d) I from  (e) I from  (e) Combine line  (e) Alexandria I from  (e) I from 1203  (e) I from 11203  (e) I from 14, code F (see onals. If you well from I from	Passive income Schedule K-1  Schedule K-1  Sa 35 and 36  Ortgage Inves  (c) Excess inclus Schedules Q, (see instruct  and include in the schedule 1  r your gross 7; Schedule K-1 S), box 17, code e instructions)  evere a real estate	tetment Co ton from ine 2c ons) total on line 4	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	
A B 34a b 35 36 37 Pal 38 39 Pal 40 41 42	Totals Totals Add columns (d) and (f) of Add columns (c) and (e) of Total estate and trust inc rt IV Income or Los  (a) Name  Combine columns (d) and (f) Total estate and trust inc rt V Summary  Net farm rental income or Total income or (loss). co Reconciliation of farming farming and fishing income (Form 1065), box 14, code AC; and Schedule K-1 (Fo Reconciliation for real estates  Total income or (loss).	line 34a line 34b come or (loss) s From Re  (b) Employer ic num  (loss) from Fo umbine lines 26, 32, 37, g and fishing e reported on F B; Schedule K rm 1041), box state professi uns), enter the r	and Loss  (d) I from  from  (d) I from  (d) I from  (e) I from  (e) Combine line  al Estate M.  Hentification  ber  Mentification  ber  Mentification  ber  1 (Enter the reliance of the community of the communit	Passive income Schedule K-1  Schedule K-1  Sa 35 and 36  Ortgage Inves  (c) Excess inclus Schedules Q, (see instruct  and include in the schedule 1  r your gross 7; Schedule K-1 S), box 17, code e instructions)  vere a real estate oss) you reported	tetment Co ton from line 2c lons) total on line 4 below . (Form 1040), line 13	(e) Deduction or loss from Schedule K-1  pnduits (REMICs) - R  (d) Taxable income (net loss) from Schedules Q, line 1b	35 36 37 esid	()  (a) Income Schedules Q,	me from b K-1  )  er  from line 3b	

## SCHEDULE SE (Form 1040)

### **Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99  $\blacktriangleright \ \ \mbox{Go to } \ \mbox{\it www.irs.gov/ScheduleSE} \ \mbox{for instructions and the latest information}.$ 

► 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) BHAVESH B PATEL

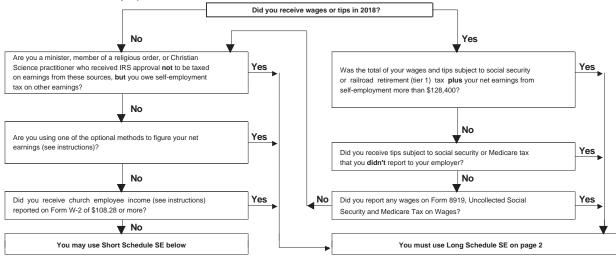
Social security number of person with self-employment income ▶

XXX-XX-XXXX

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	
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form			
	1065), box 14, code A	1a		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve			
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(	)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),			
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.			
	Ministers and members of religious orders, see instructions for types of income to report on			
	this line. See instructions for other income to report	2		6,921
3	Combine lines 1a, 1b, and 2	3		6,921
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't			
	file this schedule unless you have an amount on line 1b	4		6,392
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,			
	see instructions.			
5	Self-employment tax. If the amount on line 4 is:			
	• \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 4 (Form</b>			
	1040), line 57, or Form 1040NR, line 55			
	<ul> <li>More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result.</li> </ul>			
	Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5		978
6	Deduction for one-half of self-employment tax.			
	Multiply line 5 by 50% (0.50). Enter the result here and on			
	Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27			

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

Schedule SE (Form 1040) 2018

EEA

Form **4797** 

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 for instructions and the latest information.

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

2018 Attachment Sequence No. Identifying number

OMB No. 1545-0184

BH	HAVESH B & MITALBAHEN PATEL XXX-X						X-X	XXX
1	Enter the gross proceeds from sales or ex-	changes reported	d to you for 2018	on Form(s) 1099-	B or 1099-S (or	•		
	substitute statement) that you are including	on line 2, 10, or	20. See instruction	ons			1	
P	art I Sales or Exchanges of Pr	operty Used	in a Trade o	r Business a	nd Involuntary	Convers	ions	From Other
	Than Casualty or Theft - I	Most Propert	y Held More	Than 1 Year	(see instruction	s)		
2	(a) Description of property	(a) Description (b) Date acquired (c) I		ate sold (d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FR	OM K-1							(5,518)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sales f	rom Form 6252, I	ine 26 or 37				4	
5	Section 1231 gain or (loss) from like-kind	exchanges from	Form 8824				5	
6	Gain, if any, from line 32, from other than o	asualty or theft					6	
7	Combine lines 2 through 6. Enter the gain	or (loss) here an	d on the appropr	iate line as follows	s:		7	(5,518)
	Partnerships and S corporations. Repo	ort the gain or (lo	ss) following the	instructions for Fe	orm 1065, Schedul	e 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 earl Schedule D filed with your return and skip	-	-	as a long-term ca	apital gain on the			
8	Nonrecaptured net section 1231 losses fro	om prior vears. S	ee instructions				8	
9	Subtract line 8 from line 7. If zero or less,			e gain from line 7	on line 12 below. If	line		
	9 is more than zero, enter the amount from	n 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 y	our retum. See ir	nstructions				9	
Pa	art II Ordinary Gains and Loss							1
10	Ordinary gains and losses not included on	lines 11 through	16 (include prop	erty held 1 year or	· less):			
	, ,							
11	Loss, if any, from line 7						11	( 5,518)
12	Gain, if any, from line 7 or amount from line	e 8, if applicable					12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 3	1 and 38a					14	
15	Ordinary gain from installment sales from F	orm 6252, line 2	5 or 36				15	
16	Ordinary gain or (loss) from like-kind exch	anges from Form	8824				16	
17	Combine lines 10 through 16						17	(5,518)
18	For all except individual returns, enter the a	amount from line	17 on the approp	riate line of your r	etum and skip lines	а		
	and b below. For individual returns, complete lines a and b below.							
а	If the loss on line 11 includes a loss from F	orm 4684, line 35	5, column (b)(ii),	enter that part of the	he loss here. Enter	the loss		
	from income-producing property on Sched	ule A (Form 1040	D), line 16. (Do no	ot include any loss	on property used a	s an		
	employee.) Identify as from "Form 4797, lin	ne 18a." See instr	ructions				18a	
b	Redetermine the gain or (loss) on line 17 exclud	ling the loss, if any,	on line 18a. Enter	here and on Schedu	ıle 1 (Form 1040), line	14	18b	(5,518)

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

Form 8867

#### Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Credit (CTC) (including the Additional Credit (CTC)) (including the Additional Credit (CT

2018

OMB No. 1545-0074

Child Tax Credit (ACTC and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filling Status

To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

Attachment Sequence No. **70** 

Department of the Treasury ► Go to www.irs.gov/Form8867 for instructions and the latest information. Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Enter preparer's name and PTIN ALPESH PATEL XXXXXXXX **Due Diligence Requirements** EIC CTC/ AOTC НОН Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing ACTC/ODC X status claimed (check all that apply). П Did you complete the return based on information for tax year 2018 provided X Yes ☐ No by the taxpayer or reasonably obtained by you? ....... If credits are claimed on the return, did you complete the applicable EIC and/ or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, X Yes N/A No and all related forms and schedules for each credit claimed? . . . . . Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed X Yes No Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. Yes X No a Did you make reasonable inquiries to determine the correct, complete, and Yes No b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the Yes No Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation. referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute X Yes No the amount of the credit(s) ....... List those documents, if any, that you relied on. <u>School Records, Medical Records</u> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for X Yes No Did you ask the taxpayer if any of these credits were disallowed or reduced in (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) . . . X Yes No N/A a Did you complete the required recertification Form 8862? . . . . . . . . . . Yes No N/A If the taxpayer is reporting self-employment income, did you ask questions to □ N/A ☐ No prepare a complete and correct Form 1040, Schedule C? X Yes

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2018)

	867 (2018) BHAVESH B & MITALBAHEN PATEL			XXX-		XXX		Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does	not claim	EIC,	ĭ	<u> </u>			
		EIC		CTC/C		AOT	С	НОН
9a	Have you determined that this taxpayer is, in fact, eligible to claim the EIC for							
	the number of children for whom the EIC is claimed, or to claim EIC if the							
	taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming							
	the EIC and does not have a qualifying child.)	X Yes	No					
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of		_					
	the year, even if the taxpayer has supported the child the entire year?	X Yes	No					
С	Did you explain to the taxpayer the rules about claiming the EIC when a child	X Yes	No					
·	is the qualifying child of more than one person (tiebreaker rules)?	N/A	110					
	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If t		doos r	not claim	CTC	ACTO	ori	
Part		ile retuill (	1063 1	iot ciairi	1010,	ACTO	J, UI 1	ODC, go
	to Part IV.)			ОТО	,			
		EIC		CTC/		AOT	С	HOH
				ACTC/O	DC			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the							
	taxpayer dependent who is a citizen, national, or resident of the United States? $\dots$		X	Yes 🗌	No			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if							
	the taxpayer has not lived with the child for over half of the year, even if the		X	Yes	No			
	taxpayer has supported the child, unless the child's custodial parent has							
	released a claim to exemption for the child?			N/A				
12	DId you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for							
	a child of divorced or separated parents (or parents who live apart), including		X	Yes	No			
	any requirement to attach a Form 8332 or similar statement to the return?			N/A				
Part		loes not cl	aim A	•	to Pa	rt \/ \		
1 are	Due Dingence waeshons for Netarns Claiming ACTO (if the retain o	locs not on		CTC/	tora	it v.)		
		EIC		I	Α	OTC		HOH
			ACI	C/ODC				
13	Did the taxpayer provide the required substantiation for the credit, including							
	a Form 1098-T and/or receipts for the qualified tuition and related expenses							
_	for the claimed AOTC?				∐ Ye		No	
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim	im HOH fil			to Par	t VI.)		
		EIC		CTC/	AO1	rc.	H	НОН
			ACT	C/ODC				
14	Have you determined that the taxpayer was unmarried or considered							
	unmarried on the last day of the tax year and provided more than half of the							
	cost of keeping up a home for the year for a qualifying person?						Ye	s 🗌 No
Part	VI Eligibility Certification							
	You have complied with all due diligence requirements for claiming the applicable	credit(s) aı	nd/or H	HOH filin	q			
	status on the return of the taxpayer identified above if you:	. ,						
	A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses of	on the return	or in v	our notes	reviev	v		
	adequate information to determine if the taxpayer is eligible to claim the credit(s) and/		-					
	the amount of the credit(s) claimed;	01 11011 111111	g statu	3 and to t	actonin	110		
		d in this show	aldiot fo	r ony onr	liooblo			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described	J III UIIS CHE	KIISUU	л апу арр	olicable			
	credit(s) claimed and HOH filing status, if claimed;							
	C. Submit Form 8867 in the manner required; and							
	D. Keep all five of the following records for 3 years from the latest of the dates specified	in the Form	8867 i	instruction	s unde	r		
	Document Retention.							
	<ol> <li>A copy of Form 8867;</li> </ol>							
	<ol><li>The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;</li></ol>							
	3. Copies of any documents provided by the taxpayer on which you relied to determi	ne eligibility	for the	credit(s)	and/or	HOH		
	filing status,							
	4. A record of how, when, and from whom the information used to prepare this form a	and the appl	icable	workshee	t(s) was	S		
	obtained; and 5. A record of any additional questions you may have asked to determine eligibility to	claim the c	redit(s)	), and/or I	HOH fili	ng		
	status and the amount(s) of any credit(s) claimed and the taxpayer's answers.							
	► If you have not complied with all due diligence requirements, you may have to pay	/ a \$520 pei	naltv f	or each f	ailure t	0		
	comply related to a claim of an applicable credit or HOH filing status.							
15	Do you certify that all of the answers on this Form 8867 are, to the best of							
	your knowledge, true, correct, and complete?		V	Yes		No		
EEA	,	-	(23	,			orm s	<b>3867</b> (2018)
							2.111	(-0:0)

#### Form PMT

Spouse's Signature

#### **ACH Payment**

2018

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL	XXX-XX-XXXX
	Spouse's SSN
	XXX-XX-XXXX
Routing Transit Number	
0025	
Bank Account Number	
0776	
Type of Account:	
1 Checking	
Amount of Tax Payment	
3,645	
Requested Payment Date	
05-21-2019	
Taxpayer's Daytime Phone Number	
Type of Form being filed	
1040	
Taxpayer's Signature	Date
	05-22-2019

Date

05-22-2019

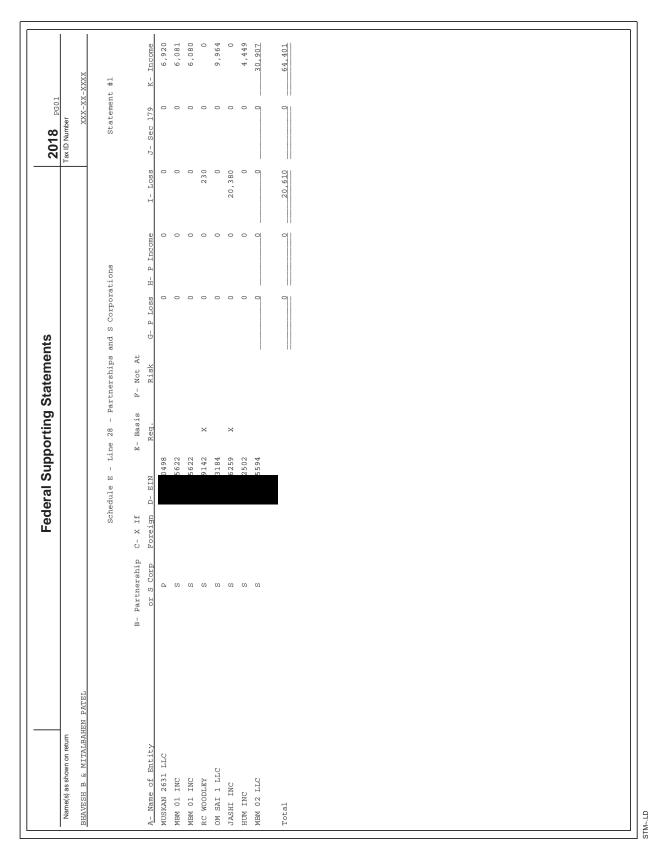
Form **8879** 

EEA

#### IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury	Return completed Form 8879 to your ERO. (Don't send to	-	2018
Internal Revenue Service	► Go to www.irs.gov/Form8879 for the latest informati	on.	
Submission Identification	Number (SID)		
Taxpayer's name	,	Social security number	
BHAVESH B P	ATEL	XXX-XX-XX	XXX
Spouse's name		Spouse's social securit	y number
MITALBAHEN	PATEL	XXX-XX-XX	XXX
Part I Tax Re	turn Information - Tax Year Ending December 31, 2018 (Who	ole dollars only)	
	ncome (Form 1040, line 7; Form 1040NR, line 35)		1 122,15
2 Total tax (Form	1040, line 15; Form 1040NR, line 61)		2 10,76
3 Federal income	tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 6	2a)	3 7,21
	040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	,	4
•	e (Form 1040, line 22; Form 1040NR, line 75)		5 3,64
	er Declaration and Signature Authorization (Be sure you ge		
reason for any delay in prod Agent to initiate an ACH ele of my federal taxes owed or remain in full force and effer Treasury Financial Agent at date. I also authorize the fir answer inquiries and resolv	return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason cessing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. ctronic funds withdrawal (direct debit) entry to the financial institution account indicated in the this return and/or a payment of estimated tax, and the financial institution to debit the entry ct until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (c 1-888-353-4537. Payment cancellation requests must be received no later then 2 business ancial institutions involved in the processing of the electronic payment of taxes to receive coe issues related to the payment. I further acknowledge that the personal identification number and, if applicable, my Electronic Funds Withdrawal Consent.	Treasury and its designent to this account. This account, I mundays prior to the payment fidential information in	nated Financial are for payment uthorization is to sts contact the U.S. ent (settlement) ecessary to
Taxpayer's PIN: check	one hav only		
<u>—</u>	PESH PATEL CPA to enter or generate my PIN	13589	
71 Tauthonze AL	ERO firm name	Enter five digits, but	_
as my signature	on my tax year 2018 electronically filed income tax return.	don't enter all zeros	
L will enter my P	IN as my signature on my tax year 2018 electronically filed income tax return. C	hack this hov <b>only</b> it	f vou are
	vn PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO mus	-	•
entening your or	within and your return is filed using the Fractitioner File method. The ERO mus	it complete Fait iii b	elow.
Your signature ▶		Date ▶ <u>05-22-</u>	-2019
On annual a DIN a basis a	barranta		
Spouse's PIN: check o	· · · · · · · · · · · · · · · · · · ·	16621	
X I authorize AL	PESH PATEL CPA to enter or generate my PIN ERO firm name	Enter five digits, but	_
as my signature	on my tax year 2018 electronically filed income tax return.	don't enter all zeros	
Lucill anter mu.	IN as my signature on my tay year 2040 algebranically filed income toy return.	haali thia hay <b>aml</b> ii	f var. ana
	IN as my signature on my tax year 2018 electronically filed income tax return. C	-	•
entering your or	vn PIN and your return is filed using the Practitioner PIN method. The ERO mus	a complete Part III b	elow.
0		Date ▶ 05-22-	2010
Spouse's signature		Date ▶ <u>U5-22-</u>	2019
	Dreatitioner DIN Mathed Deturns Only continue hal		
Part III Certific	Practitioner PIN Method Returns Only - continue bel cation and Authentication - Practitioner PIN Method Only	OW	
rait III Certiii	cation and Admentication - Fractitioner File Method Only		
EDOI- EEIN/DIN E-t	A STATE OF THE STA	7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/	1000
ERO'S EFIN/PIN. Enter	your six-digit EFIN followed by your five-digit self-selected PIN.	XXXXXX-24	남 9 ᠘ ᠘ I't enter all zeros
	the state of the s		
	umeric entry is my PIN, which is my signature for the tax year 2018 electronically the		
	above. I confirm that I am submitting this return in accordance with the requirement	ents of the Practition	er PIN
method and Pub.1345,	Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		
	DEGII DAMEI	- 05 00	0.01.0
ERO's signature ▶ AL	PESH PATEL	Date ▶ <u>05-22-</u>	ZU19
	EDO Must Datain This Form Coal Instruction		
	ERO Must Retain This Form - See Instruction		
	Don't Submit This Form to the IRS Unless Requested	10 00 90	E 2250 15
For Paperwork Reduct	ion Act Notice, see your tax return instructions.		Form <b>8879</b> (2)



	9	ummary of Ecti	imatos			2019			
Name(s) as shown on return	Summary of Estimates (s) as shown on return								
BHAVESH B & M	יגם זאים אם דגייד	דיניד			Your SSN/EIN	-XX-XXXX			
ederal	IIALBAREN PA.	161			AAA-	-AA-AAAA			
Form: 1040-ES									
Payment Schedule									
Due Date	04-15-2019	06-17-2019	09-16-2019	01-15	_2020	Total			
Fotal Installment Amount	890	890	890	01-13	890	3,560			
Overpayment Applied	0	0	0		0	3,300			
Net Installment Due	890	890	890		890	3,560			
vet installment due	090	Taxpayer Records			090	3,300			
Amount Actually Paid		raxpayer Records							
Date Paid									
Check #/Confirmation									
THOOK #/OUIIIIIIIdliUII									

#### **Estimated Tax Worksheet for Next Year** 2018 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX 4. 5. 8. Total income (add lines 1 thru 7) b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit. refundable American opportunity credit, and refundable credit from Form 8885 b. Required annual payment based on prior year's tax (see instructions) ..... 24b. 7,213 3,556

Estimates will be computed on \$3,556. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Federal Income Tax Withheld	<b>2018</b> PG01
Name(s) as shown on return	Your Social Security Number
BHAVESH B & MITALBAHEN PATEL	XXX-XX-XXXX
	7
Description W2 - OM SAI 1 LLC	Amount 138
W2 - OM SAI I LLC	138
W2 - RC WOODLEY	57
W2 - MUSKAN 2631 INC	1,057
W2 - PLEASURE LLC	953
W2 - JASHI INC	2,435
W2 - JASHI INC	2,435
Total Withholdings	7,213

	<b>a</b> Employee's social security number XXX-XX-XXXX	OMB No. 1545	Safe, accurate, FAST! Use		IRS	e-file	Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number (EIN) 27-0583184			1	Wages, tips, other compe	nsation	2 Federa	Il income tax withheld		
c Employer's name, address, and ZIP co	de		3	Social security wages	1,000	4 Social	security tax withheld 248		
3445 ATLANTA HWY				Medicare wages and tips	1,000	6 Medica	Medicare tax withheld 58		
Montgomery	AL 36	6109	7	Social security tips		8 Allocat	ed tips		
d Control number			9	Verification code		10 Depen	dent care benefits		
e Employee's first name and initial	Last name	Suff.	11	Nonqualified plans		12a See ins	structions for box 12		
BHAVESH B	PATEL		13	Statutory Retirement plan	Third-party sick pay	12b			
Montgomery	AL 363	AL 36117		Other		12c			
f Employee's address and ZIP code						C o d e			
<b>15</b> State Employer's state ID number AL <sub> </sub> R006254613	16 State wages, tips, etc. 4,000	7 State income tax 100	18	8 Local wages, tips, etc.	19 Local in	come tax	20 Locality name		
							1		

Wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number  XXX - XX - XXXX  OMB N				payer's 2018 Federal tax return by ALPESH F  Safe, accurate, FAST! Use IRS e-file Www.irs.go			
<b>b</b> Employer identification number (EIN) $27-0583184$			<b>1</b> Wa	ges, tips, other comp	ensation 4,000	2 Federa	l income tax withheld
<b>c</b> Employer's name, address, and ZIP code OM SAI 1 LLC	9		<b>3</b> Soc	cial security wages	4,000	4 Social	security tax withheld 248
3445 ATLANTA HWY			<b>5</b> Me	dicare wages and tips	4,000	6 Medica	re tax withheld
Montgomery	AL	36109	<b>7</b> So	cial security tips		8 Allocat	ed tips
<b>d</b> Control number			<b>9</b> Ver	ification code		10 Depen	dent care benefits
<b>e</b> Employee's first name and initial	Last name	Suff.	<b>11</b> No	nqualified plans		12a See ins	structions for box 12
MITALBAHEN P	ATEL			tatutory Retirement plan	Third-party sick pay	12b	
Montgomery	AL 3	6117	<b>14</b> Oth	er		12d	
f Employee's address and ZIP code						ē	
15 State Employer's state ID number AL <sub> </sub> R006254613	16 State wages, tips, etc. 4 , 0 0 0	17 State income tax 100	<b>18</b> Loo	al wages, tips, etc.	19 Local in	ncome tax	20 Locality name
\\\\ \ <b>\</b> Wage and 1					Departr	ment of the Tre	asury-Internal Revenue Servic

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2018 Federal tax return by ALPESH PATEL CPA

	<b>a</b> Employee's social security number XXX-XX-XXXX	OMB No. 1545	-0008	Safe, accurate, 0008 FAST! Use IRS		e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN) $47 - 2559142$			1	Wages, tips, other comperations	nsation .,500	2 Federal	income tax withheld
c Employer's name, address, and ZIP or RC WOODLEY	de		3	Social security wages	,500	4 Social se	ecurity tax withheld 93
3401 WOODLEY ROAD				Medicare wages and tips	,500	6 Medicare	e tax withheld
Montgomery	AL 36	116	7	Social security tips		8 Allocate	d tips
d Control number			9	Verification code		10 Depende	ent care benefits
e Employee's first name and initial	Last name	Suff.	11	Nonqualified plans		12a See inst	ructions for box 12
BHAVESH B	PATEL		13	Statutory Retirement plan	Third-party sick pay	12b	
Montgomery	AL 361	17	14	14 Other		12c C d e	
						C o d e	
f Employee's address and ZIP code	10 -		40	•	40		00 : "
15 State Employer's state ID number AL R009035728	16 State wages, tips, etc. 17	State income tax 31	18	8 Local wages, tips, etc.	19 Local in	come tax	20 Locality name

W-2 Wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on the F	orm W-2 was used to	prepare the taxp	ayer's 2018 Federa	l tax re	turn by	ALPESH PATEL CPA	
I	<b>a</b> Employee's social security numb	er OMB No. 1545	Safe, accurate, IRS e-file			Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) $47 - 3410498$			1 Wages, tips, other compensus	l income tax withheld 1,057			
c Employer's name, address, and ZIP code MUSKAN 2631 INC	9		3 Social security wages	,900	4 Social s	security tax withheld 1,110	
1192 WESTERN BLV Montgomery	5 Medicare wages and tips 17 7 Social security tips	,900	6 Medica 8 Allocate	re tax withheld 260			
d Control number	9 Verification code     10 Dependent care benefits						
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See ins	structions for box 12	
MITALBAHEN P.	13 Statutory employee plan plan 14 Other	Third-party sick pay	12b				
Montgomery  f Employee's address and ZIP code	AL 3	6117			12d C o d e		
15 State Employer's state ID number AL R009129318	16 State wages, tips, etc. 17,900	17 State income tax 503	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name	
Wage and T Statement	Гах	2018		Departm	ent of the Trea	asury-Internal Revenue Service	

W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2018 Federal tax return by ALPESH PATEL CPA

	<b>a</b> Employee's social security number XXX-XX-XXXX		OMB No. 1545-	Safe, accurate, 0008 FAST! Use		IRS	e-file		Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN) $38-4056000$				1	Wages, tips, other compe	nsation 5,000	<b>2</b> Fed	deral ind	come tax withheld
c Employer's name, address, and ZIP co PLEASURE LLC	de			3	Social security wages	5,000	<b>4</b> Soc	cial seci	urity tax withheld 310
3401 WOODLEY RD				5	Medicare wages and tips	5,000	<b>6</b> Me	dicare t	ax withheld 73
Montgomery	AL 3	6116		7	Social security tips		8 Allo	cated t	ips
<b>d</b> Control number				9	Verification code		10 Dep	pendent	t care benefits
e Employee's first name and initial	Last name		Suff.	11	Nonqualified plans		12a See	e instruc	ctions for box 12
BHAVESH B	PATEL			13	Statutory Retirement employee plan	Third-party sick pay	12b C		
Montgomery	AL 36	117		14 Other			12c C d e		
							C o d e		
f Employee's address and ZIP code									
<b>15</b> State Employer's state ID number AL <sub>I</sub> R009991145	16 State wages, tips, etc. 5 , 000	17 State in	come tax	18	Local wages, tips, etc.	19 Local in	come tax		20 Locality name
					<u> </u>				<u> </u>

W-2 Wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on the Fo	orm W-2 was used to	prepare the taxp	ayer's 2018 Federa	al tax re	eturn by	ALPESH PATEL CPA	
I	B Employee's social security number XXX-XX-XXX	OMB No. 1545	Safe, accurate, 0008 FAST! Use	IRS	e-file Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number (EIN) 82-3796259			1 Wages, tips, other compe	nsation ),000	2 Federa	l income tax withheld 2,435	
c Employer's name, address, and ZIP code JASHI INC			3 Social security wages 20	0,000	4 Social s	security tax withheld 1,240	
3445 ATLANA HWY		,000		re tax withheld 290			
Montgomery AL 36109			7 Social security tips		8 Allocate	ed tips	
d Control number			9 Verification code		10 Depend	dent care benefits	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		C o d e	structions for box 12	
BHAVESH B PA	ATEL		13 Statutory employee Plan Retirement plan	Third-party sick pay	12b C d e 12c		
Montgomery	AL 36	5117			12d C od e		
f Employee's address and ZIP code							
15 State Employer's state ID number AL <sub> </sub> R009927468	16 State wages, tips, etc. 20,000	17 State income tax 872	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name	
Wage and T Statement	ax	2018		Departr	ment of the Tre	asury-Internal Revenue Service	

W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2018 Federal tax return by ALPESH PATEL CPA

	<b>a</b> Employee's social security number XXX-XXX-XXXX		Safe, accurate, OMB No. 1545-0008 FAST! Use		IRS	e-file Visit the IRS website at www.irs.gov/efile			
<b>b</b> Employer identification number (EIN) $82 - 3796259$				1 Wages, tips, o		sation ,000	2 Fed	leral income tax	withheld 2,435
<b>c</b> Employer's name, address, and ZIP co	de			3 Social security	-	,000	<b>4</b> Soc	cial security tax w	vithheld 1,240
3445 ATLANA HWY				5 Medicare wag		,000	<b>6</b> Med	dicare tax withhe	eld 290
Montgomery	AL 3	36109		7 Social security	tips /		8 Allo	cated tips	
<b>d</b> Control number				9 Verification co	de		<b>10</b> Dep	pendent care ber	nefits
<b>e</b> Employee's first name and initial	Last name		Suff. 1	1 Nonqualified p	lans		12a See	instructions for	box 12
MITALBAHEN	PATEL		1	Statutory employee	Retirement plan	Third-party sick pay	12b C d e		
Montgomery	AL 36	6117	•	4 Other			12c C d e		
							12d C o d e		
f Employee's address and ZIP code									
$\begin{array}{lll} \textbf{15} \; \text{State} & \; \text{Employer's state ID number} \\ & \; AL_{l} \; \; R009927468 \end{array}$	<b>16</b> State wages, tips, etc. 20,000	17 State income to 8	72	18 Local wages,	tips, etc.	19 Local in	come tax	<b>20</b> Loca	ality name

wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the i	Form W-2 was used to $\mathfrak p$	prepare the tax	payer's 2018 Federal t	ax return by ALPESH PATEL CPA
	a Employee's social security number	r OMB No. 1545	Safe, accurate, -0008 FAST! Use	IRS e-file Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
C Employer's name, address, and ZIP co	de		3 Social security wages	4 Social security tax withheld
			5 Medicare wages and tips	6 Medicare tax withheld
			7 Social security tips	8 Allocated tips
d Control number			9 Verification code	10 Dependent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
			13 Statutory employee Retirement Thir sick	rd-party 12b
			14 Other	12c C 0 d e
				12d C 0 d e
f Employee's address and ZIP code				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19	Local income tax 20 Locality name

Wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

	٧	V-2 Detail Li	sting				
		(Keep for your reco	rds)			2018	
Name(s) as shown on return		<u> </u>				Tax ID Nu	
BHAVESH B & MITAL	BAHEN PATEL					XXX-	XX-XXXX
			FEDERAL		STA		
T/S Employer	Name	Gross		State Code	Gross		W/H
T OM SAI 1 LLC		4,000	138		4	,000	100
S OM SAI 1 LLC T RC WOODLEY		4,000 1,500	138 57		4	,000	100 31
S MUSKAN 2631 INC	1	17,900	1,057		17	,900	503
T PLEASURE LLC	•	5,000	953			,000	241
T JASHI INC		20,000				,000	872
S JASHI INC		20,000	2,435			,000	872
			,			,	
Taxpayer Totals	<b>.</b>	30,500			30	,500	1,244
Spouse Totals		41,900				,900	1,475
Totals		72,400	7,213		72	,400	2,719
W2_LIST.LD							

# **Computation of Regular Tax** (Keep for your records) 2018 Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXXStatement for line 11a of Form 1040 Tax per Tax Table 11,806 Tax from Qualified Dividends/Capital Gain Worksheet \$ 11,791 11,791 Tax computed using the most advantageous method allowed

### **Qualified Dividends and Capital Gain Tax Worksheet - Line 11a (Form 1040)**

2018 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX 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 3. Are you filing Schedule D?\* Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. **No.** Enter the amount from Schedule 1, line 13. 5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-\$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household. 77,200 77,200 121 121 15. Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. 90,553 18 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. 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 27. Tax on all taxable income. Enter the smaller of line 25 or line 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. \* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

#### Investment Income for the **Earned Income Credit** 2018 Form 1040 (Keep for your records) Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Interest and Dividends 4. Enter the amount from Form 1040, Schedule 1, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Capital Gain Net Income 5. Enter the amount from Form 1040, Schedule 1, line 13. If the amount on that line 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . . . . . . . . . . . . 6. 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, 11,850 Royalties and Rental Income from Personal Property 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, Schedule 1, line 21, minus any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36 of personal property deducted on Form 1040, Schedule 1, line 36 (If the result is less than zero, enter -0-.) . . . . . . . . . . . . . . . . 8. 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E. lines 26, 29b (col. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) 9.\_\_\_\_\_\_ 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income . . . . . . . 11. 12. Is the amount on line 11 more than \$3,500? X Yes. You cannot take the credit. No. Go to Step 3 of the Form 1040 instructions for line 17 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next). Instructions for line 9. In figuring the amount to enter on line 9, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on

Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

### Child Tax Credit and Credit for Other Dependents Worksheet

1011115 1040 a	1040 and Dependents Worksheet						
1040NR	2018						
Name(s) as shown on re	turn				Tax ID Number		
BHAVESH B	8 &	MITALBAHEN	PATEL		XXX-XX-XXXX		

Name(s) a	s shown on return	Tax ID Number
BHAV	VESH B & MITALBAHEN PATEL	XXX-XX-XXXX
Befor	re you begin: • Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R.	
	*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.	
Part	1	
1.	Number of qualifying children under 17 with the required social security number:	1. 2,000
2.	Number of other dependents, including qualifying children who are not under 17 or	
	who do not have the required social security number: x \$500. Enter the result	2.
	Caution: Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.	
3.	Add lines 1 and 2	3. 2,000
4.	Enter the amount from Form 1040, line 7, or Form 1040NR, line 35	_
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;     5	
	and Form 4563, line 15.	_
	1040NR Filers. Enter -0	
6.	Add lines 4 and 5. Enter the total	_
7.	Enter the amount shown below for your filing status.	
	Married filing jointly - \$400,000	
	All other filing statuses - \$200,000     7400,000	_
8.	Is the amount on line 6 more than the amount on line 7?	
	No. Leave line 8 blank. Enter -0- on line 9.	
	☐ <b>Yes.</b> Subtract line 7 from line 6	_
	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	90
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 on Form 1040, line 17b, or Form	
	1040NR, line 64. Complete the rest of your Form 1040 or Form 1040NR.	
	Yes. Subtract line 9 from line 3. Enter the result  Go to Part 2 on the next page.	2,000

### Child Tax Credit and Credit for Other Dependents Worksheet

	5 1040 an	ia		Depender				204	0040		
040N		(Keep for your records)							2018 Tax ID Number		
			DAIIm	ו האתבו							
ВНА	VESH E	3 & MITAL	BAHEN	PAILL				XXX	X-XX-XXX		
Befor	re you be			amount of any credits you a		ning on Form 5695, Par	t II; line 30;				
			Form 8910	; Form 8936; or Schedule F	₹.						
Part	2										
11.	Enter the a	amount from Form	n 1040, line	e 11 or Form 1040NR, line 4	5 .			11	11,791		
40	A -1-1 (1 6-1	Navida a sanas a mata d									
12.		lowing amounts f		Farm 4040ND							
	Form 1040		or	Form 1040NR							
		le 3, Line 48		Line 46			+	<del></del> -			
		le 3, Line 49		Line 47			+				
		le 3, Line 50					+				
		le 3, Line 51		Line 48			+				
							+				
							+				
							+				
	Scneau	ie R, line 22	, <b></b> .				+				
						Enter the total. 12	2				
12	Cubtro at li	00 10 from line 11	4					42	11,791		
13.	Subtract III	ne 12 nom ine 1						13	11,/91		
14.	Are you cla	aiming any of the	following	credits?							
	•	e interest credit, l									
		credit, Form 883									
				credit, Form 5695, Part I.							
				uyer credit, Form 8859.							
	X No. En			.,,				٦			
	=		rm 2555 or	2555-EZ, enter -0							
		-		orksheet, later, to figure				<b>14.</b>			
		ount to enter here		omonosi, istor, to ngare							
15.	Subtract lin	ne 14 from line 13	3 Enter the	e result				15.	11,791		
	_ a.a.a.a.a.										
16.	Is the amo	unt on line 10 of	this worksh	neet more than the amount o	n line 1	5?					
	No. En	ter the amount fr	om line 10		٦	This is your child ta	x				
	Yes. Er	nter the amount f	rom line 1	5.	•	credit and credit for		16	2,000		
	See the	e TIP below.			١	other dependents.			er this amount on		
									n 1040, line 12a, or n 1040NR, line 49.		
				e the additional child tax Form 1040NR, line 64,							
				16 and line 1 is more the							
				form 1040 through line 1							
		complote Scho	auie 5, lir	ne 72) or Form 1040NR	tnroug	n					
			omnlote !	ina 67)							
		line 63 (also, c	-								
		line 63 (also, c	chedule 8	8812 to figure any							

		Keep for yo		ksneet, page 1		201	8
Nam	e of Partner: BHAVESH		ui iecoius.		ssn: XX	X-XX	-XXXX
	e of Partnership: MUSKAN 2					XXXX	
A.	Partner's share of partnership liabilities	(Sch K-1, Item K)	A.				
B.	Partner's share of partnership liabilities	from PRIOR year		)			
C.	Increases (Decrease) in share of Partne	ership Liabilities during this tax period	C.				
1.	Adjusted Basis from preceding year					1.	10,000
2.	Capital contributions of property						
a.	Gain (if any) recognized this year on	contribution of property to partnership	2 a.				
b.	Cash contributed during the year						
C.	Adjusted basis of property contribute	ed during the year	с.				
d.	Partnership interest acquired other th	han by cash or property	d				
	Total additional contributions (Total line	s 2a-2d)		2			
3.	Items of Income or Gain for this period						
a.	Ordinary Income	(Sch K-1, Line 1)	3 a	6,920			
b.	Real Estate Rental Income	(Sch K-1, Line 2)	b				
C.	Other Rental Income	(Sch K-1, Line 3c)	c				
d.	Interest, Dividends & Royalties	(Sch K-1, Lines 5, 6a & 7)					
e.	Capital Gain	(Sch K-1, Lines 8 & 9a)					
f.	Other Portfolio Income	(Sch K-1, Line 11a)	f				
g.	Section 1231 Gain	(Sch K-1, Line 10)	g				
h.	Other Income	(Sch K-1, Line 11i)	h				
i.	Tax Exempt Income	(Sch K-1, Lines 18a & b)	i				
j.	Excess Depletion Adjustment		j				
k.	Increase from Recapture of Business	s Credits					
i.	Gain from 179 disposition		i				
	(See IRC § 49(a), 50(a), 50(c)(2) 8	& 1371 (d))					
	Total items of Income or Gains (Total lin	nes 3a-3l)		3	6,920		
4.	Increase in Partnership Share of Partne	ership Liabilities from line C above		4			
5.	Total increases in basis (combine lines	1 through 4)				5	16,920
6.	Cash Distributions to the Partner during	the year		6			
7.	Decrease in Partner's Share of Partners	ship Liabilities from line C above		7			
8	Decrease for Non-Deductible Expenses	s/Credit Adjustments		8			
9.	Subtotal - basis after all distributions an	nd other decreases (Line 5 minus lines 6-8)				9	16,920
0.	Items of Losses and Deductions (Allowe	ed for the current year)					
a.	Ordinary Loss	(Page 2, Col d, Line 10a)	10 a				
b.	Real Estate Rental Loss	(Page 2, Col d, Line 10b)	b				
C.	Other Rental Loss	(Page 2, Col d, Line 10c)	c				
d.	Capital Loss	(Page 2, Col d, Line 10d)	d				
e.	Other Portfolio Loss	(Page 2, Col d, Line 10e)	e				
f.	Section 1231 Loss	(Page 2, Col d, Line 10f)	f				
g.	Other Loss	(Page 2, Col d, Line 10g)	g				
h.	Charitable Contributions	(Page 2, Col d, Line 10h)	h				
i.	Section 179 Expense	(Page 2, Col d, Line 10i)	i				
j.	Portfolio Income Expenses	(Page 2, Col d, Line 10j)	j				
k.	Other Deductions	(Page 2, Col d, Line 10k)	k				
I.	Interest Expense on Investment Debi	t (Page 2, Col d, Line 10I)	l				
m.	Section 59(e) Expenditures	(Page 2, Col d, Line 10m)	m				
n.	Other decreases	(Page 2, Col d, Line 10n)	n				
0.	Loss from 179 disposition	(Page 2, Col d, Line 10o)					
	Total items of Losses and Deductions (	Total lines 10a-10o)		10			
1.	Adjusted Basis of Partnership Interest (	Cannot be negative) (Line 9-Line 10)				11	16,920

		Silarein	older's Adjusted I Do not file - keep fo			i, page i		2018
lame o	f Sh	nareholder: BHAVESH B PATEL		, ,			SSN:	XXX-XX-XXXX
lame o	f Co	prporation: MBM 01 INC					EIN	5622
		Stock basis						
1	Sto	ock basis, beginning of year (Not less than zero)				11	5,000	
2	Ad	Iditional Capital Contributions of Stock Purchased				2		
3	Inc	creases for income and gain items:						
	а	Ordinary Income	(Sch K, Line 1)	a				
	b	Real Estate Rental Income	(Sch K, Line 2)	b	6,081			
	С	Other Rental Income	(Sch K, Line 3c)	С				
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d				
	е	Capital Gain	(Sch K, Lines 7 & 8a)	e				
	f	Other Portfolio Income	(Sch K, Line 10a)	f				
	g	Section 1231 Gain	(Sch K, Line 9)	g				
	h	Other Income	(Sch K, Line 10h)	h				
		Total Income and Gain Items	(Total lines 3a-3h)			3a-h	6,081	
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a & b)			3i		
	j	Increase for Excess Depletion Adjustment				3j		
	k	Increase from Recapture of Business Credits (See IR	RC § 49(a), 50(a), 50(c)(2) & 1371(d)			3k		
	- 1	Gain from 179 asset disposition				3I		
4	Sto	ock Basis Before Distributions	(Add lines 1 through 3)					421,081
5	Re	eduction for Non-Taxable Distributions	(Sch K, Line 16d)					5
6		ock Basis Before Non-Ded. Expense	(Cannot be negative)					6 21,081
7	De	ecrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7
8		ock Basis Before Allowable Losses & Deductions	(Cannot be negative)					8 21,081
9	De	ecreases for Loss and Deduction items						
	а		(Page 2, Col d, Line 9a)	a				
	b	Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b				
	С		(Page 2, Col d, Line 9c)					
	d		(Page 2, Col d, Line 9d)	d				
	е		(Page 2, Col d, Line 9e)					
	f	Section 1231 Loss	(Page 2, Col d, Line 9f)					
	g		(Page 2, Col d, Line 9g)					
	h		(Page 2, Col d, Line 9h)	h				
	į.	Section 179 Expense	(Page 2, Col d, Line 9i)	! <u>—</u>				
	j	Portfolio Income Expenses	(Page 2, Col d, Line 9j)					
	k		(Page 2, Col d, Line 9k)	k				
	I	Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)	' —				
	m		(Page 2, Col d, Line 9m)	m				
		Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m		-
	n		(Page 2, Col d, Line 9n)			9n		-
	0		(Page 2, Col d, Line 9o)			90		-
4		Total Decrease for Loss and Deductions Items and B	business Credits					9
		ess: net increase applied to debt basis	- 40\ /+   +b\					10 11 21,081
1	1 5	Stock Basis at End of Year (Line 8 minus line 9 minus lin  Debt Basis	e 10) (not less than zero)					11 21,081
1:	2	Debt basis at beginning of year (not less than zero)				12		
1		New loans to corporation during year				13		-
1-		Restoration of Debt Basis (Line 10)						_
1		Less: Loans repaid by corporation during the year						
1		Less: Applied against excess loss and deductions / non	-deductible items			16		=
1		Debt basis at the end of tax year (combine lines 12-16)						- 17
18		Shareholder's total basis at end of tax year (combine lin						18 21,081
		Carryover	Total Disallowed Losses		Debt Basis App Against Exce Losses and Dedu	SS		
1	9	Total Beginning of year						
2	0	Add: Losses and deductions this year						
2	1	Less: Applied this year						
2	2	End of year (Not loss than zoro)						

				Snareno		ifile - keep for		Workshee	et, paç	je i	2018		
Name o	of Sh	areholder:	MITALB	AHEN PATEL							SSN:	XXX-X	X-XXXX
Name o	of Co	orporation:	MBM 01	INC							EIN	4	5622
													_
			Stock basis										
1	Sto	ock basis, be	ginning of year (N	lot less than zero)					1	15,	000		
2				of Stock Purchased					2				
3	Inc		come and gain ite	ems:									
	a	,			(Sch K, Line 1)		a	6,080					
	b		te Rental Income		(Sch K, Line 2)								
	С		ital Income	4:	(Sch K, Line 3c								
	d		ividends & Royalt	ties	(Sch K, Lines 4								
	e f		tfolio Income		(Sch K, Lines 7 (Sch K, Line 10								
	q				(Sch K, Line 10								
	y h				(Sch K, Line 9)								
			me and Gain Item	ne	(Total lines 3a-		" —		3a-h	6	080		
	i		or Non-Taxable In		(Sch K, Lines 1					0,			
	i		or Excess Depleti		(001111, 211100 1	oa a 5)			3j				
	, k			Business Credits (See IRC	§ 49(a), 50(a), 50	D(c)(2) & 1371(d))			3k				
	1		179 asset dispos		3(-),(-),	-(-)(-)(-))			31				
4			fore Distributions		(Add lines 1 thr	ough 3)						4	21,080
5			on-Taxable Distril	ibutions	(Sch K, Line 16							5	
6			fore Non-Ded. Ex		(Cannot be neg							6	01 000
7			on-Deductible Exp		(Sch K. Line 16							7	· · ·
8	Sto	ock Basis Bef	ore Allowable Los	sses & Deductions	(Cannot be neg	gative)						8	21,080
9	De	creases for L	oss and Deductio	on items									
	а	Ordinary L	.oss		(Page 2, Col d,	Line 9a)	а						
	b	Real Estat	e Rental Loss		(Page 2, Col d,	Line 9b)							
	С	Other Ren	ital Loss		(Page 2, Col d,	Line 9c)	с						
	d	Capital Lo	SS		(Page 2, Col d,	Line 9d)							
	е	Other Port	folio Loss		(Page 2, Col d,	Line 9e)	е						
	f	Section 12	231 Loss		(Page 2, Col d,	Line 9f)	f						
	g	Other Loss	S		(Page 2, Col d,	Line 9g)	g						
	h	Charitable	Contributions		(Page 2, Col d,	Line 9h)	h						
	i	Section 17	9 Expense		(Page 2, Col d,	Line 9i)	i						
	j	Portfolio Ir	ncome Expenses		(Page 2, Col d,	Line 9j)	j						
	k	Other Ded	luctions		(Page 2, Col d,	Line 9k)	k						
	- 1	Interest Ex	on Investr	ment Debt	(Page 2, Col d,	Line 9I)	I						
	n	n Section 59	e) Expenditures		(Page 2, Col d,	Line 9m)	m						
		Total Loss	and Deduction It	tems	(Total Lines 9a-	-9m)			9a-m _				
	n	Other deci	reases		(Page 2, Col d,	Line 9n)			9n _				
	0	Loss from	179 asset dispos	sition	(Page 2, Col d,	Line 9o)			90 _				
				d Deductions Items and Bus	iness Credits							9	
			ease applied to de									10	01 000
1	1 S			e 8 minus line 9 minus line 1	0) (not less than	zero)						11	21,080
			Debt Basis										
				ar (not less than zero)					12 _				
			corporation durin						13 _				
			of Debt Basis (Line						14 _				
				ation during the year					15 _				
			-	loss and deductions / non-de					16 _				
				ear (combine lines 12-16) (no								17	21,080
1	8	Snareholder's		nd of tax year (combine lines	11 and 17)	<b>T</b> · ·		Date Date	-1:1			18	Z1,000
			Carryover			Total Disallowed		Debt Basis App Against Exce	ess				
	0	Total Press	ing of yes-			Losses		Losses and Ded	uctions				
		Total Beginni		this year	_								
			es and deductions lied this year	o uno yedi	-								
			Not loss than zon	a)	_								

		Snarenc	Do not fi	le - keep for			t, page	1	<b>20</b> 1	8
ame of	Sha	reholder: BHAVESH B PATEL	Donoth	ic Reop ioi	your roo	Jius.		SSN:	XXX-XX	X-XXXX
		poration: RC WOODLEY						EIN		9142
		Stock basis								
1	Stoc	ck basis, beginning of year (Not less than zero)					1	478		
2	Add	itional Capital Contributions of Stock Purchased					2			
3	Incre	eases for income and gain items:								
	а	Ordinary Income	(Sch K, Line 1)		a					
	b	Real Estate Rental Income	(Sch K, Line 2)		b					
	С	Other Rental Income	(Sch K, Line 3c)		c					
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5	& 6)	d					
	е	Capital Gain	(Sch K, Lines 7 &	8a)	e					
	f	Other Portfolio Income	(Sch K, Line 10a)		f					
	g	Section 1231 Gain	(Sch K, Line 9)							
	h	Other Income	(Sch K, Line 10h)		h					
		Total Income and Gain Items	(Total lines 3a-3h)				3a-h			
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a	& b)			3i			
	j	Increase for Excess Depletion Adjustment								
	k	Increase from Recapture of Business Credits (See IR	C § 49(a), 50(a), 50(c	)(2) & 1371(d))			3k			
	I	Gain from 179 asset disposition					31			450
		ck Basis Before Distributions	(Add lines 1 throu	gh 3)					4	
		uction for Non-Taxable Distributions	(Sch K, Line 16d)						5	100
		ck Basis Before Non-Ded. Expense	(Cannot be negati						6	
		rease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c 8						7	478
		ck Basis Before Allowable Losses & Deductions	(Cannot be negati	ive)					8	4 / 8
9		reases for Loss and Deduction items		- \		220				
	a	Ordinary Loss	(Page 2, Col d, Li			230				
	b	Real Estate Rental Loss	(Page 2, Col d, Lii							
	c	Other Rental Loss	(Page 2, Col d, Lii							
	d	Capital Loss	(Page 2, Col d, Li							
	e	Other Portfolio Loss	(Page 2, Col d, Li							
	ı	Section 1231 Loss	(Page 2, Col d, Lii							
	g h	Other Loss Charitable Contributions	(Page 2, Col d, Lii							
	i	Section 179 Expense	(Page 2, Col d, Lii (Page 2, Col d, Lii		h					
	i	Portfolio Income Expenses	(Page 2, Col d, Li		!					
	J k	Other Deductions	(Page 2, Col d, Li		j					
	ı	Interest Expense on Investment Debt	(Page 2, Col d, Li							
	m	Section 59(e) Expenditures	(Page 2, Col d, Li							
	""	Total Loss and Deduction Items	(Total Lines 9a-9r				9a-m	230		
	n	Other decreases	(Page 2, Col d, Li				9n			
	0	Loss from 179 asset disposition	(Page 2, Col d, Li				90			
	Ü	Total Decrease for Loss and Deductions Items and Br		10 30)					9	230
10	Le	ss: net increase applied to debt basis	domodo Grodito						10	230
		ock Basis at End of Year (Line 8 minus line 9 minus line	e 10) (not less than ze	ro)					11	248
	0	Debt Basis	5 10) (not 1000 than 20							
12	D	lebt basis at beginning of year (not less than zero)					12			
13		lew loans to corporation during year								
14		destoration of Debt Basis (Line 10)					14			
15		ess: Loans repaid by corporation during the year					15			
16		ess: Applied against excess loss and deductions / non-	-deductible items				16			
17		lebt basis at the end of tax year (combine lines 12-16)							17	
18		hareholder's total basis at end of tax year (combine line							18	248
.0	_	Carryover	,	Total		Debt Basis App	lied			
		•		Disallowed Losses		Against Exces Losses and Dedu	SS			
19	Т	otal Beginning of year								
20		dd: Losses and deductions this year	_							
21	L	ess: Applied this year								
22	Е	nd of year (Not less than zero)								

2018 Form 1120S Attach this worksheet to your return. Name of Shareholder: BHAVESH B PATEL ssn: XXX-XX-XXXX Name of Corporation: RC WOODLEY FIN Part I - Shareholder Stock Basis 2. Basis from any capital contributions made or additional stock acquired during the tax year 3a. Ordinary business income (losses go on Part III) b. Net rental real estate income (losses go on Part III) ......... Royalties Recapture of business credits 478 Note. If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. 7. Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through14, 478 10. Stock basis before loss and deduction items. Subtract line 9 from line 7. If result is zero or less, enter -0-, skip lines 478 12. Debt basis restoration (see net increase in instructions for Part II, line 8) 230 Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or 

Form 1120S Attach this worksheet to your return. 2018

Name	of Shareholder: BHAVESH B PATEL	ı	,		ssn: XXX	-XX-XXXX
Name	of Corporation: RC WOODLEY				EIN	9142
Par	t III - Allowable Loss and Deducti	on Items				
		(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
1.	Ordinary business loss	230		230		
2.	Net rental real estate loss					
3.	Other net rental loss					
4.	Net capital loss					
5.	Net section 1231 loss					
6.	Other loss					
7.	Section 179 deductions					
8.	Charitable contributions					
9.	Investment interest expense					
10.	Section 59(e)(2) expenditures					
11.	Other deductions					
12.	Foreign taxes paid or accrued					
13.	Total Loss. Combine lines 1 through 12 for each column. Enter the total loss in column (c) on line 11 of Part I and enter the total loss in column (d) on line 15 of					
	Part II	230		230		(

		Share	eholder's Adjusted  Do not file - keep f			t, page	1	201	8
Name o	of Shareholder: MI	TALBAHEN PAT	·	Ji your rec	orus.		SSN:	XXX-XX	-XXXX
		SAI 1 LLC					EIN		3184
	Sto	ck basis							
1		ng of year (Not less than zero)					1,003		
2		ontributions of Stock Purchased				2			
3	Increases for income	-			0 064				
	a Ordinary Incom		(Sch K, Line 1)		9,964				
	b Real Estate Re c Other Rental In		(Sch K, Line 2)						
	<ul> <li>c Other Rental In</li> <li>d Interest, Divide</li> </ul>		(Sch K, Line 3c) (Sch K, Lines 4, 5 & 6)						
	e Capital Gain	nus a royanies	(Sch K, Lines 7 & 8a)						
	f Other Portfolio	Income	(Sch K, Line 10a)						
	g Section 1231 G		(Sch K, Line 9)						
	h Other Income		(Sch K, Line 10h)						
	Total Income a	nd Gain Items	(Total lines 3a-3h)			3a-h	9,964		
	i Increase for No	n-Taxable Income	(Sch K, Lines 16a & b)						
	j Increase for Ex	cess Depletion Adjustment				3j			
	k Increase from F	Recapture of Business Credits (S	See IRC § 49(a), 50(a), 50(c)(2) & 1371(d	))		3k	_		
	I Gain from 179	asset disposition				31			
4	Stock Basis Before D	Distributions	(Add lines 1 through 3)					4	10,967
5	Reduction for Non-Ta	axable Distributions	(Sch K, Line 16d)					5	
6	Stock Basis Before N	lon-Ded. Expense	(Cannot be negative)					6	10,967
7	Decrease for Non-De	eductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7	63
8		Allowable Losses & Deductions	(Cannot be negative)					8	10,904
9	Decreases for Loss a	and Deduction items							
	a Ordinary Loss		(Page 2, Col d, Line 9a)	a					
	b Real Estate Re		(Page 2, Col d, Line 9b)	b					
	c Other Rental Lo	OSS	(Page 2, Col d, Line 9c)						
	d Capital Loss		(Page 2, Col d, Line 9d)	d					
	e Other Portfolio		(Page 2, Col d, Line 9e)	e	5,518				
	f Section 1231 L	OSS	(Page 2, Col d, Line 9f) (Page 2, Col d, Line 9g)						
	g Other Loss h Charitable Con	tributions	(Page 2, Col d, Line 9h)						
	i Section 179 Ex		(Page 2, Col d, Line 9i)						
	j Portfolio Incom		(Page 2, Col d, Line 9j)						
	k Other Deductio		(Page 2, Col d, Line 9k)						
		se on Investment Debt	(Page 2, Col d, Line 9I)	· · · · · · · · · · · · · · · · · · ·					
	m Section 59(e) E		(Page 2, Col d, Line 9m)	m					
		Deduction Items	(Total Lines 9a-9m)			9a-m	5,518		
	n Other decrease	es	(Page 2, Col d, Line 9n)			9n			
	o Loss from 179	asset disposition	(Page 2, Col d, Line 9o)			90			
	Total Decrease	for Loss and Deductions Items	and Business Credits					9	5,518
1	10 Less: net increase	applied to debt basis						10	
1	11 Stock Basis at End	of Year (Line 8 minus line 9 min	us line 10) (not less than zero)					11	5,386
	Del	ot Basis							
1	12 Debt basis at begi	inning of year (not less than zero	)			12			
1	13 New loans to corp	oration during year				13			
1	14 Restoration of Del	bt Basis (Line 10)				14			
1		d by corporation during the year							
		inst excess loss and deductions				16			
		end of tax year (combine lines 12						17	F 200
1	_	Il basis at end of tax year (combi			B.1/5			18	5,386
	Car	ryover	Total Disallowe		Debt Basis App Against Exce	SS			
	19 Total Beginning of	typar	Losses		Losses and Dedu	ICHONS			
	0 0	d deductions this year							
	20 Add. Losses and 21 Less: Applied th	*							
	22 End of year (Not le	·			-				

Shareholder's Adjusted Basis Worksheet, page 1  Do not file - keep for your records.									2018			
Name o	of Shareholder:	BHAVESH	B PATEL	2011011110 1100	, p . o. , o a	.000.00.				SSN:	XXX-	XX-XXXX
	of Corporation:	JASHI IN								EIN	212121 2	6259
		Stock basis										
1	Stock basis, be	eginning of year (Not le	ess than zero)					1 _	115	,000		
2	Additional Cap	ital Contributions of St	tock Purchased									
3	Increases for in	ncome and gain items:										
	a Ordinary	Income		(Sch K, Line 1)	a							
	b Real Esta	ate Rental Income		(Sch K, Line 2)	b							
	c Other Re	ntal Income		(Sch K, Line 3c)	c							
	d Interest, I	Dividends & Royalties		(Sch K, Lines 4, 5 & 6)	d							
	e Capital G			(Sch K, Lines 7 & 8a)	e							
		rtfolio Income		(Sch K, Line 10a)								
	g Section 1			(Sch K, Line 9)								
	h Other Inc			(Sch K, Line 10h)	h							
		ome and Gain Items		(Total lines 3a-3h)								
		for Non-Taxable Incom		(Sch K, Lines 16a & b)								
		for Excess Depletion A		§ 49(a), 50(a), 50(c)(2) & 13	71(d))			3j 3k				
		n 179 asset disposition		3 43(a), 30(a), 30(c)(2) & 13	/ I(u))			31				
4		efore Distributions	ı	(Add lines 1 through 3)				Ji _			4	115,000
5		Non-Taxable Distribution	ons	(Sch K, Line 16d)							5	
6		efore Non-Ded. Expens		(Cannot be negative)							6	115,000
7		Ion-Deductible Expens		(Sch K. Line 16c & 13)							7	532
8	Stock Basis Be	efore Allowable Losses	s & Deductions	(Cannot be negative)							8	
9	Decreases for	Loss and Deduction ite	ems									
	a Ordinary	Loss		(Page 2, Col d, Line 9a)	a	20	,380					
	b Real Esta	ate Rental Loss		(Page 2, Col d, Line 9b)								
	c Other Re	ntal Loss		(Page 2, Col d, Line 9c)	c							
	d Capital Lo	oss		(Page 2, Col d, Line 9d)	d							
	e Other Po	rtfolio Loss		(Page 2, Col d, Line 9e)	e							
	f Section 1	231 Loss		(Page 2, Col d, Line 9f)	f							
	g Other Los			(Page 2, Col d, Line 9g)			250					
		e Contributions		(Page 2, Col d, Line 9h)								
		79 Expense		(Page 2, Col d, Line 9i)								
	k Other De	Income Expenses		(Page 2, Col d, Line 9j)								
		auctions Expense on Investment	t Dobt	(Page 2, Col d, Line 9k) (Page 2, Col d, Line 9l)								
		9(e) Expenditures	i Debi	(Page 2, Col d, Line 9n)	' —							
		s and Deduction Items	3	(Total Lines 9a-9m)	—			9a-m	2	0,630		
	n Other dec			(Page 2, Col d, Line 9n)				9n		-,		
	o Loss from	n 179 asset disposition	1	(Page 2, Col d, Line 9o)				90				
			eductions Items and Bus								9	20,630
1	10 Less: net incr	ease applied to debt b	oasis								10	<u> </u>
1	11 Stock Basis a	at End of Year (Line 8 r	minus line 9 minus line 1	0) (not less than zero)							11	93,838
		Debt Basis										
1	12 Debt basis a	at beginning of year (no	ot less than zero)					12				
1	13 New loans t	o corporation during ye	ear					13				
1	14 Restoration	of Debt Basis (Line 10	0)					14				
1		repaid by corporation	,					15				
		-	and deductions / non-de					16				
			combine lines 12-16) (no								17	93,838
1	18 Shareholder	_	tax year (combine lines								18	93,838
		Carryover			lowed	Deb A	ot Basis App	lied ss				
	19 Total Begins	ning of year		Los	sses	LOSSE	s and Dedu	เปเบทิร				
		es and deductions this	s vear						-			
		olied this year	- ,						_			
		(Not lose than zoro)							-			

2018 Form 1120S Attach this worksheet to your return. Name of Shareholder: BHAVESH B PATEL ssn: XXX-XX-XXXX Name of Corporation: JASHI INC 6259 FIN Part I - Shareholder Stock Basis 2. Basis from any capital contributions made or additional stock acquired during the tax year 3a. Ordinary business income (losses go on Part III) Royalties 115,000 Note. If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. 7. Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through14, 115,000 
 8a.
 Nondeductible expenses
 8a.
 8a.
 10. Stock basis before loss and deduction items. Subtract line 9 from line 7. If result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15  $\dots$  114 , 468 12. Debt basis restoration (see net increase in instructions for Part II, line 8) 20,630 15. Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or 

Form 1120S Attach this worksheet to your return. 2018

Name o	of Shareholder: BHAVESH B PATEL		-		ssn: XXX	-XX <u>-XXXX</u>
	of Corporation: JASHI INC				EIN	6259
Par	t III - Allowable Loss and Deducti	on Items				
		(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
1.	Ordinary business loss	20,380		20,380		
2.	Net rental real estate loss					
3.	Other net rental loss					
4.	Net capital loss					
5.	Net section 1231 loss					
6.	Other loss					
7.	Section 179 deductions					
8.	Charitable contributions	250		250		
9.	Investment interest expense					
10.	Section 59(e)(2) expenditures					
11.	Other deductions					
12.	Foreign taxes paid or accrued					
13.	Total Loss. Combine lines 1 through 12					
	for each column. Enter the total loss in					
	column (c) on line 11 of Part I and enter					
	the total loss in column (d) on line 15 of					
	Part II	20,630		20,630		0

Shareholder's Adjusted Basis Worksheet, page 1  Do not file - keep for your records.							2018		
me of	f Sha	areholder: BHAVESH B PATEL		youri	000100.		SSN:	XXX-XX-XXXX	
ne of	Co	rporation: HUM INC					EIN	2502	
		Stock basis				. 1	E 000		
1		ck basis, beginning of year (Not less than zero)				11	5,000		
2		ditional Capital Contributions of Stock Purchased				2			
3		reases for income and gain items:			1 110				
	a	Ordinary Income	(Sch K, Line 1)	a —	4,449				
	b	Real Estate Rental Income	(Sch K, Line 2)						
	С	Other Rental Income	(Sch K, Line 3c)						
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d					
	e	Capital Gain	(Sch K, Lines 7 & 8a)						
	f	Other Portfolio Income	(Sch K, Line 10a)						
	g	Section 1231 Gain	(Sch K, Line 9)						
	h	Other Income	(Sch K, Line 10h)	h			1 110		
		Total Income and Gain Items	(Total lines 3a-3h)			3a-h			
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a & b)						
	j	Increase for Excess Depletion Adjustment				·			
	k	Increase from Recapture of Business Credits (See	RC § 49(a), 50(a), 50(c)(2) & 1371(d))						
	I	Gain from 179 asset disposition				3I		10 440	
4		ck Basis Before Distributions	(Add lines 1 through 3)					419,449	
5		duction for Non-Taxable Distributions	(Sch K, Line 16d)					510440	
6		ck Basis Before Non-Ded. Expense	(Cannot be negative)					619,449	
7		crease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					710440	
8		ck Basis Before Allowable Losses & Deductions	(Cannot be negative)					819,449	
9		creases for Loss and Deduction items							
	а	Ordinary Loss	(Page 2, Col d, Line 9a)						
	b	Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b					
	С	Other Rental Loss	(Page 2, Col d, Line 9c)						
	d	Capital Loss	(Page 2, Col d, Line 9d)						
	е	Other Portfolio Loss	(Page 2, Col d, Line 9e)						
	f	Section 1231 Loss	(Page 2, Col d, Line 9f)	f					
	g	Other Loss	(Page 2, Col d, Line 9g)						
	h	Charitable Contributions	(Page 2, Col d, Line 9h)	h					
	i	Section 179 Expense	(Page 2, Col d, Line 9i)	! —					
	j	Portfolio Income Expenses	(Page 2, Col d, Line 9j)						
	k	Other Deductions	(Page 2, Col d, Line 9k)	k					
	I	Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)	' —					
	m		(Page 2, Col d, Line 9m)	m					
		Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m		_	
	n	Other decreases	(Page 2, Col d, Line 9n)			9n		_	
	0	Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		-	
		Total Decrease for Loss and Deductions Items and	Business Credits					9	
		ess: net increase applied to debt basis						10 10 110	
11	1 St	cock Basis at End of Year (Line 8 minus line 9 minus li	ne 10) (not less than zero)					11 19,449	
		Debt Basis				40			
12		Debt basis at beginning of year (not less than zero)						_	
13		New loans to corporation during year							
14		Restoration of Debt Basis (Line 10)  Less: Loans repaid by corporation during the year						-	
15		. , , ,	- deducation is seen			15		_	
16		ess: Applied against excess loss and deductions / no				16		- 47	
17		Debt basis at the end of tax year (combine lines 12-16						17 18 19,449	
18	5 3	Shareholder's total basis at end of tax year (combine li Carryover	Total Disallowed Losses		Debt Basis App Against Exce Losses and Dedu	SS		18	
19	9 1	Total Beginning of year							
20	) <i>A</i>	Add: Losses and deductions this year							
21	1 L	Less: Applied this year							
22	2 F	End of year (Not less than zero)							

		J	older's Adjusted b Do not file - keep fol			r, pag	,	2018 ssn: XXX-XX-XXXX		
me of	Sha	areholder: BHAVESH B PATEL	-	,			SS			
ne of	Co	poration: MBM 02 LLC					EI	N		5594
		Stock basis								
	04-						10 000	)		
1		ck basis, beginning of year (Not less than zero)				' —	10,000	_		
2		ditional Capital Contributions of Stock Purchased reases for income and gain items:				<sup>2</sup> —		_		
3	а	Ordinary Income	(Sch K, Line 1)		30,907					
	a b	Real Estate Rental Income	(Sch K, Line 2)		30,001					
	С	Other Rental Income	(Sch K, Line 3c)							
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d —						
	e	Capital Gain	(Sch K, Lines 7 & 8a)	_						
	f	Other Portfolio Income	(Sch K, Line 10a)							
	q	Section 1231 Gain	(Sch K, Line 9)							
	h	Other Income	(Sch K, Line 10h)							
		Total Income and Gain Items	(Total lines 3a-3h)			3a-h	30,90	7		
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a & b)				30770			
	i	Increase for Excess Depletion Adjustment	()							
	k	Increase from Recapture of Business Credits (See	IRC § 49(a), 50(a), 50(c)(2) & 1371(d))					_		
	1	Gain from 179 asset disposition	3(=),(=),(-)(=)(=))			31		_		
4	•	ck Basis Before Distributions	(Add lines 1 through 3)			o		- 4		40,907
5		duction for Non-Taxable Distributions	(Sch K, Line 16d)							
6		ck Basis Before Non-Ded. Expense	(Cannot be negative)							40,907
7		crease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7		
8		ck Basis Before Allowable Losses & Deductions	(Cannot be negative)					8		40,907
9		creases for Loss and Deduction items	, ,					_		, , , , ,
	а	Ordinary Loss	(Page 2, Col d, Line 9a)	а						
	b	Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b						
	С	Other Rental Loss	(Page 2, Col d, Line 9c)	_						
	d	Capital Loss	(Page 2, Col d, Line 9d)							
	е	Other Portfolio Loss	(Page 2, Col d, Line 9e)							
	f	Section 1231 Loss	(Page 2, Col d, Line 9f)							
	g	Other Loss	(Page 2, Col d, Line 9g)							
	h	Charitable Contributions	(Page 2, Col d, Line 9h)							
	i	Section 179 Expense	(Page 2, Col d, Line 9i)	i						
	j	Portfolio Income Expenses	(Page 2, Col d, Line 9j)	j —						
	k	Other Deductions	(Page 2, Col d, Line 9k)							
	ı	Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)							
	m	Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m						
		Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m				
	n	Other decreases	(Page 2, Col d, Line 9n)			9n		_		
	0	Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		_		
		Total Decrease for Loss and Deductions Items and	Business Credits			_		9		
10	) Le	ess: net increase applied to debt basis						10		
11	St	ock Basis at End of Year (Line 8 minus line 9 minus li	ne 10) (not less than zero)					11		40,907
		Debt Basis						_		
12	2 [	Debt basis at beginning of year (not less than zero)				12				
13	8 1	New loans to corporation during year								
14	l F	Restoration of Debt Basis (Line 10)				14				
15	5 L	less: Loans repaid by corporation during the year				15				
16	6 L	ess: Applied against excess loss and deductions / no	n-deductible items			16				
17	7 [	Debt basis at the end of tax year (combine lines 12-16	i) (not less than zero)					17		
18	3 5	Shareholder's total basis at end of tax year (combine li	ines 11 and 17)					18		40,907
		Carryover	Total Disallowed Losses		Debt Basis App Against Exce Losses and Dedu	SS				
19	9 7	Total Beginning of year								
20	) <i>A</i>	Add: Losses and deductions this year								
21	L	.ess: Applied this year								
22	, F	End of year (Not less than zero)								

### 2018 Qualified Business Income Deduction

	Simplified Worksheet	oddolloll	
Form 1040/1041		2018	
Name(s) as shown on return	(Keep for your records)		Tax ID Number
BHAVESH B & MITA	LBAHEN PATEL		xxx-xx-xxxx
Defense von herring	T1: 11 ( )		
Before you begin:	This worksheet is for taxpayers who:		
	Have qualified business income, REIT dividends, or PTP income.		
	Are not a patron in a specified agricultural or horticultural cooperative	ve.	
	• Have taxable income of \$157,500 or less (\$315,000 or less if marrie	ed filing jointly).	
1.	(a)	(b)	(c)
	Trade or business name	Employer	Qualified business
		identification number	er income or (loss)
i. K1P: MUSK	AN 2631 LLC	0498	6,431
ii. K1S: MBM (	01 INC	5622	6,081
iii. K1S: MBM (	01 INC	5622	6,080
iv. K1S: OM S	AI 1 LLC	3184	4,446
Continued	on "QBI Simple - Line 1"		
Note. If report trades or busines  3. Qualified busines  4. Total qualified busines  6. Qualified REIT d  7. Qualified REIT d  8. Total qualified RI less, enter -0-  9. REIT and PTP or	ing qualified business income or (loss) from more than four nesses, see the instructions for line 2 of this worksheet. It is loss carryforward from the prior year Is income. Combine lines 2 and 3. If zero or less, enter -0- Is income component. Multiply line 4 by 20% (0.20) It is income and PTP income or (loss) It is incomed and PTP loss carryforward from the prior year It is incomed and PTP income. Add lines 6 and 7. If zero or Incomponent. Multiply line 8 by 20% (0.20)	38,014 38,014 30 50	9.
	is income deduction before the income limitation. Add lines 5 and 9 $$ .		10. 7,603
	m Form 1040, line 7 a. 122,156		
	m Form 1040, line 8 b24,000		
	before qualified business income deduction. Subtract line b from		
line a. If filing wit	h Form 1041, enter amount from Form 1041, line 22	l. 98,156	
	(see instructions)		
	from line 11. If zero or less, enter -0		44 40 40
14. Income limitation	Multiply line 13 by 20% (0.20)		14. 19,607
	ss income deduction. Enter the smaller of line 10 or line 14		
· ·	siness loss carryforward. Add lines 2 and 3. If more than zero, enter -0-		16. ( 0 )
	EIT dividends and PTP loss carryforward. Add lines 6 and 7. If more than		17 ( 2 )
enter-o			<b>17.</b> ( 0 )

QBI Deduction Simp	olified Worksheet Overflow	2018
nme(s) as shown on return		Tax ID Number
HAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
) Trade or business name	(b) EIN	(c) Qualified business income or (loss)
1S: JASHI INC	82-3796259	(20,380)
1s: HUM INC	83-1442502	4,449
1S: MBM 02 LLC	47-1275594	30,907

#### **QBI Explanation Worksheet** Form 1040 2018 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Name of business activity K1P: MUSKAN 2631 LLC 6,920 6. Unreimbursed partnership expenses, including Section 179 ............. 489) 10. Combine all amounts shown above. This is the qualified business income (QBI) for this activity. enter this amount on line 1 of the Simplified QBI worksheet, or on line 2 of the Complex QBI worksheet ...... 6,431 Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

#### **QBI Explanation Worksheet** Form 1040 2018 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Name of business activity K1S: OM SAI 1 LLC 9,964 (5,518)6. Unreimbursed partnership expenses, including Section 179 ............. 10. Combine all amounts shown above. This is the qualified business income (QBI) for this activity. enter this amount on line 1 of the Simplified QBI worksheet, or on line 2 of the Complex QBI worksheet ...... 4,446 Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

## Carryover Worksheet List of items that will carryover to the 2019 tax return

2018 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX **Itemized Deductions** Carryover Amount Contributions subject to 100% of AGI limitations Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) . . . . . . . . . . . . 2,084 

Disallowed investment interest expense AMT	Reg. Tax
Section 179 expense	· · · · · ·
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Losses	
Short-term capital loss	Reg. Tax
Long-term capital loss	Reg. Tax
Net operating loss	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)  AMT	Reg. Tax
Qualified REIT and PTP loss carryover	

Nonrecaptured net section 1231 losses from WK\_1231C . . . . . . AMT \_\_\_\_\_\_ 5 , 518 Reg. Tax

Credit for prior year minimum tax		 	
Foreign Tax credit			
Res. energy efficient property credit	t	 	
Other			
Preparer Fee		 	
Overpayment applied to next year's	estimates	 	
Estimated Tax Payment 1	890	Estimated Tax Payment 2	890
Estimated Tax Payment 3	890	Estimated Tax Payment 4	890
Federal tax liability for 2210 calcula	tion	 	10,769
State tax liability for state 2210 calc	ulation	 	4,803

Passive Activity		

At Risk Limitations

**Expenses** 

Credits

XXX-XX-XXXX

#### **Nonrecaptured Net Section 1231 Losses Carryover Worksheet**

2018 (Keep for your records) Tax ID Number

BHAVESH B & MITALBAHEN PATEL

Name(s) as shown on return

Year Carried	Nonrecaptured	Amount Used	Remaining
From	net Sec 1231 loss	In 2018	Carryover
2013	0		0
2014	0		0
2015	0		0
2016	0		0
2017	0		0
2018	5,518		5,518
Totals	5,518		5,518

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2019 tax return.) Code Sec. 1231(c)(1-2).

	TAX RETURN COMPARISON 2016 / 2017 / 2018	2018
Name(s) as shown on	return	Identifying number
BHAVESH B &	MITALBAHEN PATEL	XXX-XX-XXXX

	2016	2017	2018	Difference 2017-2018
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Exemptions	3	3	N/A	(3)
Number of Dependents			1	1
Income				
Wages, salaries, tips, etc	70,900	73,775	72,400	(1,375)
Taxable interest and dividends	,	,	122	122
Taxable state and local refunds				
Alimony				
Business income (loss)	(872)	12,511		(12,511)
Gains (losses)	(0,2)		6,332	6,332
Pensions and IRA distributions			0,002	0,002
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	61,398	70,736	43,791	(26,945)
Farm income (loss)	01,370	70,730	13,771	(20,713)
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)	121 426	157 000	100 645	(24 277)
Total Income	131,426	157,022	122,645	(34,377)
Adjusted Gross Income	0.63	1 400	400	(012)
Half of self-employment tax	263	1,402	489	(913)
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	131,163	155,620	122,156	(33,464)
Deductions				
Medical deductions				
State and local taxes	3,009	6,123		(6,123)
Interest	5,118	4,957		(4,957)
Contributions	2,937	4,255		(4,255)
Employee business expenses	5,148			
Standard or other deductions			24,000	24,000
Total Itemized or Standard Ded	16,212	15,335	24,000	8,665
Exemption Amount	12,150	12,150	N/A	(12,150)
Qualified Business Income Deduction .	_		7,603	7,603
Tax and Credits				
Taxable Income	102,801	128,135	90,553	(37,582)
Tax	17,243	23,511	11,791	(11,720)
Credits	1,076		2,000	2,000
Self-employment tax	526	2,803	978	(1,825)
Other taxes	2,762	3,371		(3,371)
Total Tax	19,455	29,685	10,769	(18,916)
Payments		27,000	_0,,00	(10/)10/
Withholdings	3,592	3,512	7,213	3,701
Estimated tax payments	16,500	3,314	1,413	J, 101
Earned income credit	10,300			
Other payments and credits	627			
Overpayment	637			
Overpayment Applied	F00			
Refund	528	06 505	2 645	(00 050)
Balance Due	05.00	26,597	3,645	(22,952)
Marginal tax rate	25.00	25.00	22.00	(3.00)
Effective tax rate	17.00	18.00	13.02	(4.98)

	Account Transaction	on Summary		2018	
Name(s) as shown on return  DUATECH D C MITTAI DALLE	יאו האיייניו			Your ID Number	
BHAVESH B & MITALBAHE	IN PAILL			XXX-XX-XXXX	
Account #1 Financial Institution Routing Transit Number Account Number Account Type	0025	0776			
Federal Debit AL Debit Net Debit	(3,645) (2,084) (5,729)			action 05-21-2 action 05-22-2	
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number					
Bank Account Type					
This information is used to deposit your or you have closed the account, you are		nt due. If you have provided in	correct	information,	
I have reviewed the above information and to use this account.	•	correct and authorize ALPES	SH P <i>I</i>	ATEL CPA	
	05-22-2019			05-22-2019	9
Your Signature	Date	Spouse's Signature (If Married	a Filing J	Jointly) Date	

ALINST Filing Instructions 2018

Namer(s) as shown on return SSN or FIN

Name(s) as shown on return

DUNTIFIED D. MITTALDAUFM DATET

BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX

**Date to file by:** 04-15-2019

Form to be filed: AL40 and supplemental forms and schedules

Payment: \$2,084.00

Payment methods: Make check or money order payable to Alabama

Department of Revenue.

Return is eligible for efiling

Transaction method: The balance of \$2,084.00 will be paid by direct

debit from your checking account number ending in 0776 and will be withdrawn from your account on

05-22-2019.

Other instructions: On your payment write your SSN, your daytime phone

number, the tax year, and the form number, e.g. 2018

Form 40, and mail with this voucher.

Individua RESIDENTS	al Ind	pama <b>2018</b> Some Tax Retum RT-YEAR RESIDENTS 31, 2018, or other tax year:			
Beginning:		Ending: ●	333	11/17	
Your social security  XXX-XX					
Check if p Primary's dece (mm/dd/yy)	rimary eased	is deceased date Check if spouse is deceased Spouse's deceased date (mm/dd/yy)			
Your first name BHAVESI	Н	Initial Last name  B •PATEL			
Spouse's first name  MITALBA		Initial Last name N • •PATEL			
Present home addre	ess (n	umber and street or P.O. Box number) ► CHECK BOX IF AMENDED RETURN ●			
6					
<ul><li>City, town or post of</li><li>Montgor</li></ul>		State ZIP code Foreign Country  • AL • 36117 • Check if address is outside U.S.			
Filing Status/	1				
Exemptions	2	■ 🗵 \$3,000 Married filing joint 4 • 🗌 \$3,000 Head of Family (with qualifying person). Complete Scheme	alut	HOF	
	5a	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) A - Alabama tax withheld			B - Income
	5k	Wages, salaries, tips, etc. (from Schedule W-2, line 18, columns I plus J): 5a e 2 , 719	5b	•	72,400
Income	6	Interest and dividend income (also attach Schedule B if over \$1,500)	6	•	122
and	7	Other income (from page 2, Part I, line 9)	7	•	50,123
Adjustments	8	<b>Total income.</b> Add amounts in the income column for line 5b through line 7	8	•	122,645
	9	Total adjustments to income (from page 2, Part II, line 13)	9	•	
	10	Adjusted gross income. Subtract line 9 from line 8	10	•	122,645
Dadustiana	11	Box a or b MUST be checked.			
Deductions		Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.			
	]	Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)			
You Must Attach		● a 🗵 Itemized Deductions • b 🗌 Standard Deduction 11   ● 11,935			
page 2 of Federal Form 1040 or	▶12	Federal tax deduction (see instructions)			
Form 1040NR if		DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 12 9,791			
claiming a deduc-	13	Personal exemption (from line 1, 2, 3, or 4)			
tion on line 12.	1	Dependent exemption (from page 2, Part III, line 2)			
		<b>Total deductions.</b> Add lines 11, 12, 13, and 14	15	•	25,026
	16	Taxable income. Subtract line 15 from line 10		•	97,619
		Income Tax due. Enter amount from tax table or check if from ● Form NOL-85A		•	4,803
Tax	18	Net tax due Alabama. Check box if computing tax using Schedule NTC • , otherwise enter amount from line 17		•	4,803
Staple Form(s) W-		Consumer Use Tax (see instructions). If you certify that no use tax is due, check box		•	0
W-2G, and/or 1099		Alabama Election Campaign Fund. You may make a voluntary contribution to the following:	13	Ė	0
here. Attach Scher	u-		20a		
ule W-2 to return.			20b		
		Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		•	4,803
		Alabama income tax withheld (from column A, line 5a)			1,000
	23	2018 estimated tax payments/Automatic Extension Payment		l	
	24	Amended Returns Only - Previous payments (see instructions)			
Payments	25	Refundable Credits. Enter the amount from Schedule RC, line 4	,		
. ayın <del>c</del> ınıs	26	Total payments. Add lines 22, 23, 24, and 25	26	•	2,719
		Amended Returns Only - Previous refund (see instructions)		•	2,712
	28	•	28		2,719
		Adjusted Total Payments. Subtract line 27 from line 26	20	Ě	4,113
AMOUNT	29	If line 21 is larger than line 28, subtract line 28 from line 21, and enter <b>AMOUNT YOU OWE</b> .	20		2,084
YOU OWE		Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	29	<u> </u>	4,004
		Estimated tax penalty. Also include on line 29 (see instructions page 12) 30	24	_	
OVERPAID		If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount <b>OVERPAID</b>	31	_	
Deneticus		Amount of line 31 to be applied to your 2019 estimated tax			
Donations		Total Donation Check-offs from Schedule DC, line 2			
	34	REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.)	ا		
REFUND		Subtract lines 32 and 33 from line 31	34	•	
		For Direct Deposit, check here and complete Part V, Page 2.			

Forn	40 (2018)	Page :	2
	BHAVESH B & MITALBAHEN PATEL XXX-XX-XXX	X 102	24
PART I	1 Alimony received	. 1 •	
	2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	. 2 •	
	3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	. <b>3</b> • 6,332	
Other	4a Total IRA distributions	. 4b •	
Other .	5a Total pensions and annuities 5a • 5b Taxable amount (see instructions)	. 5b e	
Income	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	. 6 • 43,791	_
(See page 13)	7 Farm income or (loss) (attach Federal Schedule F)		_
	8 Other income (state nature and source - see instructions)	8 •	_
	9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7		_
PART II	1a Your IRA deduction		—
I AIXI II	b Spouse's IRA deduction	. 1b e	—
	·		—
	2 Payments to a Keogh retirement plan and self-employment SEP deduction		—
	3 Penalty on early withdrawal of savings		_
Adjustments	4 Alimony paid. Recipient's last name SSN ●	4 •	_
to Income	5 Adoption expenses	. 5 •	
(See page 16)	6 Moving Expenses (Attach Federal Form 3903) to:		
	City State ZIP	6 •	
	7 Self-employed health insurance deduction	. 7 🗢	
	8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program	. 8 0	_
	9 Health insurance deduction for small employer employee (see instructions)	. 9 •	_
	10 Costs to retrofit or upgrade home to resist wind or flood damage	-	_
	11 Deposits to a catastrophe savings account	. 11 •	_
	12 Contributions to a health savings account	12 •	—
	•		—
PART III	13 Total adjustments. Add lines 1 through 12. Enter here and also on page 1, line 9		—
PARTIII	1 Total number of dependents from Schedule DS, line 1b	· 1 • 1	—
Dependents	2 Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart	300	
	on page 10 of Instructions.) Enter amount here and on page 1, line 14	.   <b>2</b>   <b>9</b> 300	_
PART IV	1 Residency Check only one box Full Year Part Year From through	·	
General	2 Did you file an Alabama income tax return for the year 2017? ● ☑ Yes ■ No If no, state reason		_
Information	3 Give name and address of present employer(s). Yours OM SAI 1 LLC Montgomery	36109	
illorillation	Your Spouse's OM SAI 1 LLC Montgomery	36109	
All Taxpayers	4 Enter the Federal Adjusted Gross Income • \$ 122,156 and Federal Taxable Income • \$ 90	, 553 as reported on your	
Must	2018 Federal Individual Income Tax Return.		
Complete This	5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?	● Yes ● X N	10
Section.	If yes, enter source(s) and amount(s) below: (other than state income tax refund)		
	Source • Amoun	unt •	_
(See page 17)	Source • Amount	_	_
PART V	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)	int   -	—
Direct			
			—
Deposit		For data	—
Drivers	(mm/dd/yyyy) •XX/XXXX Your state •XX DL# •XXXXXXX (mm/dd/yyyy) •XX/XX/XXXX	Exp date mm/dd/yyyy) •XX / XX / XXX	X
License Info	DOB Iss date	Exp date (mm/dd/yyyy) •XX / XX / XXX	_
			=
	I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled	edge 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.	,	_
Sign Here	Your Signature Date Daytime Telephone Number Your Occupation	1	
In Black Ink	05-22-2019 973-444-4017		
Keep a copy of this return	Spouse's Signature (if joint return, BOTH must sign)  Date  Daytime Telephone Number  Spouse's Occupa	ation	
for your	05-22-2019		
records	Preparer's Signature Date Check if Self-employed. Preparer's SSN or PTIN	E.I. Number	_
Paid	05-22-2019 ☒ • XXXXXXXX	27-0624922	
Preparer's	Firm's Name (or yours AT DECLI DATET CDA Daytime 0.72 6.20 1.4.10		_
Use Only		_ code <u> </u>	_
•	Address 20.5 US 46 WEST STE 7 Totowa NJ		





Alabama Department of Revenue
Schedule A - Itemized Deductions 2018

### (Schedules B and DC are on back page) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown o BHAVESH B		m40 MITALBAHEN PATEL					ial security numb ⟨X−XXXX	oer
		you may claim for the year 2018 are similar to the itemized deductions cl	aimed	on your Federal return				
		ions before completing this schedule. PART-YEAR RESIDENTS: A re		•				
		ually paid while a resident of Alabama.		,			,	
		CAUTION: Do not include expenses reimbursed or paid by others.	П					
Medical and	1	Medical and dental expenses	1	3,253 0	)			
Dental Expenses	2	Enter amount from Form 40, line 10 2 122, 645 00						
(See page 18)	3	Multiply the amount on line 2 by 4% (.04). Enter the result	3	4,906 0	,			
(Occ page 10)	4				. 4	•	0	0
	5	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-  Real estate taxes	5	1,295 0	_	+	0	
	6		6	5,540 0	_			
Taxes You Paid		FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax Railroad Retirement (Tier 1 only)	7	3,3400				
	7	, , , , , , , , , , , , , , , , , , ,	/	0	,			
(See page 19)	8	Other taxes. (List - include personal property taxes.)		584 0				
		PERSONAL PROPERTY TAX	8	584 0			7 410	
	9	Add the amounts on lines 5 through 8. Enter the total here	<del></del>	4 000	. 9	•	7,419	0
			10a	4,2660	)			
Interest You Paid	b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to						
(See page 19)		an individual, show that person's name and address.)						
NOTE: Personal								
interest is not			10b	0	)			
deductible.	11	Qualified mortgage insurance premiums	11	0	)			
acaaciibic.	12	Points not reported to you on Form 1098	12	0	)			
	13	Investment interest. (Attach Form 4952A.)	13	0	)			
	14	Add the amounts on lines 10a through 13. Enter the total here			. 14	•	4,266	0
		CAUTION: If you made a charitable contribution and received a benefit in return,						
Cifta ta Charitu		see page 19.						
Gifts to Charity	15	Contributions by cash or check	15	250 o	)			
(See page 19)	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	0	)			
	17	Carryover from prior year	17	0	)			
	18	Add the amounts on lines 15 through 17. Enter the total here			. 18	•	250	0
Casualty and	19 a	Enter the amount from Federal Form 4684, line 16 (See page 20)	19a	0	)			
Theft Loss	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b	0	)			
(Attach Form 4684)		Subtract line 19b from line 19a. If zero or less, enter -0-			. 190		0	0
( )	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.	П				-	
		(You MUST attach Federal Form 2106 if required. See instructions.)						
Job Expenses		· · · · · · · · · · · · · · · · · · ·						
and Most Other			20	0	,			
Miscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type						
Deductions		and amount.						
(See page 20)		SEE ALA21	21	375 0	,			
(200 pago 20)	22	Add the amounts on lines 20 and 21. Enter the total	22	375 o				
	23		23	2,453 0	_			
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here  Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-		2,4330	. 24		0	0
			• • •		. 24	+	0	- 0
Other	25	Other (from list on page 21 of instructions). List type and amount.						
Miscellaneous								
Deductions								_
					25	•		0
Qualified Long-		CAUTION: Do not include medical premiums.						
Term Care Ins.								
Premiums	26	Enter amount here			. 26	•		0
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then					44.05-	
Deductions		enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions			. 27	•	11,935	0

**SCHEDULES** D&E



### Alabama Department of Revenue Schedule D - Net Profit or Loss

2018

(FORM 40)

(Schedule E is on back)
ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E Name(s) as shown on Form 40

XXX-XX-XXXX

## BHAVESH B & MITALBAHEN PATEL Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

(a) Kind of Property	(b) Date Acquired	(c) Date Sold	(d) Amount Received	(e) Depreciation Allowable Since Acquisition	(f) Cost or Other Basis	(g) Subsequent Improvements	(h) Net Profit or (Loss) (Cols. d & e less Cols. f & g)	)
1 4 <u>797 LT SCH D</u> 2					5,518		(5,518	)00
TESLA INC	08-20-2018	12-26-2018	5,952		5,268		684	00
3 TD AMERITRADE ACT	VARIOUS	12-31-2018	123,740		112,574		11,166	00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00

1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 . . . 6,332 00

Schedule D (Form 40) 2018

SCHEDULE E (FORM 40)

1024



# Alabama Department of Revenue Supplemental Income and Loss 2018

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

	e(s) shown on return								10	our social	security	number	
В	HAVESH B & MITALBAHEN	PATEI	J						XXX	-XX-	-XX	XX	
P	ART I Income or Loss From Rental Rea			come and ex	nenses	from vi	our bu	siness of rentina nerso	nal nron	erty on St	chedule	C or C-F7	
_				come and exp	2				- ' '		Tedure		- Na
1	Show the kind and location of each Rental	Real Esta	ate Property:		- 2			n rental real estate line 1, did you or			$\Box$	Yes	No
Α					-			uring the tax year			A		
					1	pur	pose	s for more than th	ne grea	iter of:	-		
В					1	- 14	1 day	rs, or			В		
					1	- 10	)% o	f the total days re	nted a	t fair			
С					1	r	ental	value?			c		
nce	ome:			Prop	erties	3					Total	s	
1100	The state of the s		Α		В			С	(	Add Co	lumns	A, B, and	1 C)
3	Rents received	3	00			0	0	(	00 3	,			00
4	Royalties received	4	00			0	0	(	00 4				00
Exp	enses:												
5	Advertising	5	00			0	0	(	00				
6	Auto and travel	6	00			0	0	(	00				
7	Cleaning and maintenance	7	00			0	0		00				
8	Commissions	8	00			0	-		00				
9	Insurance	9	00			0	0	(	00				
10	Legal and other professional fees	10	00			0	_		00				
11	Management fees	11	00			0	-		00				
12	Mortgage interest	12	00			0	-		00 1:	2			00
13	Other interest	13	00			0	-		00				
14	Repairs	14	00			0	0	(	00				
15	Supplies	15	00			0	-	(	00				
16	Taxes	16	00			0	_		00				
17	Utilities	17	00			0	0	(	00				
18	Other (list) ►	18	00			0	-		00				
			00			0	-		00				
			00			0	_	(	00				
			00			0	0	(	00				
			00			0	0	(	00				
19	Add lines 5 through 18	19	00			0	0	(	00 1	3			00
20	Depreciation expense or depletion	20	00			0	-	(	00 2	<u>)                                    </u>			00
21	Total expenses. Add lines 19 and 20	21	00			0	0	(	00				
22	Income or (loss). Subtract line 21 from line 3 (rents) or												
	line 4 (royalties)	22	00			0	0	(	00				
	Total Real Estate and Royalty income or (loss	,			. 0		, o		. 2				00
P	ART II Income from Partnerships, S Cor	os, Estate	es & Trusts	(h)	artnership	Estate or Trust	Corporation	(i) Employer		(j)			
	(g) Name and Address				ershi	9	ora	Identification			Α	mount	
					ъ	rust	ğ	Number					
IT T	SKAN 2631 LLC			Check One						+-			_
_								0.4	98		6	,920	00
	ntgomery, AL 36108				X			04	:90	+		,920	100
_	M 01 INC ntgomery, AL 36117				-		X	F 6	22		6	,081	00
	4 01 INC						Δ	30	22	+		,001	100
_	ntgomery, AL 36117				-		X	5.6	22		6	,080	00
	WOODLEY						- 22	50		+-		,000	100
_	ntgomery, AL 36116				-		X	Ω1	42			(230	00
	TOTAL INCOME FROM PARTNERSHIPS, S COP	PORATIO	NS ESTATES AND	TRUSTS A	dd tha	amor				+		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	700
	total here and include on line 25 below									4	1 9	8,851	00
	TOTAL TITLE OF THE EAST OF THE LOCAL TOTAL THE LOCAL THE					• •			-   2			,, 001	+55
25	TOTAL INCOME OR (LOSS). Combine line	s 23 and	24 Enter the total I	nere and c	n For	m 40	nan	ıe 2 Part I line 6	▶ 2	5	1.8	8,851	00

Schedule E (Form 40) 2018

**SCHEDULE E** (FORM 40)

1024



# Alabama Department of Revenue Supplemental Income and Loss 2018

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

Nam	e(s) shown on return							• • • • • • • • • • • • • • • • • • • •		Your s	ocial securi	ty number	
_E	HAVESH B & MITALBAHEN :	PAT	EL						X	XX-2	XX-XX	XXX	
P	ART I Income or Loss From Rental Real Note: If you are operating under a Federal Em			come and e	expenses	from ye	our bu	isiness of renting perso	nal p	property	on <b>Schedu</b>	le C or C-EZ	
1	Show the kind and location of each Rental F	Real E	State Property:		2			h rental real estat				Yes	No
Α						use	it du	n line 1, did you or uring the tax year es for more than th	for	persor	nal 🔒		
В					-			/s, <b>or</b>	ic g	jicatoi	В		
_					-	- 10	)% o	of the total days re	nte	d at fa	ir 📙		
С					_	r	ental	I value?			С		
				Pro	perties	s					Tot	als	
inc	ome:		Α		В			С		(Add	d Column	s A, B, an	d C)
3	Rents received	3	00			0	0	(	00	3			00
4	Royalties received	4	00			0	0	(	00	4			00
Exp	penses:												
5	Advertising	5	00			0	0	(	00				
6	Auto and travel	6	00			0	0	(	00				
7	Cleaning and maintenance	7	00			0	0	(	00				
8	Commissions	8	00			0	0	(	00				
9	Insurance	9	00			0	-	(	00				
10	Legal and other professional fees	10	00			0	-	(	00				
11	Management fees	11	00			0	-		00				
12	Mortgage interest	12	00			0	-		00	12			00
13	Other interest	13	00			0	-		00				
14	Repairs	14	00			0	-		00				
15	Supplies	15	00			0	-		00				
16	Taxes	16	00			0	-		00				
17	Utilities	17	00			0	-		00				
18	Other (list) ►	18	00			0	-		00				
			00			0	-		00				
			00			0	-		00				
			00			0	-		00				
			00			0	-		00				
19	Add lines 5 through 18	19	00			0	-		00	19			00
20	Depreciation expense or depletion	20	00			0	-		00	20			00
21 22	Total expenses. Add lines 19 and 20 Income or (loss). Subtract line 21 from line 3 (rents) or	21	00			0	U		00				
22	line 4 (royalties)	22	00			0	0		00				
22	Total Real Estate and Royalty income or (loss	\	d columns A B and C f	rom lino (	22 and	ontor	tho i	result here		23			00
	ART II Income from Partnerships, S Corp			(h)	. 0		, o	(i)	•		(j)		100
		-,		(,	artnership	ate o	orpo	Employer			u,		
	(g) Name and Address				_	Estate or Trust	Corporation	Identification Number	n			Amount	
OM	SAI 1 LLC			Check On	е	+							
	ntgomery, AL 36109						X	31	84	4		9,964	00
JA	SHI INC												
	ntgomery, AL 36109						Х	62	159	9	(2	0,380	00 0
_	M INC				_								
	eenville, AL 36037						X	25	02	2		4,449	00
	M 02 LLC				-					,	_	0 00-	,
_	ntgomery, AL 36117						X	5.5		4	3	0,907	00
24	TOTAL INCOME FROM PARTNERSHIPS, S COR									[ .	^	1 0 4 0	
_	total here and include on line 25 below					• •			•	24	2	4,940	00
25	TOTAL INCOME OR (LOSS). Combine line	s 23 a	and 24. Enter the total I	nere and	on Fo	rm 40	. pac	ge 2. Part I. line 6	•	25	2	4,940	00

Schedule E (Form 40) 2018

### **FORM**

# **AL8453**

### ALABAMA DEPARTMENT OF REVENUE

# Individual Income Tax Declaration for Electronic Filing

2018

For the year January 1 - December 31, 2018

Variable Cart and a second design									
Your first name and initia	al		Last name				Yours	social security number	
BHAVESH B	P.	ATEL				1 2	XXX-	XX-XXXX	
If a joint return, spouse's	s first ı	name and initial	Last name				Spouse's s	oc. sec. no. if joint retu	m
MITALBAHE	N	PATEL				2	XXX-	XX-XXXX	- 1
		treet). If a P.O. Box, see instructions.			Apt. no.			one number (optional)	
8832 PEMB	ER	TON PARK							
City, town or post office,	, state	and ZIP code						_	
Montgomer	v,	AL 36117							
Part I									
Tax Return Information	1	Alabama taxable income (Form	40, line 16 or Form 40NR, line 18)				1	97,619	00
(Whole dollars only.)	2	Total tax liability (Form 40, line 2	21) or Net tax due (Form 40NR, line 2	0)			2	4,803	00
	3	Total payments (Form 40, line 2	6 or Form 40NR, line 26)				3	2,719	00
	4	Refund (Form 40, line 34 or For	m 40NR, line 33)				4		00
	5	Amount you owe (Form 40, line	29 or Form 40NR, line 29)				5	2,084	00
Part II Refund and	1 2	Routing number: Account number:	0 0 2 5_	6					
Payment	3		ecking Savings						
Information	4		rect Deposit X Direct Debit						
	5		ox to have your refund issued by a par	per check.)					
Part III  Declaration of Taxpayer (Sign only after Part I is completed.)		knowledge and belief, this return, includin of Revenue to disclose to my ERO descrit of my return.	re agree with the amounts shown on the correspong any accompanying schedules and statements, is bed below, any information concerning the disburt of the Department of Revenue to discussions.	is true, correct, sement of the r	and complete. A efund requested	lso, I hereby a or any problen	uthorize th	ne Alabama Departmer stered in the processing	t
Sign Here			05-22-2019					05-22-2	2019
Here	•	Your signature	05-22-2019 Date	Spouse's sig	nature. If a joint	return, BOTH r	must sign.	05-22-2 Date	2019
Part IV  Declaration of Electronic		declare that I have reviewed the above tax all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electric	Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requ 2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the inic transmission of my client's tax return to the A I declare that I have examined this return and	that the entries uirements descr Filers of Individ disclosure of al labama Depart	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven	complete and 3. 1345, Reven Returns (Tax \ taining to my u ue, as applicab	correctly in the correc	Date represented based on dures for Electronic Filir ). By using a computer system and software If I am also the	ng
Part IV  Declaration of Electronic Return		declare that I have reviewed the above taxy all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electro paid preparer, under penalties of perjury,	Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requ 2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the inic transmission of my client's tax return to the A I declare that I have examined this return and	that the entries uirements descr Filers of Individ disclosure of al labama Depart	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven	complete and 3. 1345, Reven Returns (Tax \ taining to my u ue, as applicab	correctly in the correc	Date represented based on dures for Electronic Filir ). By using a computer system and software If I am also the	ng
Part IV  Declaration of Electronic Return Originator		declare that I have reviewed the above tax all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electro paid preparer, under penalties of perjury, and belief, they are true, correct, and com	Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requ 2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the inic transmission of my client's tax return to the A I declare that I have examined this return and	that the entries uirements desci Filers of Indivic disclosure of al labama Depart accompanyin	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven	complete and 3. 1345, Reven Returns (Tax \ taining to my u ue, as applicab	correctly in the correc	Date  represented based on  fures for Electronic Filir ). By using a computer  system and software  If I am also the  e best of my knowled	ge
Part IV  Declaration of Electronic Return Originator (ERO) and		declare that I have reviewed the above taxy all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and com  ERO's Use Only  ERO'S	Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requ 2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the inic transmission of my client's tax return to the A I declare that I have examined this return and	that the entries uirements describilers of Indivicular disclosure of al labama Depart accompanyin	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven g schedules an	complete and a 1345, Reven Returns (Tax ) taining to my u ue, as applicated statements,	correctly in ue Proced Year 2018 is se of the sole by law.	Date  represented based on  lures for Electronic Filir ). By using a computer  system and software  If I am also the  e best of my knowled	ng ge
Part IV  Declaration of Electronic Return Originator (ERO) and Paid		declare that I have reviewed the above taxy all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come the companies of th	Date  Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requested:  2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the nic transmission of my client's tax return to the A I declare that I have examined this return and applete.	that the entries uirements describilers of Indivicular disclosure of al labama Depart accompanyin	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven	complete and 3. 1345, Reven Returns (Tax \ taining to my u ue, as applicat d statements,	correctly in ue Proced of ear 2018, use of the sole by law.	Date  represented based on lures for Electronic Filir ). By using a computer system and software If I am also the e best of my knowled  Preparer's PT XXXXXXXXXX	ige IN
Part IV  Declaration of Electronic Return Originator (ERO) and		declare that I have reviewed the above taxy all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmit to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and commended the second to the second to the second to the second transmit to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and commended to the second transmit to the second transmit to the second transmit to the second transmit to the second transmit to the second transmit to the second transmit	Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requ 2018), and the Alabama Handbook for Electronic trny client's return electronically, I consent to the inic transmission of my client's tax return to the A I declare that I have examined this return and	that the entries uirements descriptions of Individual Control of Individual Control of Individual Companyin accompanyin    Date   05-2	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven g schedules an	complete and a 1345, Reven Returns (Tax ) taining to my u ue, as applicated statements,	correctly in ue Proced Year 2018 is se of the sole by law.	Date  represented based on lures for Electronic Filir ). By using a computer system and software If I am also the e best of my knowled  Preparer's PT  XXXXXXXXXX  27-062492	ige IN
Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer		declare that I have reviewed the above tax all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmit to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come temporary to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come temporary to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come temporary to the electropaid preparer is under the electropaid preparer in the electropaid preparer is under the elect	Date Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requipations, and the Alabama Handbook for Electronic tray client's return electronically, I consent to the notic transmission of my client's tax return to the A I declare that I have examined this return and uplete.  SH PATEL CPA  JS 46 WEST STE 7; Totowa, y	that the entries uirements describers of Indivicion disclosure of al labama Depart accompanyin  Date 05-2	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven g schedules an	complete and 3. 1345, Reven Returns (Tax ) use, as applicat d statements, Check if also paid preparer	correctly in the correct of the corr	Date  Tepresented based on lures for Electronic Filir ). By using a computer system and software If I am also the e best of my knowled  Preparer's PT  XXXXXXXXXX  27-062492  de 07512	ige IN
Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer		declare that I have reviewed the above tax all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmit to create my client's return and to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come tended to the electropaid preparer, under penalties of perjury, and belief, they are true, correct, and come tended to the electropaid preparer of the electropaid prepa	Date Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requipations, and the Alabama Handbook for Electronic tray client's return electronically, I consent to the notic transmission of my client's tax return to the A I declare that I have examined this return and uplete.  SH PATEL CPA  JS 46 WEST STE 7; Totowa, y	that the entries uirements describers of Indivicion disclosure of al labama Depart accompanyin  Date 05-2	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven g schedules an	complete and 3. 1345, Reven Returns (Tax ) use, as applicat d statements, Check if also paid preparer	correctly in the correctly in the correctly in the correctly in the correctly in the correctly and the correctly and the correctly in the corr	Date  Tepresented based on lures for Electronic Filir ). By using a computer system and software If I am also the e best of my knowled  Preparer's PT  XXXXXXXXXX  27-062492  de 07512	ige
Part IV  Declaration of Electronic Return Originator (ERO) and Paid Preparer		declare that I have reviewed the above taxy all information of which I have any knowledg of Individual Income Tax Returns (Tax Year system and software to prepare and transmi to create my client's return and to the electroaid preparer, under penalties of perjury, and belief, they are true, correct, and com  ERO's Use Only  ERO's signature  Firm's name (or yours if self-employed) and address  Paid Preparer's Use Only  Under penalties of perjury, I declare that belief, they are true, correct, and complete they are true, correct they are true, corr	Date Date Dayer's Alabama individual income tax return and e. I also declare that I have followed all other requipations, and the Alabama Handbook for Electronic tray client's return electronically, I consent to the notic transmission of my client's tax return to the A I declare that I have examined this return and uplete.  SH PATEL CPA  JS 46 WEST STE 7; Totowa, y	that the entries uirements descriptions of Individual Control of Individual Control of Individual Companyin  Date 05-2  NJ  ng schedules a	on this form are ibed in IRS PUE ual Income Tax information per ment of Reven g schedules an	complete and a 1345, Reven Returns (Tax ) taining to my u ue, as applicated statements,  Check if also paid preparer	correctly in the correctly in the correctly in the correctly in the correctly in the correctly and the correctly and the correctly in the corr	Date  Tepresented based on fures for Electronic Filir ). By using a computer system and software if I am also the e best of my knowled  Preparer's PT  XXXXXXXXX  27-062492  de 07512  knowledge and	ige

orm AL8453 2018

# DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

102

ALCCLMWK.LD	Worksheet 2 - Applying the If the result on any line is less			its			2018
	(Keep for your re	ecords	5)				
Name(s) as shown on return					Yo	ur socia	I security number
BHAVESH B & MIT	TALBAHEN PATEL				X	XX-X	XX-XXXX
Step 1. Enter any qualified c	onservation contributions (QCCs).						
	armer or rancher, enter any QCCs eligible for the 10					1	<u>C</u>
2. Enter any QCCs not e	entered on line 1. Do not include this amount on line	3, 4, 5	5, 6, or 8			2	
Step 2. List your other charit	able contributions made during the year.						
<ol><li>Enter your contributio</li></ol>	ns to 50% limit organizations. (Include contributions	of cap	oital gain propert	y if yo	u reduced		
the property's fair ma	rket value. Do not include contributions of capital ga	ain pro	perty deducted a	t fair r	market		
value.) <b>Do not</b> include	e any contributions you entered on line 1 or 2 .					3	250
<ol><li>Enter your contributio</li></ol>	ns to 50% limit organizations of capital gain propert	y dedu	ucted at fair mark	et val	lue	4	(
<ol><li>Enter your contributio</li></ol>	ns (other than of capital gain property) to qualified o	rganiz	ations that are no	ot 50%	% limit		
organizations						5	(
•	ns "for the use of" any qualified organization. (But d		-				
must be entered on lir	ne 8.)					6	(
7. Add lines 5 and 6						7	(
8. Enter your contributio	ns of capital gain property to or for the use of any q	ualifie	d organization. (E	But do	not		
enter here any amour	nt entered on line 3 or 4.)					8	(
Step 3. Figure your deductio	n for the year and your carryover to the next yea	ır.					
<ol><li>Enter your adjusted g</li></ol>	ross income					9	122,64
<b>10.</b> Multiply line 9 by 0.6.	This is your 60% limit					10	73,58
						_	
Contributions to 60%	% limit organizations						Carryover
11. Enter the smaller of li	ne 3 or line 10	11			2	50	
12. Subtract line 11 from	line 3	12					
13. Subtract line 11 from	line 10	13	73,3	37			
Contributions not to	50% limit organizations						
14. Add lines 3 and 4		14		50			
<b>15.</b> Multiply line 9 by 0.3.	This is your 30% limit	15	36,7	94			
16. Subtract line 14 from	line 10	16	73,3	37			
17. Enter the smallest of	line 7, 15, or 16	17				0	
18. Subtract line 17 from	line 7	18					
19. Subtract line 17 from	line 15	19	36,7	94			
Contributions of cap	pital gain property to 50% limit organizations						
20. Enter the smallest of	line 4, 13, or 15	20				0	
21. Subtract line 20 from	line 4	21					
22. Subtract line 17 from	line 16	22	73,3	37			
23. Subtract line 20 from	line 15	23	36,7	94			
Other contributions							
24. Multiply line 9 by 0.2.	This is your 20% limit	24	24,5	29			
25. Enter the smallest of	line 8, 19, 22, 23, or 24	25				0	
26. Subtract line 25 from	line 8	26					(
27. Add lines 11, 17, 20, a	and 25	27	2	50			
28. Subtract line 27 from	line 10	28	73,3	37			
29. Enter the smaller of li	ne 2 or line 28	29				0	
	line 2	30					(
31. Subtract line 27 from	line 9	31	122,3	95			
	ne 1 or line 31			32		0	
	32. Enter the total here and on Schedule A (Form A						
<b>33.</b> Add lines 27, 29, and			**	33	2	50	
	appropriate			33		J 0 1	
line 17, whichever is a	appropriate			34		50	(
line 17, whichever is a 34. Subtract line 32 from	• • • • • • • • • • • • • • • • • • • •					50	





Alabama Department of Revenue Dependents Schedule

NAME(S) as shown on tax return

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER

XXX-XX-XXXX

SPOUSE SOCIAL SECURITY NUMBER

XXX-XX-XXXX

### Schedule DS - Dependents Schedule

See instructions for definitions of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate return), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do not include yourself or your spouse. (See instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		e XXX-XX-XXXX	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
1b Total number of dependents claime Form 40, Page 2, Part III, line 1 or		1		1b• 1

1024





### PAGE 2

NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER SPOUSE SOCIAL SECURITY NUMBER

XXX-XX-XXXX XXX-XX-XXXX

Schedule HOF - Head of Family Schedule	
Complete the following information:	
Enter the dependent/qualifying person's name here:	
Dependents/qualifying person's Social Security Number:	
What is the dependent's/qualifying person's relationship to you:	
Do you rent or own the home maintained for the dependent/qualifying person?	Rent Own
Are you married, divorced or legally separated?	☐ Yes ☐ No
If you answered yes, please provide the following information:  Date of Marriage?	
Date of Divorce?	
Date of Legal Separation?	
Did the dependent(s)/qualifying person(s) reside with you in your home?	☐ Yes ☐ No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	☐ Yes ☐ No

ALINCWK	ALINCWK Federal Income Tax Deduction Worksheet						
Name(s) as shown on return		Your social security number					
BHAVESH B &	MITALBAHEN PATEL	XXX-XX-XXXX					
2 Net Investment Inc 3 Federal Tax. Add I 4 a Earned Income C Enter the amount f b Additional Child or line 64 on Form c American Opport Enter the amount f d Credits from Form	rom line 17a of Form 1040	. 2					
6 Subtract line 5 from	and d						

Schedule W-2

(FORM 40, 40A, or 40NR)

Alabama Department of Revenue

Wages, Salaries, Tips, etc.



Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama

income tax withheld. Attach a copy of all withholding statements to your return PRIMARY'S SOCIAL SECURITY NO. XXX-XX-XXXX NAME(S) AS SHOWN ON TAX RETURN BHAVESH B & MITALBAHEN PATEL

SPOUSE'S SOCIAL SECURITY NO.

XXX-XX-XXXX

j			1		*****	************	-	1			
	∢	ω	ပ	۵	ш	L	O		I	_	7
		Employer's		Schedule		Alabama					
	Employee's Social	Identification Number Statutory	Statutory	C/C-EZ	State	Employer's	Alabama State		Federal Wages	Alabama State Wages	Additional Taxable Wages
	Security Number on W-2	(EIN)	Employee	Filed?	Code	Code State ID Number	Income Tax Withheld	)	(Box 1 of Form W-2)	(Box 16 of Form W-2)	Other States
_	•XXXXXXXXXX	•XXXXXXXXXX	•		•AL	●R006254613	100	•	4,000	• 4,000	•
7	•XXXXXXXXX	•XXXXXXXXX			•AL	•R006254613	100	•	4,000	4,000	•
က	*XXXXXXXXX	•XXXXXXXXXX	0		•AL	●R009035728	31	0	1,500	1,500	0
4	*XXXXXXXXX	*XXXXXXXXX	0		•AL	●R009129318	503	0	17,900	● 17,900	0
5	*XXXXXXXXX	*XXXXXXXXXX			•AL	●R009991145	• 241	•	2,000	9,000	•
9	•XXXXXXXXX	•XXXXXXXXX	_		•AL	●R009927468	872	•	20,000	• 20,000	•
7	*XXXXXXXXXX	•XXXXXXXXXX	•		•AL	●R009927468	872	0	20,000	• 20,000	0
00	0	•	•		0	0	0	0		•	•
6	•	•	•		•	•	•	•		•	•
9	•	•	_			•	•	•		•	•
7	0	•	0	0	0	0	0	0		0	0
12	0	•	0	0	0	0	0	0		0	0
13	•	•	•		•	•	•	•		•	•
14	•	•	•				•	•		•	•
15	0	0	•	0	0	0	0	0		0	0
16	16 TOTAL ALABAMA TAX WITHHELD FROM W-2s.	THHELD FROM W-2s. Total	lines 1-15, (	Column G ar	d enter th	Total lines 1-15, Column G and enter the amount here	2,719				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld	FROM 1099s AND W-2Gs.	. Enter the to	ital Alabama	Income	ax Withheld		ı			
	from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from	m W-2Gs received. See insti	ructions on v	where to repo	ort the inc	ome from					
	these statements			•	:	:	0				
18	18 TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.	AL ALABAMA TAX WITHHE	ELD FROM	N-2s, 1099s	, AND W	2Gs.					
	See instructions						• 2,719	•	72,400	• 72,400	•

# THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Name(s) as shown on return	AL-COMP	Three-year State Ta	ax Return Comparis	son	2018
State   Income Tax Return   2016   2017   2018   Difference 2017-2018	Name(s) as shown on return				Taxpayer ID Number
Filing Status         MFJ         MFJ         MFJ           Gross Income         131,426         157,022         122,645         (34,37           Source Income         131,426         157,022         122,645         (34,37           Deductions         20,008         16,623         11,935         (4,68           Taxable Income         91,951         113,588         97,619         (15,96           Actual State Income         91,951         113,588         97,619         (15,96           State Income Tax         4,518         5,597         4,803         (79           Local Taxes         Use Tax         4,518         5,597         4,803         (79           Local Taxes         Use Tax         2,719         1,26           Estimates and Extension payments         1,459         2,719         1,26           Estimates and Extension payments         2         2,719         1,26           Estimates and Extension payments         4,138         2,084         (2,05           Refund         5,000000         5,000000         5,000000	BHAVESH B & MITALBAHEN	I PATEL			XXX-XX-XXXX
Filing Status         MFJ         MFJ         MFJ           Gross Income         131,426         157,022         122,645         (34,37           Source Income         131,426         157,022         122,645         (34,37           Deductions         20,008         16,623         11,935         (4,68           Taxable Income         91,951         113,588         97,619         (15,96           Actual State Income         91,951         113,588         97,619         (15,96           State Income Tax         4,518         5,597         4,803         (79           Local Taxes         Use Tax         4,518         5,597         4,803         (79           Local Taxes         Use Tax         2,719         1,26           Estimates and Extension payments         1,459         2,719         1,26           Estimates and Extension payments         2         2,719         1,26           Estimates and Extension payments         4,138         2,084         (2,05           Refund         5,000000         5,000000         5,000000	State Income Tay Peturn	2016	2017	2018	Difference 2017-2019
Gross Income         131,426         157,022         122,645         (34,37           Source Income         131,426         157,022         122,645         (34,37           Deductions         20,008         16,623         11,935         (4,68           Taxable Income         91,951         113,588         97,619         (15,96           Actual State Income         91,951         113,588         97,619         (15,96           State Income Tax         4,518         5,597         4,803         (79           Local Taxes         Use Tax         20,719         1,459         2,719         1,26           Estimates and Extension payments         1,459         2,719         1,26           Estimates and Extension payments         2,084         (2,05           Refund         5,000000         5,000000         5,000000					Dillerence 2017-2016
Source Income       131,426       157,022       122,645       (34,37         Deductions       20,008       16,623       11,935       (4,68         Taxable Income       91,951       113,588       97,619       (15,96         Actual State Income       91,951       113,588       97,619       (15,96         State Income Tax       4,518       5,597       4,803       (79         Local Taxes       20,011       1,459       2,719       1,26         Estimates and Extension payments       1,459       2,719       1,26         Estimates and Extension payments       2,084       (2,05         Refund       4,138       2,084       (2,05         Refund       5,000000       5,000000       5,000000	9				/2/ 275
Deductions       20,008       16,623       11,935       (4,68         Taxable Income       91,951       113,588       97,619       (15,96         Actual State Income       91,951       113,588       97,619       (15,96         State Income Tax       4,518       5,597       4,803       (79         Local Taxes       20,008       1,459       2,719       1,26         Estimates and Extension payments       20,009       1,459       2,719       1,26         Estimates and Extension payments       20,009       2,009       1,26       2,009       3,138       2,084       (2,05         Refund       5,000000       5,000000       5,000000       5,000000       5,000000       5,000000					
Taxable Income       91,951       113,588       97,619       (15,96         Actual State Income       91,951       113,588       97,619       (15,96         State Income Tax       4,518       5,597       4,803       (79         Local Taxes       Use Tax       2       2,719       1,26         Contributions       1,459       2,719       1,26         Estimates and Extension payments       2       2,719       1,26         Underpayment Penalty       2       2,719       1,26         Overpayment Applied to Next Year       2       4,138       2,084       (2,05         Refund       5.000000       5.000000       5.000000       5.000000					
Actual State Income 91,951 113,588 97,619 (15,96) State Income Tax 4,518 5,597 4,803 (79) Local Taxes Use Tax Contributions Income Tax Withheld Income Tax Withheld Underpayment Penalty Overpayment Applied to Next Year Balance Due Marginal tax rate 5.000000 5.000000 5.000000					
State Income Tax       4,518       5,597       4,803       (79         Local Taxes       Use Tax       2       1					
Local Taxes       Use Tax         Contributions       1,459         Income Tax Withheld       1,459         Estimates and Extension payments       Underpayment Penalty         Overpayment Applied to Next Year       2,084         Balance Due       4,138         Refund         Marginal tax rate       5.000000         5.000000       5.000000					
Use Tax		4,518	5,59/	4,803	( / 9 4
Contributions         1,459         2,719         1,26           Estimates and Extension payments         Underpayment Penalty         2,719         1,26           Overpayment Penalty         4,138         2,784         (2,05           Refund         5,000000         5,000000         5,000000					
Income Tax Withheld					
Estimates and Extension payments			1 450	0 710	1 0 0 0
Underpayment Penalty            Overpayment Applied to Next Year            Balance Due            Refund            Marginal tax rate            5.000000         5.000000           5.000000			1,459	2,719	1,260
Overpayment Applied to Next Year         4,138         2,084         (2,05           Refund         5.000000         5.000000         5.000000	, ,				
Balance Due       4,138       2,084       (2,05         Refund       5.000000       5.000000       5.000000					
Refund			4 120	0 004	/ 0 0 0 0
Marginal tax rate			4,138	2,084	(2,054
		F 000000	F 000000	F 000000	
Effective tax rate	9				/ 2 2 2 2 2 2 2 2

ALA21	Form 40, Schedule A, Li Other Expen	ne 21 Attachment ses	2018
me(s) as shown on return	TALBAHEN PATEL		Your social security number  XXX - XX - XXXX
DESCRIPTION		AMOUNT	
SAFE DEPOSITAX PREP FE		75 300	
TOTAL OTHER		======== 375	

	l
FOR TAX YEAR 2019	
BHAVESH B & MITALBAHEN PATEL	
ALPESH PATEL CPA	
205 US 46 W STE 7	
Totowa, NJ 07512	
(973)638-1418	
	1

# ALPESH PATEL CPA

205 US 46 W STE 7 Totowa, NJ 07512 ALPESHCP A@GM AIL COM Phone: (973)638-1418 | Fax: (973)400-4088

August 12, 2020

### BHAVESH B & MITALBAHEN PATEL

Montgomery, AL 36117

BHAVESH B & MITALBAHEN PATEL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$4,890 Balance Due	Direct Debit from **()776
Alabama Income Tax	\$2,777 Balance Due	Direct Debit from **0776

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

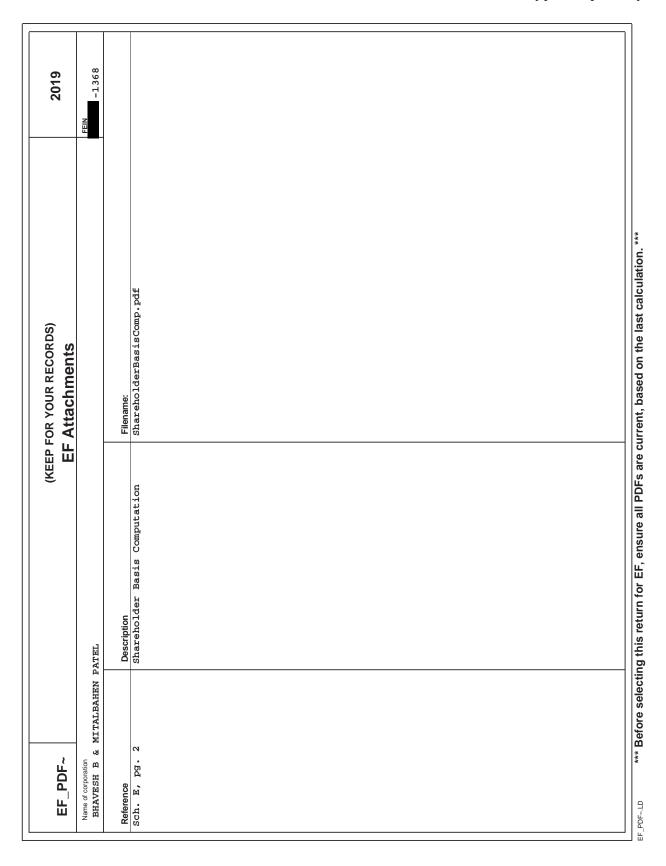
Federal Income Tax Alabama Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$1,860	July 15, 2020	Mail a check
2nd	\$1,860	July 15, 2020	Mail a check
3rd	\$1,860	September 15, 2020	Mail a check
4th	\$1.860	January 15, 2021	Mail a check

Sincerely.

ALPESH PATEL CPA



		nent of the Treasury-Internal Revenue Service . Individual Income Ta	x F	(99) Return	201	9	OMB No. 15	45-0074	IRS Use Only-	-Do not wri	te or staple i	in this space.
Filing Status Check only one box.	☐ If yo	Single Head of household (HOH) u checked the MFS box, enter the if the qualifying person is a ch	ne r	Qualiname of sp	ouse. If yo	low( ou cl	er) (QW) necked the I	П	Married filing		, ,	FS)
Your first name	and ı	middle initial	La	st name						Your soc	ial security	number
BHAVESH E				ATEL							-136	8
•		e's first name and middle initial		st name						Spouse's		urity number
Home address		ber and street). If you have a P.O. bo		ATEL ee instructio	ne				Apt. no.	Prosido	-597	ion Campaign
Tiome address	(Hairi	ber and success. If you have a r .o. be	, J	CC II ISII GOLIO	iio.				7 (pt. 110.	Check here	if you, or your	spouse if filing
City, town or p	ost off	fice, state, and ZIP code. If you have	a fo	reign addres	s, also con	nplete	spaces belo	w (see	instructions).	, ,,		not change your
Montgomer	у, 1	AL 36117								tax or refun	d. Yo	u Spouse
Foreign country	y nam	e		Foreign pro	ovince/state	e/cou	nty	Foreig	n postal code		han four de & check h	
Standard	_			dependent			spouse as a	deper	ndent			
Deduction _		Spouse itemizes on a separate r										
Age/Blindness		: Were born before Januar use: Was born before Janu			=	re bl blin						
Dependents	•	instructions):	lary	2, 1900		Dilli	u		(4) check	if qualifie	es for (sec	e inst ).
(1) First name	•	Last name	(	2) Social secu	urity number	(3	) Relationship t	to you	Child tax c		,	ther dependents
					1165	I	aughter		x			
		<u> </u>										
			$\perp$									
	1	Wages, salaries, tips, etc. Atta	ch F	orm(s) W-	2					1		80,600
	2a	Tax-exempt interest	. 2	2a			<b>b</b> Taxable	intere	st	. 2b		
Standard Deduction	3a	Qualified dividends	. 3	Ва	35	56	<b>b</b> Ordinar	y divid	ends	3b		529
Deduction	4a	IRA distributions	. 4	la			<b>b</b> Taxable	amou	int	4b		
<ul> <li>Single or Married filing separately,</li> </ul>	С	Pensions and annuities	. 4	d Taxable amount			int	4d				
\$12,200	5a	Social security benefits		ia 📗			<b>b</b> Taxable	e amou	ınt	5b		
<ul> <li>Married filing jointly or Qualifying</li> </ul>	6	Capital gain or (loss). Attach S	che	dule D if re	equired. If	not	required, ch	eck he	ere►[	6		26,288
widow(er),	7a	Other income from Schedule 1	, lin	e9						<mark>7</mark> a		84,932
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b,	6, 8	and 7a. Th	is is your	tota	l income			▶ 7b		192,349
household,	8a	Adjustments to income from So	che	dule 1, line	22					8a		1,424
\$18,350	b	Subtract line 8a from line 7b. T	his	is your <b>ad</b> j	justed gr	oss	income			▶ 8b		190,925
any box under Standard	9	Standard deduction or itemiz	ed	deduction	ns (from S	che	dule A)	9	24,4	100		
Deduction, see instructions.	10	Qualified business income deduction	n. A	ttach Form 8	8995 or Fo	rm 89	95-A	10	16,7	702		
	11a	Add lines 9 and 10								11	a	41,102
	b	Taxable income. Subtract line	11	a from line	8b. If zer	o or	less, enter -	0		11	b	149,823

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

Form 1040 (2019)

Form 1040 (201	9)	BHAVESH B & MITALBAHEN PATE	L						-1368	Page 2
	12a	Tax (see instructions). Check if a	ny from:							
		<b>1</b> ☐ Form(s) 8814 <b>2</b> ☐ Form	4972 <b>3</b> □		12a		24,6	52		
	b	Add Schedule 2, line 3, and line 1	2a and enter	the total .			>	. 12b		24,652
		Child tax credit or credit for other					2,0	0.0		
		Add Schedule 3, line 7, and line 1	•							2,000
	14	Subtract line 13b from line 12b. If								22,652
	15									
		Other taxes, including self-employ	,		,					2,847
	16	Add lines 14 and 15. This is your								25,499
	17	Federal income tax withheld from	Forms W-2 a	nd 1099 .				. 17		20,609
●If you have	18	Other payments and refundable of	redits:		1	1				
a qualifying child, attach	а	Earned income credit (EIC)			18a					
Sch. EIC.  If you have	b	Additional child tax credit. Attach	Schedule 881	2	18b					
nontaxable combat pay,	С	American opportunity credit from	Form 8863, lir	ne 8	18c					
see instructions.	d	Schedule 3, line 14			18d					
	е	Add lines 18a through 18d. These are you	ır total other pay	ments and re	efundable	credits	1	18e		
	19	Add lines 17 and 18e. These are	your total pay	ments			1	19		20,609
Refund	20	If line 19 is more than line 16, subtract line						. 20		
		Amount of line 20 you want <b>refunde</b>			,	•	_	,		
Direct deposit?				<b>▶ c</b> Type:	_	_	Saving			
Direct deposit? See		Routing number		l l l	_ Crieck	I	Javing	3		
instructions.		Account number								
Amount	22	Amount of line 20 you want applied to yo								
Amount You Owe	23	Amount you owe. Subtract line 19 from I	ine 16. For details	s on how to pa	ay, see inst 	ructions 	1	23		4,890
	24	Estimated tax penalty (see instruc			▶ 24					
Third Party Designee	Do	you want to allow another person (other than you	ır paid preparer) to o	liscuss this retur	rn with the IR	S? See i	nstructions	<u>x</u>		plete below.
(Other than paid preparer)		signee's		hone			ersonal ide	ntification		
Sign		me ► penalties of perjury, I declare that I have ex		o. ► and accompa	anving sche		umber (PIN nd statem		to the be	st of
Here	my kn	owledge and belief, they are true, correct, a			, ,					
		ch preparer has any knowledge. our signature	Date	Your occupa	ition				ent you an I	
Joint return?	135	89	08-03-2020					rotection F see inst.)	'IN, enter it	nere
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's oc	cupation				ent your spo	ouse an enter it here
your records.	466	31	08-03-2020					see inst.)		
		one no. 973-444-4017	Email address		<b>.</b> .		D.T.I.		Observi	: .
Paid		eparer's signature PESH PATEL			Date 08-12-2		PTIN P00845	022	Check	IT: Party Designee
Preparer		parer's name ALPESH PATEL			Phone no.		638-14		1 =	employed
Use Only		m's name ► ALPESH PATEL CPA								1 ->
Í		m's address ▶ 205 US 46 W STE 7								
		Totowa, NJ 07512					Fi	rm's EIN I		624922
Go to www.irs.a	ov/Form	1040 for instructions and the latest information.							Form 10	40 (2019)

### **SCHEDULE 1**

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

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

### **Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

Attachment
Sequence No. 01
Your social security number

BHAVESH B & MITALBAHEN PATEL -1368 At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Yes x No Additional Income Part I Taxable refunds, credits, or offsets of state and local income taxes **b** Date of original divorce or separation agreement (see instructions) 3 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 84,932 Farm income or (loss). Attach Schedule F Other income. List type and amount > 8 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 84,932 9 Adjustments to Income Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 13 Moving expenses for members of the Armed Forces. Attach Form 3903 1,424 15 Penalty on early withdrawal of savings ................. c Date of original divorce or separation agreement (see instructions) ▶ 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 

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

Schedule 1 (Form 1040 or 1040-SR) 2019

EEA

### **SCHEDULE 2** OMB No. 1545-0074 **Additional Taxes** (Form 1040 or 1040-SR) 2019 ▶ Attach to Form 1040 or 1040-SR. Department of the Treasury Attachment Sequence No. 02 Internal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information Name(s) shown on Form 1040 or 1040-SR Your social security number BHAVESH B & MITALBAHEN PATEL -1368 Part I Tax 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . . . . 3 0 Part II Other Taxes 2,847 5 Unreported social security and Medicare tax from Form: a 4137 b 8919 . . . . . . . . . . . . Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 7a Household employment taxes. Attach Schedule H ................ **b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required ..... **8** Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** Instructions; enter code(s) 10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR,

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

Schedule 2 (Form 1040 or 1040-SR) 2019

2,847

EE/

### SCHEDULE D (Form 1040 or 1040-SR)

### **Capital Gains and Losses**

OMB No. 1545-0074 2019

► Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury ► Go to www.irs.gov/ScheduleD for instructions and the latest information. Attachment Internal Revenue Service (99) Sequence No. 12 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number BHAVESH B & MITALBAHEN PATEL <u>-13</u>68 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (d) (e) Adjustments Subtract column (e) lines below. Cost Proceeds to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result with column (g) whole dollars. line 2, column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 with 389,162 363,388 498 26,272 2 Totals for all transactions reported on Form(s) 8949 with 3 Totals for all transactions reported on Form(s) 8949 with 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . . . 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . . . 26,272 Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) Part II See instructions for how to figure the amounts to enter on the (h) Gain or (loss) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result with whole dollars. line 2. column (a) column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 16 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

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

Schedule D (Form 1040 or 1040-SR) 2019

16

Schedule D (Form 1040 or 1040-SR) 2019 BHAVESH B & MITALBAHEN PATEL	-1368	Page 2
Part III Summary		
16 Combine lines 7 and 15 and enter the result	16	26,288
<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 both gains?  ✓ Yes. Go to line 18.  ✓ No. Skip lines 18 through 21, and go to line 22.		
<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	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20 Are lines 18 and 19 both zero or blank?  ✓ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.		
No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
<ul> <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 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
EEA Schedule	D (Form 1040 or	1040-SR) 2019

Form 8949

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

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

Attachment Sequence No. **12A** 

BHAVESH	В	&	MITALBAHEN	PATEI

Social security number or taxpayer identification number

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

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

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

<ul><li>☐ (B) Short-term transaction</li><li>☐ (C) Short-term transaction</li></ul>		. ,	•	reported to the IR	S		
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
47-0533629 - AMERITE	ADE ACTIVIT	IES					
	VARIOUS	12-31-2019	389,162	363,388	W	498	26,272
2 Totals. Add the amounts in coll negative amounts). Enter each Schedule D, line 1b (if Box A a above is checked), or line 3 (if)	total here and includabove is checked), <b>li</b>	de on your ine 2 (if Box B	389,162	363,388		498	26,272

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.

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

Form **8949** (2019)

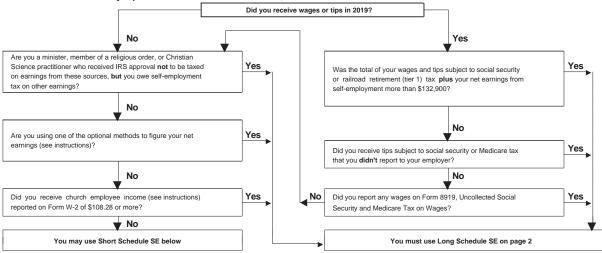
Schedul	le E (Form 1040 or 1040-	SR) 2019				Attachment Sequence No.	13		Page 2
Name(s) s	hown on return. Do not enter nam	e and social secur	ity number if shown	on page 1.			Your	social securi	ty number
BHAVE	SH B & MITALBAHE	N PATEL						-136	8
_	n: The IRS compares amo								
Part			•	•		lote: If you report a loss, red			
						e box in column (e) on line 2			-
		-		activity for which a	any amount	is <b>not</b> at risk, you <b>must</b> che	eck the	e box in col	umn (f) on
	line 28 and attach F	,		•					
						ions, a prior year unallowed			
-	assive activity (if that loss ee instructions before com			582), or unreimburs	-	ship expenses? If you answe	rea "Y	es," . Tyes	x No
	ee instructions before com	picting this ser	311011	(b) Enter P for	(c) Check if	(d) Employer		Check if	(f) Check if
28	(	(a) Name		partnership; <b>S</b> for S corporation	foreign partnership	identification number	basi	s computation required	any amount is not at risk
Astat	ement #1			ioi o corporation	partifership	Humber		П	
В									
С									
D									
	Passive Income	and Loss			N	lonpassive Income and Lo	ss		
	(g) Passive loss allowed		sive income	(i) Nonpassive los		(j) Section 179 expense			ssive income
	(attach Form 8582 if required)	from Sc	hedule K-1	(see Schedu	le K-1)	deduction from Form 4562		from ScI	nedule K-1
Α									
В									
С									
D T	-1-1-								
	otals		20,147		20 660				95,445
	otals .dd columns (h) and (k) of	line 20a			30,660		30		115,592
	dd columns (g), (i), and (j)						31	1	30,660)
	otal partnership and S						32		84,932
Part					00 4114 0.1 .		- 02		01,752
20								(b) Emplo	yer
33			(a) Name					identification n	umber
Α									
В									
	Pa	ssive Income				Nonpassive Inc	ome a	and Loss	
	(c) Passive deduction or loss allo (attach Form 8582 if required			Passive income  Schedule K-1		(e) Deduction or loss from Schedule K-1		(f) Other inco Schedule	
Λ	(anadir i orini oooz ii roquiroo	,	11011			nom concauto it i		001104411	
A B									
	otals								
	otals								
<b>35</b> A	dd columns (d) and (f) of I	ine 34a					35		
<b>36</b> A	dd columns (c) and (e) of	line 34b					36	(	)
37 T	otal estate and trust inc	ome or (loss	. Combine line	es 35 and 36			37		
Part	IV Income or Los	s From Re	al Estate M			onduits (REMICs) - R	esid	ual Hold	er
38	(a) Name	(b) Employer in		(c) Excess inclusi Schedules Q, I		(d) Taxable income (net loss)		(e) Income	
	(,,	num	iber	(see instructi	ions)	from Schedules Q, line 1b		Schedules Q,	line 3b
20 0		a) ambi. Emtari	مدمط فالدمين		atal an line	44 halaw	20		
Part		e) only. Enter i	ne result here	and include in the	lotal on line	41 below	39		
	let farm rental income or (	(loss) from <b>Fo</b>	rm 4835 Δlso	complete line 42	helow		40		
	otal income or (loss). Combine	. ,		•			41		84,932
	econciliation of farming				1 2 10 10 10	,, ,	71		01,552
	arming and fishing income								
	Form 1065), box 14, code	•							
,	C; and Schedule K-1 (For		•	**	42				
	econciliation for real estate	**		*					
		-							
(s	see instructions), enter the ne	t income or (loss	s) you reported a	nywhere on Form					
,	see instructions), enter the ne 040, 1040-SR, or Form 1040-	•		-					

### **SCHEDULE SE** OMB No. 1545-0074 **Self-Employment Tax** (Form 1040 or 1040-SR) 2019 ► Go to www.irs.gov/ScheduleSE for instructions and the latest information. Department of the Treasury Attachment ► Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service equence No. Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person BHAVESH B PATEL with self-employment income ▶ -1368

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.

4 -			
та	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),		
	box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation		
	Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065),		
	box 20, code AH	1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other		
	than farming). 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	20,148
3	Combine lines 1a, 1b, and 2	3	20,148
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file		
	this schedule unless you have an amount on line 1b	4	18,607
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see		
	instructions		
5	Self-employment tax. If the amount on line 4 is:		
	• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form</b>		
	1040 or 1040-SR), line 4, or Form 1040-NR, line 55.		
	<ul> <li>More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result.</li> </ul>		
	Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	2,847
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form</b>		
	1040 or 1040-SR), line 14, or Form 1040-NR, line 27		

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

Schedule SE (Form 1040 or 1040-SR) 2019

EEA

Form **8995** 

Department of the Treasury

Internal Revenue Service

### Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **55** 

Name(s) shown on return Your taxpayer identification number BHAVESH B & MITALBAHEN PATEL -1368 (a) Trade, business, or aggregation name (b) Taxpayer (c) Qualified business identification number income or (loss) K1S: ALABAMA BEVERAGE INC 4709 (30,653) K1S: JASHI INC 6259 18,106 K1S: 3445 ATLANTA HWY Montgomery AL 3 4,108 5622 iν K1S: 3445 ATLANTA HWY Montgomery AL 3 4,108 5622 K1S: MBM 02 LLC 5594 33,448 Continued on "8995 - Line 1, Overflow" 2 Total qualified business income or (loss). Combine lines 1i through 1v, 83,508 Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0- . . . . . 83,508 Qualified business income component. Multiply line 4 by 20% (0.20) . . . . . . . . . 5 16,702 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) 6 0 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior 7 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero 8 10 Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . 10 16,702 11 166,525 12 372 13 166,153 14 33,231 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on 16,702 Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0- . . . 16 16 0) Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than 17 

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

Form **8995** (2019)

Line 11 above is the difference between these amounts 166,525

8995 QBI Deduct	tion, Line 1, Overflow	2019
ame(s) as shown on return		Tax ID Number
HAVESH B & MITALBAHEN PATEL		416-63-1368
	(b) Taxpayer	(c) Qualified business
n) Trade, business or aggregation name	identificaiton number	income or (loss)
1P: MUSKAN 2631 LLC	0498	18,723
1s: 2019 FOUR PLUS INC	8136	19,200
1s: FRIDAY LIQUOR INC	1486	15,108
1s: HUM INC	2502	1,367
1s: RC WOODLEY INC	9142	(7)

Form **8867** 

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Department of the Treasury

2019 Attachment

Internal R	evenue Service	▶ Go to www.irs.gov/Form8867 for instructions and the latest inform	nation.	Seque	ence No.	70
Taxpaye	er name(s) shown or	n return	Taxpayer identific	ation nu	mber	
BHAV	/ESH B & MI	FALBAHEN PATEL	-136	8		
Enter pre	eparer's name and	PTIN				
ALPI	ESH PATEL	P00845932				
Part	I Due Dilig	ence Requirements				
Please	check the approp	priate box for the credit(s) and/or HOH filing status claimed on the return and complete the	related Parts I-V			
for the b	penefit(s) claimed	(check all that apply).	ODC AO	TC	П но	Н
1	Did you complet	e the return based on information for tax year 2019 provided by the taxpayer or		Yes	No	N/A
	reasonably obtain	ned by you?		x		
2	If credits are cla	imed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC				
	worksheets foun	d in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the				
	AOTC workshee	et found in the Form 8863 instructions, or your own worksheet(s) that provides the same		_		
	information, and	all related forms and schedules for each credit claimed?		X		
3		he knowledge requirement? To meet the knowledge requirement, you must do both of				
	the following.					
		axpayer, ask questions, and contemporaneously document the taxpayer's responses to				
		the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
		ation to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing				
		compute the amount(s) of any credit(s)		x		
4	•	tion provided by the taxpayer or a third party for use in preparing the return, or				
		onably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"				
		s 4a and 4b. If "No," go to question 5.)		-	x	
	•	accessable inquiries to determine the correct, complete, and consider innormalies.				
D		poraneously document your inquiries? (Documentation should include the questions				
	•	m you asked, when you asked, the information that was provided, and the impact the				
	information had	on your preparation of the return.)				
5	Did you satisfy t	he record retention requirement? To meet the record retention requirement, you must				
	, ,	our documentation referenced in 4b, a copy of this Form 8867, a copy of any				
		sheet(s), a record of how, when, and from whom the information used to prepare Form				
		oplicable worksheet(s) was obtained, and a copy of any document(s) provided by the				
		u relied on to determine eligibility for the credit(s) and/or HOH filing status or to ount(s) of the credit(s)		x	П	
	•	nents, if any, that you relied on.		<u>A</u>		
		ords, Medical Records				
		1001001				
6	Did you ask the	taxpayer whether he/she could provide documentation to substantiate eligibility for the				
	credit(s) and/or l	HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her				
	retum is selecte			x		
7	Did you ask the	taxpayer if any of these credits were disallowed or reduced in a previous year?		x		
	(If credits were	disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complet	e the required recertification Form 8862?				x
8	If the taxpayer is	reporting self-employment income, did you ask questions to prepare a complete and				
	correct Schedule	e C (Form 1040 or 1040-SR)?		X		
				_		

For Paperwork Reduction Act Notice, see separate instructions. EEA

Form 8867 (2019)

Form 8	3867 (2019) BHAVESH B & MITALBAHEN PATEL	-1368		Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to	Part III.)		
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying	Yes	No	N/A
	children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer			
	is claiming the EIC and does not have a qualifying child.)	x		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?	x	ΤП	
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
·	more than one person (tiebreaker rules)?	<u>x</u>	Τп	
Part			C or OF	)C (10
Fait	to Part IV.)	31111 010, 701	0, 01 01	, go
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No No	N/A
10	. , , , , , , , , , , , , , , , , , , ,		NO	IN/A
44	a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived			
	with the child for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	<u>x</u>		
12	Dld you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar		1 -	
_	statement to the retum?			
Part	<b>IV</b> Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC,	go to Part V.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status,	go to Part VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?		.   🗆	
Part	VI Eligibility Certification			
	► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or	HOH filing		
	status on the return of the taxpayer identified above if you:			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on	the return or		
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/o	r HOH filing		
	status and to compute the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for an	y applicable		
	credit(s) claimed and HOH filing status, if claimed;			
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instr	uctions under		
	Document Retention.			
	1. A copy of this Form 8867.			
	The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligible	allity for the		
	credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).	mity for the		
	A record of how, when, and from whom the information used to prepare this form and the applicable wor	ksheet(s) was		
	obtained.	varicet(a) was		
	5. A record of any additional information you relied upon, including questions you asked and the taxpayer's	reponses, to		
	determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s	s) of the credit(s	).	
	If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for ecomply related to a claim of an applicable credit or HOH filling status.	ach failure to		
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and		Yes	No
13	complete?		. x	
				1 1 1

Form **8867** (2019)

# Form PMT

# **ACH Payment**

2019

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL	-1368
	Spouse's SSN
	-5976
Routing Transit Number	
0025	
Bank Account Number	
0776	
Type of Account:	
1 Checking	
Amount of Tax Payment	
4,890	
Requested Payment Date	
08-12-2020	
Taxpayer's Daytime Phone Number	
Type of Form being filed	
1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

Form **8879** 

IRS e-file Signature Authorization

OMB No. 1545-0074

December of the Towns	► ERO must obtain and retain completed Form 8879.		2	019
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879 for the latest information.			010
Submission Identificat	ion Number (SID)			
Taxpayer's name	,	Social security	number	
BHAVESH B PATEL		-3	1368	
Spouse's name		Spouse's social	I security numb	ber
MITALBAHEN PATEL		- 5	5976	
Part I Tax Ret	urn Information - Tax Year Ending December 31, 2019 (Whole doll	ars only)		
1 Adjusted gross	income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)		1	190,925
2 Total tax (Form	1040 or 1040-SR, line 16; Form 1040-NR, line 61)		2	25,499
3 Federal income	tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form	n 1040-NR,		
line 62a)			3	20,609
4 Refund (Form 1	040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line	e 13a) .	4	
5 Amount you ow	e (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)		5	4,890
	er Declaration and Signature Authorization (Be sure you get and I y, I declare that I have examined a copy of my electronic individual income tax return and			
account indicated in the ta financial institution to deb Agent to terminate the au cancellation requests mus involved in the processin related to the payment. If and, if applicable, my Elec- x I authorize signature on	designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) eax preparation software for payment of my federal taxes owed on this return and/or a paylit the entry to this account. This authorization is to remain in full force and effect until I not uthorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial as to erceived no later than 2 business days prior to the payment (settlement) date. I also g of the electronic payment of taxes to receive confidential information necessary to answ further acknowledge that the personal identification number (PIN) below is my signature for the ctronic Funds Withdrawal Consent.  Ck one box only  Amount owed will be debited from: RTN:0  ALPESH PATEL CPA  ERO firm name  my tax year 2019 electronically filed income tax return.  y PIN as my signature on my tax year 2019 electronically filed income tax return.	ment of estima ify the U.S. Tr. Agent at 1-888 authorize the rer inquiries ar or my electroni 21200025 y PIN 13 Enti- don	ted tax, and reasury Fina 3-353-4537. financial ins nd resolve is ic income ta:  DAN:1010 3589 er five digits, o't enter all ze	the incial Payment structions successor return 20180010776 as my to be incident to be incident as my to be incident.
entering your  Your signature ▶	r own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERC  Date ▶	) must comp	lete Part II	I below.
Spouse's PIN: check	one box only			
x I authorize	ALPESH PATEL CPA to enter or generate m	y PIN 46	631	as my
_	ERO firm name		er five digits,	
signature on	my tax year 2019 electronically filed income tax return.	don	i i enter an ze	1105
	y PIN as my signature on my tax year 2019 electronically filed income tax return own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERC			•
Spouse's signature ▶	Date ▶			
D 1111 0 1111	Practitioner PIN Method Returns Only - continue below			
Part III Certific	ation and Authentication - Practitioner PIN Method Only			
ERO's EFIN/PIN. Ente	er your six-digit EFIN followed by your five-digit self-selected PIN.	0645-2492 Don't er	22 nter all zeros	
indicated above. I confirm	Imeric entry is my PIN, which is my signature for the tax year 2019 electronically filed incomentat I am submitting this return in accordance with the requirements of the Practitionel IRS e-file Providers of Individual Income Tax Returns.			
ERO's signature ► A	LPESH PATEL Date ▶	08-12-2	2020	

**ERO Must Retain This Form - See Instructions** 

Don't Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2019)

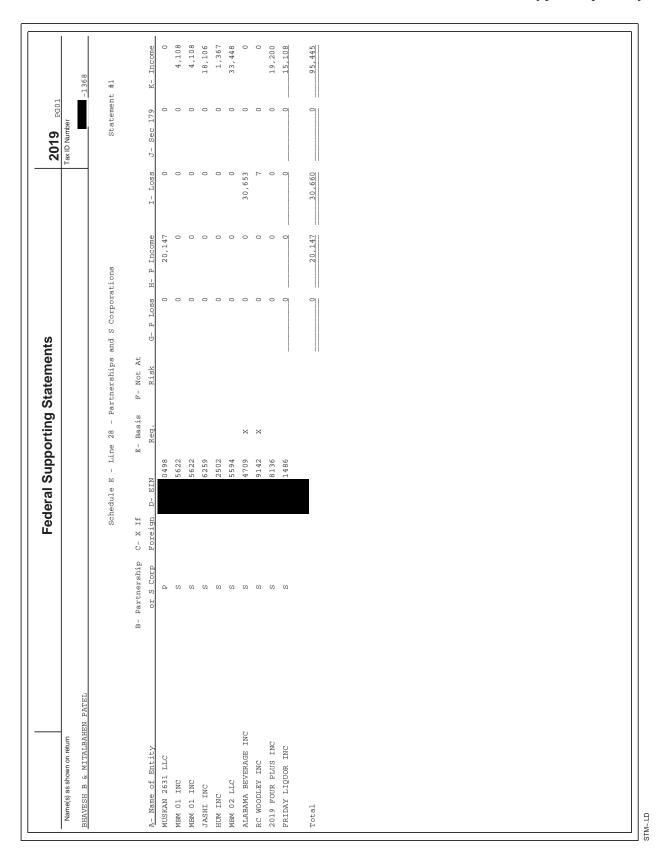


Exhibit 2 - Residency of Owners - 314

	S	ummary of Esti	imates		2020
Name(s) as shown on return				Your SSN/EII	N
BHAVESH B & MITAL	BAHEN PATEL				-1368
Federal				'	
Form: 1040-ES					
		Payment Schedule	•		
Due Date	07-15-2020	07-15-2020	09-15-2020	01-15-2021	Total
Total Installment Amount	1,860	1,860		1,860	
Overpayment Applied	0	0		0	
let Installment Due	1,860	1,860		1,860	
		Taxpayer Records		•	
mount Actually Paid					
Date Paid					
Check #/Confirmation					
					_

### **Estimated Tax Worksheet for Next Year**

		(Keep for your records)	2019
ame(s)	as shown on return		Tax ID Number
HAVE	SH B & MITAL	BAHEN PATEL	-1368
1.	Wages		. 1
2.	Interest and Divider	nd income	2
3.	Capital gain income	9	3
4.	Taxable IRA/Pensi	on income	4
5.	Taxable Social Sec	curity income	5
6.	Business income		. <b>6.</b>
7.	Other income		. 7
8.	Total income (add I	ines 1 thru 7)	8
9.	Adjustments to inco	ome	9
10.	Adjusted gross inco	ome (subtract line 9 from line 8)	10
11a.	Itemized deductions	s	11a
11b.	Standard deduction	1	11b
12.	Taxable income (si	ubtract the larger of line 11a or 11b from line 10)	12.
13.	Estimated Section	199A deduction for qualified trade or business income	13.
14.		ncome (subtract line 13 from line 12)	
15.			
16.	Alternative Minimur	m Tax	16.
17.	Total tax		. 17.
18a.		nd Other Dependent Credit	
18b.		edits	
18c.		dits	
19.		om line 17	
20.		Taxpayer	
21.		Spouse	
22.	Other taxes	······································	22.
23a.		h 22	
b.		dit, additional child tax credit, fuel tax credit, net premium tax credit,	
	refundable America	an opportunity credit, and refundable credit from Form 8885	23b.
c.	Total 2020 estima	ted tax. Subtract line 23b from line 23a. If zero or less enter -0	23c.
24a.		90% (66 2/3% for farmers and fishermen)	
b.		ayment based on prior year's tax (see instructions) 110% 24b. 28,04	_ 9
		payment to avoid a penalty. Enter the smaller of line 24a or 24b	_
25.		ing	
26.	,	(subtract line 25 from line 24c)	

Estimates will be computed on \$7,440. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Federal Income Tax Withheld	2019 PG01
Name(s) as shown on return	Your Social Security Number
BHAVESH B & MITALBAHEN PATEL	-1368
Description	Amount
DIV - TD AMERITRADE	174
W2 - MUSKAN 2631 INC	1,800
W2 - PLEASURE LLC	4,127
W2 - JASHI INC	4,572
W2 - JASHI INC	6,630
W2 - ALABAMA BEVERAGE INC	2,690
W2 - FRIDAY LIQUOR INC	76
W2 - 2019 FOUR PLUS INC	540
Total Withholdings	20,609

	a Employee's social security number –5976	OMB No. 1545	IRS A-tile	isit the IRS website at ww.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal inco	me tax withheld
0498			20,400	1,800
C Employer's name, address, and ZIP cod	е		3 Social security wages 4 Social security	ity tax withheld
MUSKAN 2631 INC			20,400	1,265
			5 Medicare wages and tips 6 Medicare tax	withheld
1192 WESTERN BLVD			20,400	296
Montgomery	AL 36	5108	7 Social security tips 8 Allocated tips	s
d Control number			9 10 Dependent of	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans  12a See instructi	ons for box 12
MITALBAHEN PATEL			13 Statutory employee Retirement Third-party sick pay	
			14 Other 12c C	
Montgomery	AL 361	.17	d   d   12d	
			12U   C   d	
			d e	
f Employee's address and ZIP code				
15 State Employer's state ID number	16 State wages, tips, etc.	7 State income tax	18 Local wages, tips, etc. 19 Local income tax 2	0 Locality name
AL   R009129318	20,400	765		

Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on the Fo	rm W-2 was used to	prepar	re the tax	pay	er's 2019 Fe	deral tax	reti	urn by ALPESH PAT	EL CP
а	Employee's social security numb		OMB No. 1545-	8000	Safe, accurate, FAST! Use	IRS	e-file	Visit the IRS websit www.irs.gov/efile	e at
<b>b</b> Employer identification number (EIN)				1	Wages, tips, other com	pensation	2	Federal income tax withheld	
6000						6,000		4,	127
C Employer's name, address, and ZIP code				3	Social security wages		4	Social security tax withheld	
PLEASURE LLC						6,000			372
				5	Medicare wages and ti		6	Medicare tax withheld	
3401 WOODLEY RD						6,000			87
Montgomery	AL	36116		7	Social security tips		8	Allocated tips	
d Control number				9			10	Dependent care benefits	
e Employee's first name and initial	Last name		Suff.	11	Nonqualified plans		12a	See instructions for box 12	
BHAVESH B PATEL				13	Statutory Retireme	ent Third-party sick pay	12b		
Montgomery	AL 36	5117		14	Other		12c		
							12d C o d e		
f Employee's address and ZIP code									
15 State Employer's state ID number	16 State wages, tips, etc.	17 State	income tax	18	Local wages, tips, etc.	19 Local in	ncome t	20 Locality name	
AL   R009991145	6,000		161						

Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by ALPESH PATEL CPA

а	Employee's social security number	er	OMB No. 1545-	0008	Safe, accurate, FAST! Use	IRS	e-file	9	Visit the IRS website at www.irs.gov/efile	t
b Employer identification number (EIN)				1	Wages, tips, other compen	sation	2	Federal in	ncome tax withheld	72
C Employer's name, address, and ZIP code  JASHI INC					Social security wages	18,000			curity tax withheld  1,11 tax withheld	
3445 ATLANA HWY Montgomery	AL :	36109			= :	18,000		Allocated	26	51
d Control number				9			10	Depende	nt care benefits	
<b>e</b> Employee's first name and initial	Last name		Suff.	11	Nonqualified plans		C od e	See instr	uctions for box 12	
BHAVESH B PATEL  Montgomery	AL 36	5117		14	Statutory Retirement employee plan	Third-party sick pay	12b C 0 d e 12c C 0 d e			
f Employee's address and ZIP code	AL 30117						12d			
15 State Employer's state ID number  AL   R009927468	16 State wages, tips, etc. 18,000	17 State	e income tax	18	Local wages, tips, etc.	19 Local in	come t	ax	20 Locality name	
										_

W-2 Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Fo	orm W-2 was used to	prepare the ta	axpayer's 2019 Feder	ral tax	return by	y ALPESH PATEL CE
а	Employee's social security number 5976	OMB No. 154	Safe, accurate, 5-0008 FAST! Use	IRS 6	e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 6259		_	1 Wages, tips, other compen-	sation 24,000	2 Federal i	ncome tax withheld
C Employer's name, address, and ZIP code JASHI INC			3 Social security wages  5 Medicare wages and tips	24,000		ecurity tax withheld  1,488 e tax withheld
3445 ATLANA HWY Montgomery	AL 3	36109	7 Social security tips	24,000	8 Allocated	348 d tips
d Control number			9		10 Depende	ent care benefits
e Employee's first name and initial  MITALBAHEN PATEL	Last name	Suff.	11 Nonqualified plans  13 Statutory Retirement plan plan	Third-party sick pay	C 0 d e	ructions for box 12
Montgomery  f Employee's address and ZIP code	AL 36	117	14 Other		12c C O O O O O O O O O O O O O O O O O O	
15 State Employer's state ID number AL   R009927468	16 State wages, tips, etc. 24,000	17 State income tax 1,752	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name

W-2 Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA
The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by ALPESH PATEL CPA

6	Employee's social security number 1368	ег	OMB No. 1545-	8000	Safe, accurate, FAST! Use	IRS	e-fil	e	Visit the IRS webs www.irs.gov/efile	ite at
<b>b</b> Employer identification number (EIN)	<u> </u>			1	Wages, tips, other compe	nsation	2	Federal i	ncome tax withheld	
4709				L		3,600			2	,690
C Employer's name, address, and ZIP code				3	Social security wages		4	Social se	curity tax withheld	
ALABAMA BEVERAGE INC						3,600				223
				5	Medicare wages and tips		6	Medicare	tax withheld	
8832 PEMBERTON PARK						3,600				52
Montgomery	AL :	36117		7	Social security tips		8	Allocated	I tips	
d Control number				9			10	Depende	ent care benefits	
e Employee's first name and initial	Last name		Suff.	11	Nonqualified plans		C od e		uctions for box 12	
BHAVESH B PATEL				13	Statutory Retirement plan	Third-party sick pay	12b C od e			
				14	Other		<b>12c</b>			
Montgomery	AL 36	117					d e			
							12d			
f Employee's address and ZIP code							-			
15 State Employer's state ID number	16 State wages, tips, etc.	<b>17</b> State	e income tax	18	Local wages, tips, etc.	19 Local in	come	tax	20 Locality name	)
AL   R010040923	3,600		634		•					

Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the B	Form W-2 was used to	prepare the tax	kpayer's 2019 Fede	ral tax	return b	y ALPESH PAT	EL CP
	a Employee's social security number -1368	OMB No. 1545	Safe, accurate, 0008 FAST! Use	IRS 6	e-file	Visit the IRS websit www.irs.gov/efile	e at
b Employer identification number (EIN)			1 Wages, tips, other compe	nsation 1,400	2 Federal	income tax withheld	76
C Employer's name, address, and ZIP code FRIDAY LIQUOR INC	е		3 Social security wages	1,400	4 Social se	ecurity tax withheld	87
225 E SOUTH BLVD	AL :	36105	Medicare wages and tips     Social security tips	1,400	6 Medicard  8 Allocated	e tax withheld	20
d Control number	AL .		9			ent care benefits	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See inst	ructions for box 12	
BHAVESH B PATEL			13 Statutory employee plan	Third-party sick pay	12b C 0 d e		
Montgomery	AL 36	117	14 Other		12d C od d e		
f Employee's address and ZIP code  15 State Employer's state ID number	46.00	47	40	40		20	
15 State Employer's state ID number AL R010467913	16 State wages, tips, etc. 1,400	17 State income tax 39	18 Local wages, tips, etc.	19 Local ind	come tax	20 Locality name	

Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by ALPESH PATEL CPA

	a Employee's social security number	OMB No. 1545-	Safe, accurate, 0008 FAST! Use	IRS 6	e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)			1 Wages, tips, other compe	nsation 7,200	2 Federal	income tax withheld
C Employer's name, address, and ZIP cod	'e		Social security wages     Medicare wages and tips	7,200	4 Social se	ecurity tax withheld
2949 FORBES RD Montgomery	AL 3	86110	7 Social security tips	7,200	8 Allocated	104
<b>d</b> Control number			9		10 Depende	ent care benefits
<b>e</b> Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See instr	ructions for box 12
BHAVESH B PATEL  Montgomery	AL 36	117	13 Statutory employee Palan Retirement plan	Third-party sick pay	12b C d e 12c C o d d e	
<b>f</b> Employee's address and ZIP code					C od e	
15 State Employer's state ID number AL   R010127749	16 State wages, tips, etc. 7,200	17 State income tax 251	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name
Form W-2 Wage and Statement	Гах	2019		Departm	nent of the Trea	sury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. EEA

The information on the F	orm W-2 was used to	prepare the tax	payer's 2019 Fede	ral tax	return b	y ALPESH PATEL CP.
ē	Employee's social security number	r OMB No. 1545-	Safe, accurate, DO08 FAST! Use	IRS 6	e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compen	sation	2 Federal	income tax withheld
C Employer's name, address, and ZIP code			3 Social security wages		4 Social se	ecurity tax withheld
			5 Medicare wages and tips		6 Medicar	e tax withheld
			7 Social security tips		8 Allocate	d tips
<b>d</b> Control number			9		10 Depende	ent care benefits
Employee's first name and initial     f Employee's address and ZIP code	Last name	Suff.	11 Nonqualified plans  13 Statutory Retirement plan  14 Other	Third-party sick pay	12a See inst	ructions for box 12
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name

W-2 Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

	W-2 Detail List	_		2019	
e(s) as shown on return	(Keep for your records	)		ZU19 Tax ID Numbe	er
BHAVESH B & MITALBAHEN PAT	EL				-1368
		DERAL		STATE	
Employer Name	Gross	W/H S	tate Code	Gross	W/H
MUSKAN 2631 INC	20,400	1,800	AL	20,400	76
PLEASURE LLC	6,000	4,127	AL	6,000	16
JASHI INC	18,000	4,572	AL	18,000	1,23
JASHI INC	24,000	6,630	AL	24,000	1,75
ALABAMA BEVERAGE INC	3,600	2,690	AL	3,600	63
FRIDAY LIQUOR INC	1,400	76	AL	1,400	3
2019 FOUR PLUS INC	7,200	540	AL	7,200	25
Taxpayer Totals	36,200	12,005		36,200	2,32
Spouse Totals	44,400	8,430		44,400	2,51
Totals	80,600	20,435		80,600	4,84
LIST.LD					

-1368

### **Computation of Regular Tax**

 Name(s) as shown on return
 (Keep for your records)
 Tax ID Number

BHAVESH B & MITALBAHEN PATEL

Statement for line 12a of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is of the

	but not			% on	amount
over	over	pay	plus	excess	over
0	19,400	0.00		10%	0
19,400	78,950	1,940.00		12%	19,400
78,950	168,400	9,086.00		22%	78 <b>,</b> 950
168,400	321,450	28,765.50		24%	168,400
321,450	408,200	65,497.50		32%	321,450
408,200	612,350	93,257.50		35%	408,200
612,350		164,709.50		37%	612,350

 $$9,086.00 + (($149,823.00 - $78,950.00) \times 22.0\%) = $24,678$ 

Tax from Tax Rate Schedule \$ 24,678 Tax from Qualified Dividends/Capital Gain Worksheet \$ 24,652

\$ 24,652 Tax computed using the most advantageous method allowed

TAX\_COMP.LD

# Qualified Dividends and Capital Gain Tax Worksheet - Line 12a (Form 1040)

(Keep for your records)

Name(s) as shown on return

Tax ID Number

ne(s) as shown o		Tax ID Number
AVESH B	& MITALBAHEN PATEL	-1368
Before yo	<ul> <li>See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.</li> <li>Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.</li> <li>If you don't have to file Schedule D and you received capital gain distributions, be sure you on Form 1040 or 1040-SR, line 6.</li> </ul>	
1 Enter th	e amount from Form 1040 or 1040-SR, line 11b. However, if you are	
	orm 2555 (relating to foreign earned income), enter the amount from	
	the Foreign Income Tax Worksheet	140 6
	e amount from Form 1040 or 1040-SR, line 3a*	3
	filing Schedule D?*	
X Yes.	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	•
	Enter the amount from Form 1040 or 1040-SR, line 6	
	as 2 and 3	3
	Form 4952 (used to figure investment interest expense deduction),	
	ny amount from line 4g of that form. Otherwise, enter -0-	
	t line 5 from line 4. If zero or less, enter -0	
7. Subtrac	t line 6 from line 1. If zero or less, enter -0	149,4
3. Enter:		
\$39,375	if single or married filing separately,	
\$78,750	if married filing jointly or qualifying widow(er),	78,7
\$52,750	) if head of household.	
	e smaller of line 1 or line 8	
	e smaller of line 7 or line 9	
	t line 10 from line 9. This amount is taxed at 0%	
	e smaller of line 1 or line 6	
	e amount from line 11	
4. Subtrac	t line 13 from line 12	
5. Enter:		
\$434,55	50 if single,	
\$244,42	25 if married filing separately,	
\$488,85	50 if married filing jointly or qualifying widow(er),	. 488,8
. ,	00 if head of household.	
	e smaller of line 1 or line 15	
	ss 7 and 11	
8. Subtrac	t line 17 from line 16. If zero or less, enter -0	
<ol><li>Enter th</li></ol>	e smaller of line 14 or line 18	
<b>0.</b> Multiply	line 19 by 15% (0.15)	
	es 11 and 19	
2. Subtrac	t line 21 from line 12	
3. Multiply	line 22 by 20% (0.20)	
4. Figure t	he 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	24,5
5. Add line	es 20, 23, and 24	. 24,6
	he 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	. 24,6
-	all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry	
	on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the	
-	pace on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned	
	Tax Worksheet	. 24,6

Form 1040 or

# Investment Income for the Earned Income Credit

1040-SF	R	(Keep for your records)	2019
Name(s) as s	shown on return		Tax ID Number
BHAVESI	H B & MITAL	BAHEN PATEL	-1368
Interest	and Dividends		
1. E	nter any amount f	rom Form 1040 or 1040-SR, line 2b	1
2. E	nter any amount f	rom Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b	
3. E	nter any amount f	rom Form 1040 or 1040-SR, line 3b	3. 529
4. E	nter the amount fr	om Schedule 1 (Form 1040 or 1040-SR), line 8, that is from Form 8814 if you are filing that form to	
re	eport your child's i	nterest and dividend income on your return. (If your child received an Alaska Permanent	
F	und dividend, use	Worksheet 2, on the next page, to figure the amount to enter on this line.)	4
Capital	Gain Net Income		
5. E	nter the amount fr	rom Form 1040 or 1040-SR, line 6. If the amount on that line	
is	a loss, enter -0-		
6. E	nter any gain from	Form 4797, Sales of Business Property, line 7. If the	
aı	mount on that line	is a loss, enter -0 (But, if you completed lines 8 and	
9	of Form 4797, en	ter the amount from line 9 instead.) 6.	
<b>7.</b> S	ubtract line 6 of th	nis worksheet from line 5 of this worksheet. (If the result is less than zero,	
eı	nter -0)		7. 26,288
Royaltie	es and Rental Inc	ome From Personal Property	
8. E	nter any royalty in	ncome from Schedule E, line 4, plus any income from the rental of	
pe	ersonal property s	hown on Form 1040 or 1040-SR, Schedule 1, line 8, minus any	
ex	xpenses from Sch	edule E, line 20, related to royalty income, plus any expenses	
fro	om the rental of pe	ersonal property deducted on Form 1040, Schedule 1, line 22	
(If	f the result is less	than zero, enter -0)	8
Passive	Activities		
9. E	nter the total of ar	ny net income from passive activities (such as income	
in	ncluded on Schedu	ule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the	
to	otal of any losses	from passive activities (included on Schedule E, lines	
26	6, 29b (col. (f)), 34	4b (col. (c)), or 40). (See instructions below for line 9.)	
		er -0)	
<b>10.</b> A	djustment from EI	C screen	
		on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. <b>This is your Investment Income</b>	11. 46,964
_	1	ne 11 more than \$3,600?	
x	Yes. You can't		
L		3 of the Form 1040 and 1040-SR instructions for line 18a to find out if you can take the credit	
(u	unless you are us	ing this publication to find out if you can take the credit; in that case, go to Rule 7, next).	
Instruc	tions for line 9. I	in figuring the amount to enter on line 9, don't take into account any royalty income (or loss)	
		nedule E or any amount included in your earned income. To find out if the income on line 26 or line 40	O of
		sive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included	
Schedu	le E, line 26, isn't	from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to	line 26.

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

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

HAVESH B & MITALBAHEN PATEL	l .	-1368
Income	Regular tax	Alt Min Tax
Wages	80,600	80,600
Interest income before Series EE bond exclusion		
Dividend income	529	529
A lime and the section of		
Nonpassive business income or (loss)		
Schedule D and Form 4797	26,288	26,288
Taxable IRA distributions	.,	
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses) .		
	64,785	66,471
Nonpassive estate and trust income or (loss)	•	
Real Estate Mortgage Investment Conduits (REMICS)		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	172,202	173,888
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and		
fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	172,202	173,888
MAGI adjustment from input screen E2		
Modified adjusted gross income	172,202	173,888

**Forms 1040** 

### **Child Tax Credit and Credit for Other Dependents Worksheet - Line 14**

1040-SR, and 1040NR 2019 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL -1368 Before you begin: Complete the Earned Income Worksheet, later in this publication. • 1040 and 1040-SR filers. Complete line 18a; Schedule 2, line 5; and Schedule 3, line 11 of your return if they apply to you. • 1040-NR filers. Complete lines 56 and 67 of your return if they apply to you. CAUTION! Use this worksheet only if you answered "Yes" on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet earlier and are not filing Form 2555. 1. Enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet . . . 1 2. Number of qualifying children under 17 with the required social security number: \_\_\_\_\_ x \$1,400. Enter the result . . . . . . . . . . . . . . . . . . 2 \_ TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet. 3. Enter your earned income from line 7 of the Earned Income Worksheet .... 3 \_\_\_ 4. Is the amount on line 3 more than \$2,500? No. Leave line 4 blank, enter -0- on line 5, and go to line 6. Yes. Subtract \$2,500 from the amount on line 3. Enter the result . . . . . . 4 14,524 6. On line 2 of this worksheet, is the amount \$4,200 or more? X No. • If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit and Credit for Other Dependents Worksheet and do the following. Enter -0- on line 14, and complete lines 15 and 16. • If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7. ➤ 7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, If married filing use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount jointly, include your spouse's amounts to enter; otherwise enter the total of the following amounts from Form(s) W-2...7 with yours when Social security tax withheld from box 4, and completing lines 7 • Medicare tax withheld from box 6. 8. 1040 and 1040-SR filers. Enter the total of any -. Amounts from Schedule 1, line 14, and Schedule 2, line 5; and Any taxes that you identified using code "UT" and entered on Schedule 2, line 8. 1040-NR filers. Enter the total of any - Amounts from Form 1040-NR, lines 27 and 56; and • Any taxes that you identified using code "UT" and entered on line 60. 10. 1040 and 1040-SR filers. Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3, line 11. 1040-NR filers. Enter the amount from Form 1040-NR, line 67. 1,400 **14.** Is the amount on line 13 of this worksheet more than the amount on line 1? No. Subtract line 13 from line 1. Enter the result. Yes. Enter -0-. Next, figure the amount of any of the following credits that you are claiming. · Mortgage interest credit, Form 8396. • Adoption credit, Form 8839. • Residential energy efficient property credit, Form 5695, Part I. • District of Columbia first-time homebuyer credit, Form 8859. Then, go to line 15. 15. Enter the total of the amounts from -• Form 8396, line 9, and • Form 8839, line 16, and • Form 5695, line 15, and Enter this amount on line 14 of the Child Tax Credit and • Form 8859, line 3.

WK\_8812.LD3

Credit for Other Dependents Workshee Forms 1040,

### **Child Tax Credit and Credit for Other**

**Dependents Worksheet** 1040-SR, and 1040-NR 2019 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL -1368 Before you begin: • Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R. Part 1 1. Number of qualifying children under 17 with the required social security number: 2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: \_\_\_\_\_ x \$500. Enter the result ....... 2. \_\_\_ Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1. 4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35 . . . . . 4. 190,925 5. 1040 and 1040-SR Filers. Enter the total of any -. Exclusion of income from Puerto Rico: and Amounts from Form 2555 lines 45 and 50 and Form 4563, line 15. 1040-NR filers. Enter -0-. 190,925 7. Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 8. Is the amount on line 6 more than the amount on line 7? x No. Leave line 8 blank. Enter -0- on line 9. 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. 

You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.

10. Is the amount on line 3 more than the amount on line 9?

Go to Part 2 on the next page.

☐ No. STOP

Forms 1040 1040-SR, and

### **Child Tax Credit and Credit for Other**

**Dependents Worksheet** 1040NR 2019 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL -1368 Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R. Part 2 **12.** Add the following amounts from: Form 1040 or 1040-SR or Form 1040-NR Schedule 3, Line 1 Line 46 Schedule 3, Line 2 Line 47 Schedule 3, Line 3 Schedule 3, Line 4 Line 48 Enter the total. 12. 24,652 14. Are you claiming any of the following credits? • Mortgage interest credit, Form 8396. • Adoption credit, Form 8839. • Residential energy efficient property credit, Form 5695, Part I. • District of Columbia first-time homebuyer credit, Form 8859. No. Enter -0-. **Yes.** If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here. 24,652 16. Is the amount on line 10 of this worksheet more than the amount on line 15? x No. Enter the amount from line 10. This is your child tax Yes. Enter the amount from line 15. credit and credit for other dependents. See the **TIP** below. Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49. You may be able to take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero. • First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also, complete line 67). • Then, use Schedule 8812 to figure any additional

child tax credit.

Forms 1040, 1040-SR, and 1040-NR

#### **Earned Income Worksheet**

(Keep for your records)

2019

### Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL -1368 Before you begin: Use this worksheet only if you were sent here from the Line 14 Worksheet earlier in this publication or line 6a of Schedule 8812, Additional Child Tax Credit. Disregard community property laws when figuring the amounts to enter on this worksheet. • If married filing jointly, include your spouse's amounts with yours when completing this worksheet. If you elect to use prior year earned income, complete this worksheet using only 2018 amounts, including any amount: On line 1b of this worksheet, of nontaxable combat pay received in 2018; On line 2a of this worksheet, from a 2018 Schedule C-EZ, line 1; On line 2b of this worksheet, from a 2018 Schedule C-EZ, line 3, or from a Schedule K-1 (Form 1065-B), box 9, code J1,\* received in 2018; and On line 5 of this worksheet, from a 2018 Schedule 1, line 27, instead of line 14 of that Schedule 1. CAUTION Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3. b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property . . . . . . . . . . . . . . . . . . . 2b. 20,148 c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.\* Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Ötherwise, skip this line and enter on line 2e the amount from line 2c If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) 3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop. Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of the Line 14 Worksheet or line 6a of Schedule 8812, whichever applies 4. Enter any amount included on line 1a that is: a. A scholarship or fellowship grant not reported on Form W-2 . . . . . . . . . . . . 4a. b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 1 of Form 1040 or 1040-SR, or line 8 of Form 1040-NR) .. 4b. A pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (enter "DFC" and this amount on the dotted line next to line 1 of Form 1040 or 1040-SR, or line 8 of Form 1040-NR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity 5. Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 5. • If you were sent here from the Line 14 Worksheet, enter this amount on line 3 of that worksheet. If you were sent here from Schedule 8812, enter this amount on line 6a of that form. \* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to

your return.

### Modified AGI Worksheets for Form 8962

		2019
Name(s) as shown on return	(Keep for your records)	Tax ID Number
BHAVESH B & MITAL	BAHEN DATEL	-1368
		1300
VV	/orksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a	
1.	Enter your adjusted gross income (AGI) from Form 1040 or	
	1040-SR, line 8b, or Form 1040-NR, line 35	190,925
2.	Enter any tax-exempt interest from Form 1040 or 1040-SR,	
	line 2a, or Form 1040-NR, line 9b	
3.	Enter any amounts from Form 2555, lines 45 and	
_	50 3.	
4.	Form 1040 or 1040-SR filers: If line 5a is more than	
_	line 5b, subtract line 5b from line 5a and enter the result 4.	
5.	Add lines 1 through 4. Enter here and on Form 8962,	100 005
	line 2a	190,925
W	/orksheet 1-2. Dependents' Combined Modified AGI Worksheet -	Line 2b
1.	Enter the AGI for your dependents from Form 1040 or 1040-SR,	
	line 8b, and Form 1040-NR, line 35	
2.	Enter any tax-exempt interest for your dependents	
	from Form 1040 or 1040-SR, line 2a, and Form 1040-NR,	
	line 9b	
3.	Enter any amounts for your dependents from Form	
	2555, lines 45 and 50	
4.	For each dependent filing Form 1040 or 1040-SR:	
	If line 5a is more than line 5b, subtract line 5b from	
	line 5a and enter the result	
5.	Add lines 1 through 4. Enter here and on Form 8962,	
	line 2b	
W	orksheet 2. Household Income as a Percentage of the Federal Pe	overty Line
1	Enter the amount from line 3 of Form	
-	8962	190,925
2.	Enter the amount from line 4 of Form	
	8962	
3.	Multiply the amount on line 2 by 4.0	83,120
4.	Is the amount on line 1 more than the amount on line 3?	
	• Yes. The amount on line 1 above is more than 400% of the federal poverty line. Enter 401 here and on line 5 of Form 8962.	
	• No. Divide the amount on line 1 above by the amount on line 2 above. Do not round; instead multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; for 3.997, enter the result as 399. Enter the result here and on line 5 of Form 8962	401

			Fartner's Adjusted	or your records.	orksneet, pa	age 1	2019	)
Nam	e of Partner:	BHAVESH		or your rooordo.		SSN:	-13	168
		MUSKAN 2				EIN	0498	
						_		
A.	Partner's share of	of partnership liabil	ilities (Sch K-1, Item K)					
B.	Partner's share of	of partnership liabil	ilities from PRIOR year	B	(	)		
C.	Increases (Decre	ease) in share of P	Partnership Liabilities during this tax period	C				
1.	Adjusted Basis fi	rom preceding yea	ar				1	16,920
2.	Capital contribut	ions of property						
a.	Gain (if any) r	ecognized this year	ar on contribution of property to partnership	2 a				
b.	Cash contribu	ited during the yea	ar	b				
C.	Adjusted basis	s of property contri	ributed during the year	c				
d.	Partnership in	terest acquired oth	ther than by cash or property	d				
	Total additional of	contributions (Tota	al lines 2a-2d)			2.	_	
3.	Items of Income	or Gain for this pe	eriod					
a.	Ordinary Inco	me	(Sch K-1, Line 1)	3 a	20,147			
b.	Real Estate R	tental Income	(Sch K-1, Line 2)	b				
C.	Other Rental	Income	(Sch K-1, Line 3c)	С				
d.	Interest, Divid	lends & Royalties	(Sch K-1, Lines 5, 6a & 7)					
e.	Capital Gain		(Sch K-1, Lines 8 & 9a)					
f.	Other Portfolio	o Income	(Sch K-1, Line 11a)					
g.	Section 1231	Gain	(Sch K-1, Line 10)					
h.	Other Income		(Sch K-1, Line 11i)					
i.	Tax Exempt In	ncome	(Sch K-1, Lines 18a & b)					
j.	Excess Deple	tion Adjustment						
k.		Recapture of Bus	siness Credits					
i.	Gain from 179							
		49(a), 50(a), 50(c	c)(2) & 1371 (d))	-				
		come or Gains (To				3. 20,147	7	
4.			Partnership Liabilities from line C above			4.	-	
5.		in basis (combine I					- 5.	37,067
6.		ns to the Partner d				6		
7.			rtnership Liabilities from line C above			7.	_	
8			enses/Credit Adjustments			8.		
9.			ns and other decreases (Line 5 minus lines 6-8)			·	9.	37,067
10.			Allowed for the current year)				·	377007
. о. а.	Ordinary Loss		(Page 2, Col d, Line 10a)	) 10 a				
b.	Real Estate R		(Page 2, Col d, Line 10b)	_				
C.	Other Rental I		(Page 2, Col d, Line 10c)	_				
d.	Capital Loss	2033	(Page 2, Col d, Line 10d)	_				
е.	Other Portfolio	0 1 000	(Page 2, Col d, Line 10e)					
f.	Section 1231		(Page 2, Col d, Line 10f)					
	Other Loss	2033	(Page 2, Col d, Line 10g)					
g. h.	Charitable Co	entributions	(Page 2, Col d, Line 10h)					
:				,				
	Section 179 E		(Page 2, Col d, Line 10i)	·				
j.	Portfolio Incor		(Page 2, Col d, Line 10j)	_				
k.	Other Deducti	ions nse on Investment	(Page 2, Col d, Line 10k) t Debt (Page 2, Col d, Line 10l)	_				
I. 			, , , ,	_				
m		Expenditures	(Page 2, Col d, Line 10m					
n.	Other decreas		(Page 2, Col d, Line 10n)	_				
0.	Loss from 179		(Page 2, Col d, Line 10o)	0		40		
			ons (Total lines 10a-10o)			10	-	25 25-
11.	Adjusted Basis of	of Partnership Inter	rest (Cannot be negative) (Line 9-Line 10)				11	37,067

		Shareholder	's Adjusted E			t, page 1		2019
ame of S	Shareholder: BHAVESH B	PATEL	Do not file - keep for	your recor	us.		SSN:	-1368
	Corporation: MBM 01 IN						EIN	5622
	Stock basis							
	Stock basis, beginning of year (Not					1		
	Additional Capital Contributions of					2		
3 I	increases for income and gain item							
	a Ordinary Income		K, Line 1)	a				
	b Real Estate Rental Income	,	K, Line 2)		4,108			
	c Other Rental Income		K, Line 3c)					
	d Interest, Dividends & Royaltie		K, Lines 4, 5 & 6)	d				
	e Capital Gain	,	K, Lines 7 & 8a)					
	f Other Portfolio Income		K, Line 10a)					
	g Section 1231 Gain h Other Income		K, Line 9)					
			K, Line 10h)	n		2	4 100	
	Total Income and Gain Items  i Increase for Non-Taxable Income		l lines 3a-3h)			3a-h		
		,	K, Lines 16a & b)					
	<ul> <li>j Increase for Excess Depletion</li> <li>k Increase from Recapture of B</li> </ul>	usiness Credits (See IRC § 49(a)	E0(a) E0(a)(2) 9 1271(d))			3j 3k		
	I Gain from 179 asset disposition		, 50(a), 50(c)(2) & 157 1(u))			3l		
	Stock Basis Before Distributions		lines 1 through 2)			31		4 25,189
	Reduction for Non-Taxable Distribu		lines 1 through 3) K, Line 16d)					
	Stock Basis Before Non-Ded. Expe	(	not be negative)					5 625,189
	Decrease for Non-Deductible Expe		K. Line 16c & 13)					7
	Stock Basis Before Allowable Loss		not be negative)					8 25,189
	Decreases for Loss and Deduction	,	lot be negative)					25,105
	a Ordinary Loss		e 2, Col d, Line 9a)	а				
	b Real Estate Rental Loss		2, Col d, Line 9b)					
	c Other Rental Loss		2, Col d, Line 9c)					
	d Capital Loss		2, Col d, Line 9d)					
	e Other Portfolio Loss		e 2, Col d, Line 9e)					
	f Section 1231 Loss		2, Col d, Line 9f)					
	g Other Loss		e 2, Col d, Line 9g)					
	h Charitable Contributions		e 2, Col d, Line 9h)					
	i Section 179 Expense		2, Col d, Line 9i)					
	j Portfolio Income Expenses		2, Col d, Line 9j)					
	k Other Deductions		e 2, Col d, Line 9k)					
	I Interest Expense on Investme	ent Debt (Page	2, Col d, Line 9l)					
	m Section 59(e) Expenditures		2, Col d, Line 9m)	m				
	Total Loss and Deduction Item	ns (Tota	Lines 9a-9m)			9a-m		
	n Other decreases	(Page	2, Col d, Line 9n)			9n		•
	o Loss from 179 asset disposition	on (Page	2, Col d, Line 9o)			90		•
	Total Decrease for Loss and I	Deductions Items and Business C	redits					9
10	Less: net increase applied to debt	t basis						10
11	Stock Basis at End of Year (Line 8	8 minus line 9 minus line 10) (not	less than zero)					11 25,189
	Debt Basis							
12	Debt basis at beginning of year (	(not less than zero)				12		
13	New loans to corporation during	year				13		
14	Restoration of Debt Basis (Line	10)				14		
15	Less: Loans repaid by corporation	on during the year				15		-
16	Less: Applied against excess los	ss and deductions / non-deductible	e items			16		<u>.</u>
17	Debt basis at the end of tax year	r (combine lines 12-16) (not less	han zero)					17
18	Shareholder's total basis at end	of tax year (combine lines 11 and	I 17)					18 <b>25,189</b>
	Carryover		Total Disallowed		Debt Basis App Against Exces	lied ss		
			Losses		Losses and Dedu	ctions		
19	Total Beginning of year							
20	Add: Losses and deductions th	his year						
21	Less: Applied this year							
22	End of year (Not less than zero)							

		Shareho	older's Adjusted E  Do not file - keep for			t, paç	ge 1	20	019
ame of	Shar	eholder: MITALBAHEN PATEL	Do not nie - keep to	your	records.		SSN:		-5976
ame of	Corp	oration: MBM 01 INC					EIN		5622
		Stock basis							
1 :	Stock	k basis, beginning of year (Not less than zero)				1	21,080		
		tional Capital Contributions of Stock Purchased					21,000		
		ases for income and gain items:							
		Ordinary Income	(Sch K, Line 1)	а					
	b	Real Estate Rental Income	(Sch K, Line 2)		4,108				
	С	Other Rental Income	(Sch K, Line 3c)		•				
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)						
	е	Capital Gain	(Sch K, Lines 7 & 8a)						
	f	Other Portfolio Income	(Sch K, Line 10a)						
	g	Section 1231 Gain	(Sch K, Line 9)						
	h	Other Income	(Sch K, Line 10h)						
		Total Income and Gain Items	(Total lines 3a-3h)			3a-h	4,108		
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a & b)			3i			
	j	Increase for Excess Depletion Adjustment				3j			
	k	Increase from Recapture of Business Credits (See IRC	C § 49(a), 50(a), 50(c)(2) & 1371(d))			3k			
	I	Gain from 179 asset disposition				31			
4	Stoc	k Basis Before Distributions	(Add lines 1 through 3)					4	25,188
5 1	Redu	action for Non-Taxable Distributions	(Sch K, Line 16d)					5	
6	Stoc	k Basis Before Non-Ded. Expense	(Cannot be negative)					6	
7	Decr	ease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7	
8	Stoc	k Basis Before Allowable Losses & Deductions	(Cannot be negative)					8	25,188
9 1	Decr	eases for Loss and Deduction items							
	а	Ordinary Loss	(Page 2, Col d, Line 9a)	a					
	b	Real Estate Rental Loss	(Page 2, Col d, Line 9b)						
	С	Other Rental Loss	(Page 2, Col d, Line 9c)						
	d	Capital Loss	(Page 2, Col d, Line 9d)	d					
	е	Other Portfolio Loss	(Page 2, Col d, Line 9e)						
	f	Section 1231 Loss	(Page 2, Col d, Line 9f)						
	g	Other Loss	(Page 2, Col d, Line 9g)						
	h	Charitable Contributions	(Page 2, Col d, Line 9h)						
	!	Section 179 Expense	(Page 2, Col d, Line 9i)						
	j	Portfolio Income Expenses	(Page 2, Col d, Line 9j)						
	k	Other Deductions	(Page 2, Col d, Line 9k)						
	l m	Interest Expense on Investment Debt Section 59(e) Expenditures	(Page 2, Col d, Line 9l) (Page 2, Col d, Line 9m)						
	m	Total Loss and Deduction Items	(Page 2, Coi d, Line 9m) (Total Lines 9a-9m)	m _		9a-m			
	n	Other decreases	(Page 2, Col d, Line 9n)			9n		-	
		Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		_	
	•	Total Decrease for Loss and Deductions Items and Bu	, , ,			-		9	
10	Les	s: net increase applied to debt basis	onios orogio					10	
		ck Basis at End of Year (Line 8 minus line 9 minus line	10) (not less than zero)					11	25,188
		Debt Basis	,,,						
12	De	ebt basis at beginning of year (not less than zero)				12			
13		ew loans to corporation during year				13		_	
14	Re	estoration of Debt Basis (Line 10)				14		_	
15	Le	ess: Loans repaid by corporation during the year				15			
16	Le	ess: Applied against excess loss and deductions / non-o	deductible items			16			
17	De	ebt basis at the end of tax year (combine lines 12-16) (	not less than zero)			_		17	
18	Sh	nareholder's total basis at end of tax year (combine line	s 11 and 17)					18	25,188
		Carryover	Total Disallowed		Debt Basis Appl	ied			_
			Losses		Against Exces Losses and Dedu	ctions			
19	To	otal Beginning of year							
20	Ac	dd: Losses and deductions this year							
21	Le	ess: Applied this year							
22	Er	nd of year (Not less than zero)							

Snarei	Do not file - keep			ı, page i		2019
me of Shareholder: BHAVESH B PATEL	Do not nie - keep	rior your rec	Joius.		SSN:	-1368
ne of Corporation: JASHI INC					EIN	6259
Stock basis						
Stock basis, beginning of year (Not less than zero)				1	93,838	
2 Additional Capital Contributions of Stock Purchased				2		
3 Increases for income and gain items:			10 100			
a Ordinary Income	(Sch K, Line 1)		18,106			
b Real Estate Rental Income	(Sch K, Line 2)					
c Other Rental Income	(Sch K, Lines 4, 5 % 6)		<del></del>			
d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)					
e Capital Gain f Other Portfolio Income	(Sch K, Lines 7 & 8a)					
	(Sch K, Line 10a)					
g Section 1231 Gain h Other Income	(Sch K, Line 9) (Sch K, Line 10h)					
		"		20 h	10 106	
Total Income and Gain Items  i Increase for Non-Taxable Income	(Total lines 3a-3h) (Sch K, Lines 16a & b)			3a-h		
	(Sch K, Lines 16a & b)			3i		
j Increase for Excess Depletion Adjustment	IDO 6 40/-) FO/-) FO/-)/O) 8 4074	(-II)				
k Increase from Recapture of Business Credits (See	IRC § 49(a), 50(a), 50(c)(2) & 1371	(a))		3k		
I Gain from 179 asset disposition				3l		. 111 044
4 Stock Basis Before Distributions	(Add lines 1 through 3)					4 111,944
5 Reduction for Non-Taxable Distributions	(Sch K, Line 16d)					5
Stock Basis Before Non-Ded. Expense	(Cannot be negative)					6 111,944
7 Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7 477
Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)					8111,467
Decreases for Loss and Deduction items	(D. 0.011111 0.)					
a Ordinary Loss	(Page 2, Col d, Line 9a)					
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)					
c Other Rental Loss	(Page 2, Col d, Line 9c)					
d Capital Loss	(Page 2, Col d, Line 9d)					
e Other Portfolio Loss	(Page 2, Col d, Line 9e)					
f Section 1231 Loss	(Page 2, Col d, Line 9f)					
g Other Loss	(Page 2, Col d, Line 9g)					
h Charitable Contributions	(Page 2, Col d, Line 9h)		780			
i Section 179 Expense	(Page 2, Col d, Line 9i)					
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	j				
k Other Deductions	(Page 2, Col d, Line 9k)	k				
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)	' —				
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m				
Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m	780	
n Other decreases	(Page 2, Col d, Line 9n)			9n		
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		
Total Decrease for Loss and Deductions Items and	Business Credits					9 780
10 Less: net increase applied to debt basis					•	10
11 Stock Basis at End of Year (Line 8 minus line 9 minus	line 10) (not less than zero)					1110,687
Debt Basis						
12 Debt basis at beginning of year (not less than zero)				12		
13 New loans to corporation during year				13		
14 Restoration of Debt Basis (Line 10)				14		
15 Less: Loans repaid by corporation during the year				15		
16 Less: Applied against excess loss and deductions / no	on-deductible items			16		
17 Debt basis at the end of tax year (combine lines 12-16	6) (not less than zero)					17
18 Shareholder's total basis at end of tax year (combine	lines 11 and 17)					18110,687
Carryover	Tota Disallor Loss	wed	Debt Basis App Against Exce Losses and Dedu	SS		
19 Total Beginning of year						
20 Add: Losses and deductions this year						
21 Less: Applied this year						
22 End of year (Not less than zero)						

		Snarenoi	Do not file - keep for			t, page 1		2019
Name of	Shareholder: BHAVESH B	3 PATEL	Do not nic Receptor	i your reco	, i d d d d d d d d d d d d d d d d d d		SSN:	-1368
Name of	Corporation: HUM INC						EIN	2502
	Stock basis							
1	Stock basis, beginning of year (No	ot less than zero)				1	19,449	
2	Additional Capital Contributions of	Stock Purchased				2		
3	Increases for income and gain iter	ns:						
	a Ordinary Income		(Sch K, Line 1)	a	1,367			
	b Real Estate Rental Income		(Sch K, Line 2)	b				
	c Other Rental Income		(Sch K, Line 3c)	С				
	d Interest, Dividends & Royaltic	es	(Sch K, Lines 4, 5 & 6)	d				
	e Capital Gain		(Sch K, Lines 7 & 8a)	e				
	f Other Portfolio Income		(Sch K, Line 10a)	f				
	g Section 1231 Gain		(Sch K, Line 9)					
	h Other Income		(Sch K, Line 10h)	h				
	Total Income and Gain Items		(Total lines 3a-3h)			3a-h	1,367	
	i Increase for Non-Taxable Inc	come	(Sch K, Lines 16a & b)			3i		
	j Increase for Excess Depletio					3j		
	k Increase from Recapture of E	Business Credits (See IRC	§ 49(a), 50(a), 50(c)(2) & 1371(d))			3k		
	I Gain from 179 asset disposit	tion				3I		
4	Stock Basis Before Distributions		(Add lines 1 through 3)					4 20,816
5	Reduction for Non-Taxable Distrib	utions	(Sch K, Line 16d)					5
6	Stock Basis Before Non-Ded. Exp	ense	(Cannot be negative)					6 20,816
7	Decrease for Non-Deductible Expe	ense/Credit Adj	(Sch K. Line 16c & 13)					7
8	Stock Basis Before Allowable Loss	ses & Deductions	(Cannot be negative)					88 20,816
9	Decreases for Loss and Deduction	n items						
	a Ordinary Loss		(Page 2, Col d, Line 9a)	a				
	b Real Estate Rental Loss		(Page 2, Col d, Line 9b)	b				
	c Other Rental Loss		(Page 2, Col d, Line 9c)	c				
	d Capital Loss		(Page 2, Col d, Line 9d)	d				
	e Other Portfolio Loss		(Page 2, Col d, Line 9e)	e				
	f Section 1231 Loss		(Page 2, Col d, Line 9f)	f				
	g Other Loss		(Page 2, Col d, Line 9g)	g				
	h Charitable Contributions		(Page 2, Col d, Line 9h)	h				
	i Section 179 Expense		(Page 2, Col d, Line 9i)	i				
	j Portfolio Income Expenses		(Page 2, Col d, Line 9j)	j				
	k Other Deductions		(Page 2, Col d, Line 9k)	k				
	I Interest Expense on Investm	ent Debt	(Page 2, Col d, Line 9I)	1				
	m Section 59(e) Expenditures		(Page 2, Col d, Line 9m)	m				
	Total Loss and Deduction Ite	ems	(Total Lines 9a-9m)			9a-m		
	n Other decreases		(Page 2, Col d, Line 9n)			9n		
	o Loss from 179 asset disposit	tion	(Page 2, Col d, Line 9o)			90		
	Total Decrease for Loss and	Deductions Items and Busi	ness Credits					9
10	Less: net increase applied to deb	ot basis						10
11	Stock Basis at End of Year (Line	8 minus line 9 minus line 1	0) (not less than zero)					11 20,816
	Debt Basis							
12	2 Debt basis at beginning of year	(not less than zero)				12		
13	New loans to corporation during	g year						
14						14		
15	Less: Loans repaid by corporati	ion during the year				15		
16			ductible items			16		
17								17
18								18 20,816
	Carryover		Total		Debt Basis App	lied		
	•		Disallowed Losses		Against Exce Losses and Dedu	SS		
19	Total Beginning of year							
20		this year						
21	Less: Applied this year							
22	2 End of year (Not less than zero	)						

Snarer	Do not file - keep			t, page 1		2019
e of Shareholder: BHAVESH B PATEL	Do not nie - keep	Tor your reco	Jius.		SSN:	-1368
e of Corporation: MBM 02 LLC					EIN	5594
Stock basis						
1 Stock basis, beginning of year (Not less than zero)				1	40,907	
2 Additional Capital Contributions of Stock Purchased				2		
3 Increases for income and gain items:			22 440			
a Ordinary Income	(Sch K, Line 1)		33,448			
b Real Estate Rental Income c Other Rental Income	(Sch K, Line 2)					
c Other Rental Income d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 % 6)	c				
	(Sch K, Lines 4, 5 & 6) (Sch K, Lines 7 & 8a)	u				
e Capital Gain f Other Portfolio Income	(Sch K, Line 10a)					
	(Sch K, Line 9)					
g Section 1231 Gain h Other Income	(Sch K, Line 10h)	9 h				
Total Income and Gain Items	(Total lines 3a-3h)	" ——		3a-h	33,448	
i Increase for Non-Taxable Income	(Sch K, Lines 16a & b)			-		
j Increase for Excess Depletion Adjustment	(SCITK, Lines Toa & b)					
k Increase from Recapture of Business Credits (See	IRC 8 49(a) 50(a) 50(c)(2) & 1371	(d))		3j 3k		
I Gain from 179 asset disposition	11.0 3 40(a), 00(a), 00(0)(2) & 101 1	(u))		31		
Stock Basis Before Distributions	(Add lines 1 through 3)					4 74,35
5 Reduction for Non-Taxable Distributions	(Sch K, Line 16d)					5
6 Stock Basis Before Non-Ded. Expense	(Cannot be negative)					6 74,35
7 Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7
Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)					8 74,35
Decreases for Loss and Deduction items	(**************************************					
a Ordinary Loss	(Page 2, Col d, Line 9a)	а				
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)					
c Other Rental Loss	(Page 2, Col d, Line 9c)					
d Capital Loss	(Page 2, Col d, Line 9d)					
e Other Portfolio Loss	(Page 2, Col d, Line 9e)					
f Section 1231 Loss	(Page 2, Col d, Line 9f)					
g Other Loss	(Page 2, Col d, Line 9g)					
h Charitable Contributions	(Page 2, Col d, Line 9h)					
i Section 179 Expense	(Page 2, Col d, Line 9i)					
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	i				
k Other Deductions	(Page 2, Col d, Line 9k)	k				
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9l)					
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m				
Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m		
n Other decreases	(Page 2, Col d, Line 9n)			9n		
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		
Total Decrease for Loss and Deductions Items and	Business Credits					9
10 Less: net increase applied to debt basis						10
11 Stock Basis at End of Year (Line 8 minus line 9 minus	line 10) (not less than zero)					74,35
Debt Basis						
12 Debt basis at beginning of year (not less than zero)				12		
13 New loans to corporation during year				13		
14 Restoration of Debt Basis (Line 10)				14		
15 Less: Loans repaid by corporation during the year				15		
16 Less: Applied against excess loss and deductions / no	on-deductible items			16		
17 Debt basis at the end of tax year (combine lines 12-16	6) (not less than zero)					17
18 Shareholder's total basis at end of tax year (combine	lines 11 and 17)					18 74,35
Carryover	Tota Disallov Loss	wed	Debt Basis App Against Exce Losses and Dedu	SS		
19 Total Beginning of year						
20 Add: Losses and deductions this year						
21 Less: Applied this year						
22 End of year (Not less than zero)						

Snarer	Do not file - keep			t, page 1		2019
me of Shareholder: BHAVESH B PATEL	Do not nie - keep	rior your rec	Joius.		SSN:	-1368
ne of Corporation: ALABAMA BEVERAGE INC	2				EIN	4709
Stock basis						
1 Stock basis, beginning of year (Not less than zero)				1	450,000	
2 Additional Capital Contributions of Stock Purchased				2		
3 Increases for income and gain items:						
a Ordinary Income	(Sch K, Line 1)	a				
b Real Estate Rental Income	(Sch K, Line 2)	b				
c Other Rental Income	(Sch K, Line 3c)	c				
d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d				
e Capital Gain	(Sch K, Lines 7 & 8a)	e				
f Other Portfolio Income	(Sch K, Line 10a)	f				
g Section 1231 Gain	(Sch K, Line 9)	g				
h Other Income	(Sch K, Line 10h)	h				
Total Income and Gain Items	(Total lines 3a-3h)			3a-h		
i Increase for Non-Taxable Income	(Sch K, Lines 16a & b)			3i		
j Increase for Excess Depletion Adjustment				3j		
k Increase from Recapture of Business Credits (See	IRC § 49(a), 50(a), 50(c)(2) & 1371	(d))		3k		
I Gain from 179 asset disposition				3I		
4 Stock Basis Before Distributions	(Add lines 1 through 3)					4450,000
5 Reduction for Non-Taxable Distributions	(Sch K, Line 16d)					5
6 Stock Basis Before Non-Ded. Expense	(Cannot be negative)					6 450,000
7 Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7888
8 Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)					8 449,112
9 Decreases for Loss and Deduction items						
a Ordinary Loss	(Page 2, Col d, Line 9a)	a	30,653			
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b				
c Other Rental Loss	(Page 2, Col d, Line 9c)	c				
d Capital Loss	(Page 2, Col d, Line 9d)	d				
e Other Portfolio Loss	(Page 2, Col d, Line 9e)	e				
f Section 1231 Loss	(Page 2, Col d, Line 9f)	f				
g Other Loss	(Page 2, Col d, Line 9g)	g				
h Charitable Contributions	(Page 2, Col d, Line 9h)	h				
i Section 179 Expense	(Page 2, Col d, Line 9i)	i				
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	j				
k Other Deductions	(Page 2, Col d, Line 9k)	k				
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)	1				
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m				
Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m	30,653	
n Other decreases	(Page 2, Col d, Line 9n)			9n		
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		
Total Decrease for Loss and Deductions Items and	Business Credits					9 30,653
10 Less: net increase applied to debt basis					1	0
11 Stock Basis at End of Year (Line 8 minus line 9 minus I	ine 10) (not less than zero)				1	1 418,459
Debt Basis						
12 Debt basis at beginning of year (not less than zero)				12		
13 New loans to corporation during year				13		
14 Restoration of Debt Basis (Line 10)				14		
15 Less: Loans repaid by corporation during the year				15		
16 Less: Applied against excess loss and deductions / no	on-deductible items			16		
17 Debt basis at the end of tax year (combine lines 12-16	(not less than zero)				1	7
18 Shareholder's total basis at end of tax year (combine l	ines 11 and 17)					8 418,459
Carryover	Tota Disallor Loss	wed	Debt Basis App Against Exce Losses and Dedu	SS		
19 Total Beginning of year	LUSS					
20 Add: Losses and deductions this year						
21 Less: Applied this year						
22 End of year (Not less than zero)						

Forr	m 1120S	Attach this worksheet to your return.		2019	
Name	e of Shareholder: BHAV	ESH B PATEL S	SN:	-13	68
	<u> </u>		IN	470	9
	rt I - Shareholde				
1.	Stock basis at the be	eginning of the corporation's tax year	. ′	1	450,000
2.	Basis from any capita	al contributions made or additional stock acquired during the tax year	. 2	2	
3a.	Ordinary business in	come (losses go on Part III)			
b.	Net rental real estate	income (losses go on Part III)			
c.	Other net rental incor	me (losses go on Part III)			
d.	Interest income				
e.	Ordinary dividends				
f.	Royalties				
g.	Net capital gains (los	sses go on Part III)			
h.	Net section 1231 gai	in (losses go on Part III)			
i.	Other income (losses	s go on Part III)			
j.	Excess depletion adj	ustment			
k.	·	3k			
I.	Recapture of busines	ss credits			
m.	Other items that incre	ease stock basis			
4.	Add lines 3a through	3m	. 4	4	
5.	Stock basis before d	istributions. Add lines 1, 2, and 4	. :	5	450,000
6.	Distributions (excludi	ng dividend distributions)	. (	6	
	<b>Note.</b> If line 6 is larg Schedule D. See inst	er than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and tructions.	b		
7.	Stock basis after dist and enter -0- on line	tributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, 15	. 7	7	450,000
8a.	Nondeductible expen	nses			
		gas			
9.	Add lines 8a and 8b		. 9	9	888
10.		oss and deduction items. Subtract line 9 from line 7. If result is zero or less, enter -0-, skip lines	4	0	440 110
14	-	nter -0- on line 15			449,112
		eduction items. Enter the amount from Part III, line 13, column (c)		-	30,653
		n (see net increase in instructions for Part II, line 8)			
		13			
		end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less,	. 14	<b></b>	30,653
		· · · · · · · · · · · · · · · · · · ·	. 1	5	418,459

Name o	f Shareholder: BHAVESH B PATEL					SSN:	-1368
Name o	f Corporation: ALABAMA BEVERAGE INC	!				EIN	4709
Par	t III - Allowable Loss and Deducti	on Items					
		(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	` '	wable loss ebt basis	(e) Carryover amounts
1.	Ordinary business loss	30,653		30,653	3		
2.	Net rental real estate loss						
3.	Other net rental loss						
4.	Net capital loss						
5.	Net section 1231 loss						
6.	Other loss						
7.	Section 179 deductions						
8.	Charitable contributions						
9.	Investment interest expense						
10.	Section 59(e)(2) expenditures						
11.	Other deductions						
12.	Foreign taxes paid or accrued						
13.	<b>Total Loss.</b> Combine lines 1 through 12						
	for each column. Enter the total loss in						
	column (c) on line 11 of Part I and enter						
	the total loss in column (d) on line 15 of						
	Part II	30,653	3	30,653	3		C

Share	Do not file - keep		worksneet, page 1		2019
ne of Shareholder: BHAVESH B PATEL	Do not nie - keep	rior your reco	iius.	SSN:	-1368
ne of Corporation: RC WOODLEY INC				EIN	9142
Stock basis					
1 Stock basis, beginning of year (Not less than zero)			1	25,000	
2 Additional Capital Contributions of Stock Purchased			2		
3 Increases for income and gain items:					
a Ordinary Income	(Sch K, Line 1)				
b Real Estate Rental Income	(Sch K, Line 2)	b			
c Other Rental Income	(Sch K, Line 3c)	С			
d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d			
e Capital Gain	(Sch K, Lines 7 & 8a)	e			
f Other Portfolio Income	(Sch K, Line 10a)	f			
g Section 1231 Gain	(Sch K, Line 9)	g			
h Other Income	(Sch K, Line 10h)	h			
Total Income and Gain Items	(Total lines 3a-3h)		3a-h		
i Increase for Non-Taxable Income	(Sch K, Lines 16a & b)		3i		
j Increase for Excess Depletion Adjustment			Зј		
k Increase from Recapture of Business Credits (Se	e IRC § 49(a), 50(a), 50(c)(2) & 1371	(d))	3k		
I Gain from 179 asset disposition			3I		
4 Stock Basis Before Distributions	(Add lines 1 through 3)			4	25,000
5 Reduction for Non-Taxable Distributions	(Sch K, Line 16d)			5	
6 Stock Basis Before Non-Ded. Expense	(Cannot be negative)			6	25,000
7 Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)			7	
8 Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)			8	25,000
9 Decreases for Loss and Deduction items					
a Ordinary Loss	(Page 2, Col d, Line 9a)	a	7		
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b			
c Other Rental Loss	(Page 2, Col d, Line 9c)	С			
d Capital Loss	(Page 2, Col d, Line 9d)				
e Other Portfolio Loss	(Page 2, Col d, Line 9e)				
f Section 1231 Loss	(Page 2, Col d, Line 9f)				
g Other Loss	(Page 2, Col d, Line 9g)				
h Charitable Contributions	(Page 2, Col d, Line 9h)				
i Section 179 Expense	(Page 2, Col d, Line 9i)				
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	i			
k Other Deductions	(Page 2, Col d, Line 9k)	k			
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)				
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m			
Total Loss and Deduction Items	(Total Lines 9a-9m)		9a-m	7	
n Other decreases	(Page 2, Col d, Line 9n)		9n		
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)		90		
Total Decrease for Loss and Deductions Items at				9	7
10 Less: net increase applied to debt basis				10	
11 Stock Basis at End of Year (Line 8 minus line 9 minus	s line 10) (not less than zero)			11	24,993
Debt Basis	s and roy (not loss than 2010)				
12 Debt basis at beginning of year (not less than zero)			12		
13 New loans to corporation during year					
14 Restoration of Debt Basis (Line 10)			14		
15 Less: Loans repaid by corporation during the year			15		
16 Less: Applied against excess loss and deductions /	non-deductible items		16		
17 Debt basis at the end of tax year (combine lines 12-				17	
18 Shareholder's total basis at end of tax year (combine				17	24,993
Carryover	Tota	ı	Debt Basis Applied	10	
Gairy 3 v Gi	Disallo Loss	wed	Against Excess Losses and Deductions		
19 Total Beginning of year					
20 Add: Losses and deductions this year					
21 Less: Applied this year					
22 End of year (Not less than zero)					

-011	11 11205 Attach this worksheet to your return.		20	13
		SN:		-1368
	er Corporation: RC WOODLEY INC EII Int I - Shareholder Stock Basis	N		9142
	Stock basis at the beginning of the corporation's tax year		1.	25,000
	Basis from any capital contributions made or additional stock acquired during the tax year			
3a.	Ordinary business income (losses go on Part III)			
b.	Net rental real estate income (losses go on Part III)			
c.	Other net rental income (losses go on Part III)			
d.	Interest income			
e.	Ordinary dividends			
f.	Royalties			
g.	Net capital gains (losses go on Part III)			
h.	Net section 1231 gain (losses go on Part III)			
i.	Other income (losses go on Part III)			
j.	Excess depletion adjustment			
k.	Tax-exempt income			
I.	Recapture of business credits			
m.	Other items that increase stock basis			
4.	Add lines 3a through 3m	. 4	4	
5.	Stock basis before distributions. Add lines 1, 2, and 4		5	25,000
6.	Distributions (excluding dividend distributions)	. (	6	
	<b>Note.</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7.	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	. 7	7	25,000
92	Nondeductible expenses			
	Depletion for oil and gas			
ь.	Depletion for oil and gas			
9.	Add lines 8a and 8b	. (	9	
10.	Stock basis before loss and deduction items. Subtract line 9 from line 7. If result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0.	25,000
11.	Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c)			7
	Other items that decrease stock basis			
	Add lines 11, 12, and 13			
	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-			

Name o	of Shareholder: BHAVESH B PATEL					SSN:	-1368
Name o	of Corporation: RC WOODLEY INC					EIN	9142
Par	t III - Allowable Loss and Deducti	on Items					
		(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	` '	wable loss ebt basis	(e) Carryover amounts
1.	Ordinary business loss	7	7	7	,		
2.	Net rental real estate loss						
3.	Other net rental loss						
4.	Net capital loss						
5.	Net section 1231 loss						
6.	Other loss						
7.	Section 179 deductions						
8.	Charitable contributions						
9.	Investment interest expense						
10.	Section 59(e)(2) expenditures						
11.	Other deductions						
12.	Foreign taxes paid or accrued						
13.	Total Loss. Combine lines 1 through 12 for each column. Enter the total loss in column (c) on line 11 of Part I and enter						
	the total loss in column (d) on line 15 of Part II	7	7	7	7		

### **QBI Explanation Worksheet**

Form 1040 (Do not file. Keep for your records)

Name(s) as shown on return

Tax ID Number

e(s) as shown on return		Tax ID Number
AVESH B & MITALBAHEN PATEL		-1368
Name of business activity  K1S: JASHI INC		
	As reported	As allowed on 1040
		after limitations
1. Ordinary business income (loss)	18,106	18,106
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions	780	
8. Other deductions		
9. Deduction for half of SE tax		
10. Self-employed health insurance deduction		
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		18,106
13. W-2 wages carried to Form 8995 / 8995-A	-	71,000
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending on the following lines.		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of promassing to the second		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of prom 8995. A, line 1 Form 8995.A, Schedule A, line 2 Form 8995.A, Schedule A, line 16 Form 8995.A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of promassing to the second		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the form 8995-A, line 1  Form 8995-A, line 2  Form 8995-A, Schedule A, line 2  Form 8995-A, Schedule A, line 16  Form 8995-A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the following lines, depending of the form 8995-A, line 1  Form 8995-A, line 2  Form 8995-A, Schedule A, line 2  Form 8995-A, Schedule A, line 16  Form 8995-A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines are s		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines are s		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines are s		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines are s		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of x  x  Form 8995, line 1  Form 8995-A, Schedule A, line 2  Form 8995-A, Schedule A, line 16  Form 8995-A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines, depending of points are supported by the following lines are s		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of prom 8995. A, line 1 Form 8995.A, Schedule A, line 2 Form 8995.A, Schedule A, line 16 Form 8995.A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of prom 8995. A, line 1 Form 8995.A, Schedule A, line 2 Form 8995.A, Schedule A, line 16 Form 8995.A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of prom 8995. A, line 1 Form 8995.A, Schedule A, line 2 Form 8995.A, Schedule A, line 16 Form 8995.A, Schedule B, line 3		
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of a series of the following lines, depending of the following line	on circumstances:	
16. 199(A)(g) deduction  17. QBI allocable to cooperative payments  18. W-2 wages allocable to cooperative payments  The income amount from line 12 will show on one of the following lines, depending on the foll	on circumstances:	lowed,

### **QBI Explanation Worksheet**

2019 Form 1040

me(s) as shown on return	(Do not me. Neep for your records)		Tax ID Number
AVESH B & MITALBAHEN PA	TET		-1368
AVEDII D & MITAEDAHEN II	11111		1300
Name of business activity	K1P: MUSKAN 2631 LLC		
,			
		As reported	As allowed on 1040
			after limitations
1. Ordinary business income (loss)	)	20,147	20,147
2. Rental income (loss)			
4. Section 1231 gain (loss)			
6. Section 179 deduction			
7. Charitable contributions			
8. Other deductions			
	deduction		
11. Self-employed pension deduction	on		
12. QBI amount carried to Form 8			
13. W-2 wages carried to Form 8	995 / 8995-A		
	rried to Form 8995 / 8995-A		
16. 199(A)(g) deduction			
17. QBI allocable to cooperative pa	ayments		
18. W-2 wages allocable to coope	rative payments		
	Form 8995-A, line 2 Form 8995-A, Schedule A, line 2 Form 8995-A, Schedule A, line 16 Form 8995-A, Schedule B, line 3		
	Form 8995-A, Schedule C, line 1		
suspended, limited, or ca	ct and the related proposed regulations state that losses arried over from taxable years ending before January 1, 2	018 (including under sections	
704(d), and 1366(d)), are	e not taken into account in a later taxable year for purpose	s of computing QBI.	

# Carryover Worksheet List of items that will carryover to the 2020 tax return (Keep for your records)

 Name(s) as shown on return
 (Keep for your records)
 Tax ID Number

			1350
HAVESH B & MITALBAHEN PATEL			-1368
Itemized Deductions			Carryover Amoun
	nitations		•
•			
*		roperty)	
•		roperty)	
•			
'			
•			-
			•
Expenses			
•	•		
Disallowed investment interest expense			
Operating expenses, from Form WK_E,	Sch E - Rental limitation on deductions w	hen used for personal use	•
Excess depreciation, from Form WK_E,	Sch E - Rental limitation on deductions w	when used for personal use	
Losses			
Short-term capital loss	Af	MT Reg. Ta	K
Long-term capital loss		MT Reg. Ta	K
Net operating loss		MT Reg. Ta	·
Excess business loss from Form 461 (be	ecomes part of NOL next year) All	MT Reg. Ta:	κ
Qualified REIT and PTP loss carryover			
QBI loss carryover			
Nonrecaptured net section 1231 losses			
Credits			
Foreign Tax credit			
		· · · · · · · · · · · · · · · · · · ·	
Other			•
·			
Estimated Tax Payment 1	1,860	Estimated Tax Payment 2	
Estimated Tax Payment 3	1,860	Estimated Tax Payment 4	
Federal tax liability for 2210 calculation			. 25,49
			. 7,61
	Taxpa		

### Nonrecaptured Net Section 1231 Losses Carryover Worksheet

(Keep for your records)

2019

Tax ID Number
-1368

BHAVESH B & MITALBAHEN PATEL

Name(s) as shown on return

			1
Year Carried	Nonrecaptured	Amount Used	Remaining
From	net Sec 1231 loss	In 2019	Carryover
2014	0		0
2015	0		0
2016	0		0
2017	0		0
2018	5,518		5,518
2019	0		0
Totals	5,518		5,518

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2020 tax return.) Code Sec. 1231(c)(1-2).

#### **TAX RETURN COMPARISON** 2019 2017 / 2018 / 2019 Name(s) as shown on return Identifying number BHAVESH B & MITALBAHEN PATEL -1368 2017 2018 2019 Difference 2018-2019 Filing Status . . . . . . . . . . Married Joint Married Joint Married Joint Number of Exemptions . . 3 N/A Number of Dependents . . . . . . . . . Income Wages, salaries, tips, etc. . . . . . . 73,775 72,400 80,600 8,200 Taxable interest and dividends . . . . 122 529 407 Taxable state and local refunds . . . . Alimony......... Business income (loss) . . . . . . . 12,511 6,332 26,288 19,956 Pensions and IRA distributions . . . . Rent and royalty income (loss) .... 70,736 43,791 84,932 41,141 Part, S-corps, trusts income (loss) . . . Farm income (loss) . . . . . . . . . . Unemployment compensation . . . . Total SS benefits received . . . . . . Taxable SS benefits...... Other income (loss) . . . . . . . . . Total Income . . . . . . . . . . . . . . . 157,022 122,645 192,349 69,704 Adjusted Gross Income Half of self-employment tax . . . . . 1,402 489 935 1,424 IRA deduction. . . . . . . . . . . . . . . . . . Total Adjusted Gross Income . . . . 155,620 122,156 190,925 68,769 Deductions Medical deductions . . . . State and local taxes . . . . . . . . . 6,123 4,957 Contributions . . . . . . . . . . . . . . . . . 4,255 Employee business expenses . . . . . 24,000 24,400 400 Standard or other deductions . . . . . 24,400 Total Itemized or Standard Ded . . . 15,335 24,000 400 Exemption Amount . . . . . . . . . . . . 12,150 N/A N/A N/A 16,702 Qualified Business Income Deduction . N/A 7,603 9,099 Tax and Credits Taxable Income . . . . . . . . . . . . 128,135 90,553 149,823 59,270 Tax.............. 23,511 11,791 24,652 12,861 2,000 2,000 Self-employment tax . . . . . . . . . . . . 2,803 978 2,847 1,869 3,371 25,499 10,769 14,730 29,685 **Payments** 3,512 7,213 20,609 13,396 Estimated tax payments . . . . . . . Earned income credit . . . . . . . . . Other payments and credits . . . . . Overpayment . . . . . . . . . . . . . . . . Overpayment Applied . . . . . . . . .

26,597

25.00

18.00

Marginal tax rate . . . . . . . . . . . . . . . . .

Effective tax rate . . . . . . . . . . . . . . .

1,245

3.45

4,890

22.00

16.45

3.645

22.00

13.00

	ount Transaction Su	mmary	2019
ame(s) as shown on return  BHAVESH B & MITALBAHEN 1	PATEL		Your ID Number  XXX-XX-1368
account #1 Inancial Institution Couting Transit Number Account Number Account Type	0025 0776 Checking		
Federal Main Form Federal Debit	(4,890)	Date of Debit	08-12-2020
State Main Form(s) AL Debit	(2,777)	Date of Debit	08-12-2020
Net Debit	(7,667)		
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number			
<ul><li>3. Bank Account Number</li><li>4. Bank Account Type</li></ul>			
This information is used to deposit your refur or you have closed the account, you are resp I have reviewed the above information and certif to use this account.	onsible.		

### 2019 AL40 Filing Instructions BHAVESH B & MITALBAHEN PATEL

#### Form filed:

AL40 and supplemental forms and schedules

### Filing method:

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

### Due date:

07-15-2020

#### Payment:

\$2,777.00

#### Transaction method:

The balance of \$2,777.00 will be paid by direct debit from your checking account number ending in 0776 and will be withdrawn from your account on 08-12-2020.

FORM <b>40</b>	Alal	ama 2019	ENTAR	anta	YAN SAARASI KARANI KARANI KILI II.
Individua	al Inc	ome Tax Retum		/ N	
		RT-YEAR RESIDENTS 31, 2019, or other tax year:			######################################
Beginning:	DCC.	Ending: ●			SNAME OF THE
Your social security	numb	IIII I MAN I	NOTE	140EN	K. 1990 T. Dem S. By Th. D. St. C. Bill III.
•	-13	-5976			
Check if p Primary's dece (mm/dd/yy)	rimary eased	is deceased late Check if spouse is deceased Spouse's deceased date (mm/dd/yy)			
Your first name  BHAVESI	I	Initial Last name  B PATEL			
Spouse's first name	AHE	Initial Last name ${ m N} = { m lue{PATEL}}$			
Present home addre	ess (n	mber and street or P.O. Box number) ► CHECK BOX IF AMENDED RETURN ●			
e					
City, town or post of     Montgor		State ZIP code Foreign Country  ◆AL ◆36117 ◆ ☐ is outside U.S			
Filing Status/	1				
Exemptions	2		dule	HOF	
- P		Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) A - Alabama tax withheld			B - Income
	5k	Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): 5a • 4 , 841	5b	•	80,600
Income	6	Interest and dividend income (also attach Schedule B if over \$1,500)	6	•	529
and	7	Other income (from page 2, Part I, line 9)	7	•	110,722
Adjustments	8	Total income. Add amounts in the income column for line 5b through line.7	8	•	191,851
	9	Total adjustments to income (from page 2, Part II, line 14)	9	•	101 051
		Adjusted gross income. Subtract line 9 from line 8	10	•	191,851
Deductions	11	Box a or b <b>MUST</b> be checked.			
	1	Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 26.			
If claiming a ded-		Check box b, if you <b>do not</b> itemize deductions, and enter <b>standard deduction</b> (see instructions)  a X Itemized Deductions  b D Standard Deduction  11 • 11,901	-		
uction on line 12,	.12	Federal tax deduction (see instructions)	1		
you must attach page 1, 2 and Sch-	-12	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 12 • 22,652			
edule 1 of your	13	Personal exemption ( <i>from line 1, 2, 3, or 4</i> )	1		
Federal Return, if applicable.		Dependent exemption (from page 2, Part III, line 2)			
		<b>Total deductions.</b> Add lines 11, 12, 13, and 14	15	•	37,853
		Taxable income. Subtract line 15 from line 10	16		153,998
		Income Tax due. Enter amount from tax table or check if from ● Form NOL-85A	17	_	7,618
Tax	18	Net tax due Alabama. Check box if computing tax using Schedule NTC • , otherwise enter amount from line 17	18	•	7,618
Staple Form(s) W-		Consumer Use Tax (see instructions). If you certify that no use tax is due, check box ●▼	19	•	0
W-2G, and/or 109	20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following:			
ule W-2 to return.		Alabama Democratic Party 🔲 \$1 🔲 \$2 🔯 none	20a	•	
	ı	Alabama Republican Party 🗌 \$1 🔲 \$2 🔯 none	20b	•	
	21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	•	7,618
		Alabama income tax withheld (from column A, line 5a)	-		
	23	2019 estimated tax payments/Automatic Extension Payment	-		
_		Amended Returns Only - Previous payments (see instructions) 24	-		
Payments	25	Refundable Credits. Enter the amount from Schedule RC, line 4		_	4 0 4 1
	26	<b>Total payments.</b> Add lines 22, 23, 24, and 25	26		4,841
		Amended Returns Only - Previous refund (see instructions)	27		<u> </u>
		Adjusted Total Payments. Subtract line 27 from line 26	28	<u> </u>	4,841
AMOUNT	29	Place payment, along with Form 40V, loose in the mailing envelope (FORM 40V MUST ACCOMPANY PAYMENT.)	29	•	2,777
YOU OWE	30	Estimated tax penalty. Also include on line 29 (see instructions page 12) 30	23	-	4,111
		If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount <b>OVERPAID</b>	31	•	
OVERPAID		Amount of line 31 to be applied to your <b>2020 estimated tax</b>	j.		
Donations		Total Donation Check-offs from Schedule DC, line 2	1		
		REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.)			
REFUND		Subtract lines 32 and 33 from line 31	34	•	
		For Direct Deposit, check here    ● and complete Part V, Page 2.			

— For	m 40	(2019)							Page 2
		BHAVESH B & M	ITTAT <sub>'</sub> BZ	HIHIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Τ.		-1368		
PART I	1							1 4	•
IANII	2							2 6	
		Gain or (loss) from sale of Real			, ,	,		3 6	
		Total IRA distributions	4a e			amount (see ins		4b 6	
Other		Total pensions and annuities	5a e			amount (see ins	*	5b 6	
Income		Rents, royalties, partnerships, e		s. etc. <i>(attach Sch</i>		•	*	6	
(See page 13)		Farm income or (loss) (attach Fe		•	,			7 6	
	8	Other income (state nature and		,				8 4	•
	9	Total other income. Add lines 1	I through 8.	Enter here and al	lso on page 1, li	ine.7		9 4	110,722
PART II		a Your IRA deduction						1a •	
	- 1	Spouse's IRA deduction						1b •	•
	2	Payments to a Keogh retirement	plan and se	If-employment SEF	P deduction .			2 6	•
	3	Penalty on early withdrawal of sa	avings					3 6	•
	4	Alimony paid. Recipient's last na	me		S	SSN •		4 6	•
	5							5 4	•
Adjustments	6	Moving Expenses (Attach Federa	al Form 390	3) to:					
to Income		City		State	e ZIP			6	•
(See page 16)	7	Self-employed health insurance of	leduction					7 9	•
	8	Payments to Alabama College C	ounts 529 F	und or Alabama P	PACT Program			8	•
	9	Health insurance deduction for s	mall emplo	yer employee (see	e instructions).			9	•
	10	Costs to retrofit or upgrade home	e to resist wi	nd or flood damag	ge			10	
	11	Deposits to a catastrophe saving	s account					11 4	
	12	Contributions to a health savings	account					12	•
	13	Deposits to an Alabama First-Tir	me and Sec	ond Chance Hom	e Buyer Saving	s Account (see	instructions) .	13	
	14	Total adjustments. Add lines 1 th	rough 13. Er	nter here and also	on page 1, line	9		14	
PART III	1	Total number of dependents from	Schedule [	OS, line 1b				1 9	1
Dependents	2	Amount allowed. (Multiply total nun	nber of depen	dents claimed on line	e 1 by the amount	t on the dependen	t chart		
		on page 10 of Instructions.) Enter am						2 9	300
PART IV		Residency Check only one box▶ ●			From		through		·
General		Did you file an Alabama income tax return							
Information	3	Give name and address of present er					gomery		86116
				ouse'\$M <u>USKAN</u>					86108
All Taxpayers Must	4	Enter the Federal Adjusted Gross Inc		190,92	5 and Federal Ta	axable Income • \$_	149,	823	as reported on your
Complete		2019 Federal Individual Income Tax							
This	5	Do you have income which is reporte				Alabama return (ot	her than your state	tax re	efund) P Yes X No
Section.		If yes, enter source(s) and amount(s)	below: (other	r than state income t	ax refund)				
(See page 17)		Source					Amoun		
		Source •					Amoun	t •	
PART V		For Direct Deposit of your refund, cor	nplete 1, 2, 3		_	•			
Direct	1					avings 3 Account	Number:		
Deposit	4	Is this refund going to or through an account	nt that is located	d outside of the United S		∐ No			
Drivers		DOB $(mm/dd/yyyy)$ $\bullet XX/XX/XXXX$ You	ur state ●XX	∠ DL# ●XXXXX	.XX		<u> </u>	xp date nm/dd/y	yyy) • <u>XX/XX/XXXX</u>
License Info		DOB (mm/dd/yyyy) Syx/XX/XXXX Spc	ouse state •XX	∠ DL# • XXXXX	XX	Iss date (mm/dd/yyyy) •XX		xp date nm/dd/	
	• [	I authorize a secondative of the December	mant of Davison						
	Und		ment of Revenue e examined this cpayer) is based	return and accompanyi on all information of w	and attachments witr ing schedules and st hich preparer has an	n my preparer. tatements, and to the ny knowledge.	best of my knowledg	e and b	pelief, they are true, correct, and
Sign Here In Black Ink	You	ır Signature		Date	-	ephone Number 144-4017	Your Occupation		
Keep a copy of this return	Spo	ouse's Signature (if joint return, BOTH must s	ign)	Date		ephone Number	Spouse's Occupati	on	
for your records.	Dro	parar's Signature			Chook if C-1	f-amployed Process	or's SSN or DTIN		E.I. Number
	PIE	parer's Signature		Date	Check if Self		er's SSN or PTIN		
Paid Preparer's	Firr	n's Name (or yoursALPESH PAT	EL CPA	08-12-20	Daytime		<u>845932</u> 638-1418	ZIP	27-0624922 07512
Use Only		elf-employed) ALPESH PAT Iress 205 US 46 W STI	<u>вы сел</u> Е 7 То	towa NJ	Telephone	e NO. 213-0	000 TITO	Code	01914
			0						1024





# Alabama Department of Revenue Schedule A - Itemized Deductions 2019

# (Schedules B and DC are on separate form) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

` '	on For					Υοι	ır soc	tial security num	ber
		MITALBAHEN PATEL						<u>-1368</u>	
differ. Please see in	struct	ou may claim for the year 2019 are similar to the itemized deductions c ions before completing this schedule. <b>PART-YEAR RESIDENTS:</b> A re ually paid while a resident of Alabama.		•					
		CAUTION: Do not include expenses reimbursed or paid by others.							
Medical and	1	Medical and dental expenses	1		00				
Dental Expenses	2	Enter amount from Form 40, line 10 2 00							
(See page 19)	3	Multiply the amount on line 2 by 4% (.04). Enter the result	3		00				
(ecc page .c)	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0				4	•	0	00
	5	Real estate taxes	5	1,360	00	Ť			- 00
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	6,165	00	1			
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7	0,103	00	İ			
(See page 19)	8	Other taxes. (List - include personal property taxes.)			00	İ			
(Occ page 13)	Ü	other taxes. (List - include personal property taxes.)	8		00				
	9	Add the amounts on lines 5 through 8. Enter the total here			00	9	•	7,525	00
Interest You Paid	10a	Home mortgage interest and points reported to you on Federal Form 1098		3,596	00	3	<u> </u>	1,525	- 00
(See page 20)		Home mortgage interest and points reported to you on Federal Form 1098. (If paid to	IVa	3,300	00	İ			
(Occ page 20)	b	an individual, show that person's name and address.)							
NOTE: Personal		arrindividual, show that person's hame and address.							
interest is not			10b		00				
deductible.									
	11	Points not reported to you on Form 1098	11		00	-			
	12	Investment interest. (Attach Form 4952A.)	12		00	1	_	2 506	
-	13	· · · · · · · · · · · · · · · · · · ·				13	-	3,596	00
		CAUTION: If you made a charitable contribution and received a benefit in return	n,						
Gifts to Charity		see page 20.		700	00				
(See page 20)	14	Contributions by cash or check	14	780	00	-			
, , ,	15	Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.)			00	-			
	16	Carryover from prior year	16		00	1	_	700	
	17	Add the amounts on lines 14 through 16. Enter the total here				17	•	780	00
Casualty and		Enter the amount from Federal Form 4684, line 16 (See page 20)			00	-			
Theft Loss	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10)	_		00	1		0	
(Attach Form 4684)	С	Subtract line 18b from line 18a. If zero or less, enter -0	• • •			18c	•	0	00
	19	Unreimbursed employee expenses - job travel, union dues, job education, etc.							
		(You MUST attach Federal Form 2106 if required. See instructions.)							
Job Expenses									
and Most Other			19		00				
Miscellaneous	20	Other expenses (investment, tax preparation, safe deposit box, etc.). List type							
Deductions		and amount.		7.5					
(See page 20)		SAFE DEPOSIT RENTAL	20	75	00	ł			
	21	Add the amounts on lines 19 and 20. Enter the total	21	75	00	-			
	22	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here		3,837	00	1			
	23	Subtract line 22 from line 21. Enter the result. If zero or less, enter -0				23	•	0	00
	24	Other (from list on page 21 of instructions). List type and amount.			_				
Other					_				
Miscellaneous					_				
Deductions					_				00
Qualified Long-		CAUTION: Do not include medical premiums.				24	•		00
Term Care Ins.									
Premiums	25	Enter amount here				25	•		00
	26	Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 25. Enter the total here	Then				П		- 50
Lotal Itemized						4			1
Total Itemized Deductions		enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions				26	•	11,901	00

**SCHEDULES** D&E (FORM 40)



#### Alabama Department of Revenue Schedule D - Net Profit or Loss

2019

(Schedule E is on separate form)

ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E

Name(s) as shown on Form 40 Your social security number BHAVESH B & MITALBAHEN PATEL -1368

#### Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc. (g) Subsequent (a) Net Profit or (Loss) Cost or Other Basis Date Sold Amount Received Date Depreciation Allowable Since Kind of Property (Cols. d & e Improvements Acquired Acquisition less Cols. f & g) CAP GAIN DIST 16 16 00 470533629 389,162 AMERIT VARIOUS 12-31-2019 363,388 25,774 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3. 25,790 00

Schedule D (Form 40) 2019

1024

SCHEDULE



Alabama Department of Revenue Supplemental Income and Loss

2019

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

		FOF	RM 40. ► SEE INSTRU	JC	TIONS FO	OR S	SCHE	DUL	E E (FORM 40	)).					
	e(s) shown on return										Your	r social s			
_B	HAVESH B & MITALBAHEN											_	13	58	
P	ART I Income or Loss From Rental Rea Note: If you are operating under a Federal En			nce	ome and expe	enses	from y	our b	usiness of renting pe	rsonal	propert	y on <b>Scl</b>	nedule	C or C-EZ	
1	Show the kind and location of each Rental	Real	Estate Property:			2	Fo	r eac	ch rental real es	tate p	roper	ty		Yes	No
Α									n line 1, did you						
_									luring the tax yea es for more than				Α		
В									ys, <b>or</b>		9.0010	0			
_				_					of the total days	rente	ed at fa	air	В		
С									al value?		, a at 1				
_			1										С		
Inco	ome:			Т	Prope		S	_	•				Total		٦٠)
3	Rents received	3	A 00	+	В	•		00	С	00	(AC		umns	A, B, an	00
4	Royalties received	4	00	+				00		00	4	+			00
	enses:	4	00	+				0		00	4	+			00
5	Advertising	5	00					00		00					
6	Auto and travel	6	00	+				00		00					
7	Cleaning and maintenance	7	00	+				00		00	-				
8	Commissions	8	00	+				00		00	1				
9	Insurance	9	00	+			_	00		00	1				
10	Legal and other professional fees	10	00	+			_	00		00					
11	Management fees	11	00	1			(	00		00					
12	Mortgage interest	12	00				(	00		00	12				00
13	Other interest	13	00	,			(	00		00					
14	Repairs	14	00				(	00		00					
15	Supplies	15	00	L			(	00		00					
16	Taxes	16	00	1			(	00		00					
17	Utilities	17	00	1			(	00		00					
18	Other (list) ►	18	00	+			(	00		00					
			00	+			_	00		00					
			00	+			_	00		00					
			00	+			_	00		00					
			00	+				00		00					
19	Add lines 5 through 18	19	00	+			_	00		00	19	+			00
20	Depreciation expense or depletion	20	00	+				00		00	20	-			00
21	Total expenses. Add lines 19 and 20	21	00	+				00		00	-				
22	Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	00					,,		00					
	line 4 (royalties)	22	00	'			10	00		00					
23	Total Real Estate and Royalty income or (los:	s) Ad	d columns A B and C f	frc	om line 22 :	and	entei	the	result here		23				00
	ART II Income from Partnerships, S Corpor			т	(h)	_	Estate	S	1			(j)			1
						artnership	ate or	Corporation	Employ			"			
	(g) Name and Address					hip	r Trust	ratio	Identifica Numb				P	mount	
				(	Check One		ISt	3							
MU.	SKAN 2631 LLC														
MOI	ntgomery, AL 36108					X				)49	8		20	,147	7 00
MBI	M 01 INC														
	ntgomery, AL 36117							X	5	62	2		4	1,108	3 00
_	M 01 INC										_				
	ntgomery, AL 36117						+	X	5	62	2	₩		108	3   00
_	SHI INC									- 0 -	^			1 1 0 1	.
	ntgomery, AL 36109			_		<u>.                                    </u>		X	-	525	9	$\vdash$	Τ 5	3,106	00
24	TOTAL INCOME FROM PARTNERSHIPS, S COI										24		10	, 469	) 00
	total here and include on line 25 below			•		• •	• •	• •		. •	24	$\vdash$	40	,, ±05	/   00
25	TOTAL INCOME OR (LOSS). Combine line	25 23	and 24. Enter the total	h	ere and on	ιFο	rm 40	) na	ne 2 Part I line	- 6 <b>►</b>	25	1	46	, 469	00
	TO THE INCOME OF LEGGS). COMBINE INTE	,5 25	and 27. Linter the total	. 15	ore aria off	0	(	,, µa	90 4, 1 aiti, iille	, , ,		chodu		(Form 4	

SCHEDULE



Alabama Department of Revenue Supplemental Income and Loss

2019

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

Nam	e(s) shown on return	FOR	RM 40. ► SEE INSTRU	JC	CTIONS FO	OR S	CHE	DUL	E E (FORM 40).	Т	Your	social s	ecurity	number	
_B	HAVESH B & MITALBAHEN	PAT	EL										136	58	
P	ART I Income or Loss From Rental Rea Note: If you are operating under a Federal Em			nc	ome and expe	nses t	rom yo	our bu	siness of renting pers	onal <sub>i</sub>	property	on <b>Scl</b>	nedule	C or C-EZ.	
1	Show the kind and location of each Rental I	Real I	Estate Property:			2			h rental real esta			,		Yes	No
Α									line 1, did you o uring the tax year						
_				_					s for more than t				Α		
В				_			- 14	day	rs, or				В		
_				_					f the total days re	ente	d at fa	air			
С							r	ental	value?				С		
Inc	ome:				Prope	rties				_			Total	s	
			Α	1	В	}		_	С		•	ld Colu	umns	A, B, and	т ′
3	Rents received	3	00	+			00	_		00	3				00
4 Ev:	Royalties received	4	00	+			00	)		00	4				00
=xp	enses: Advertising	5	00				00			00					
6	Auto and travel	6	00	+			0	-		00					
7	Cleaning and maintenance	7	00	+			0(	-		00					
8	Commissions	8	00	+			0(	-		00					
9	Insurance	9	00	)			0	0		00					
10	Legal and other professional fees	10	00	)			00	0		00					
11	Management fees	11	00	)			0	0		00					
12	Mortgage interest	12	00	)			0	0		00	12				00
13	Other interest	13	00	+			0	-		00					
14	Repairs	14	00	+			00	-		00					
15	Supplies	15	00	+			00	-		00					
16	Taxes	16	00	+			00			00					
17	Utilities	17 18	00	+			00	_		00					
18	Other (list) ►	10	00	+			0			00					
			00	+			0	_		00					
			00	+			0	_		00					
			00	+			0	_		00					
19	Add lines 5 through 18	19	00	+			00	0		00	19				00
20	Depreciation expense or depletion	20	00	)			0(	0		00	20				00
21	Total expenses. Add lines 19 and 20	21	00	)			00	0		00					
22	Income or (loss). Subtract line 21 from line 3 (rents) or														
	line 4 (royalties)	22	00	)			0	0		00					
	Total Book Fatata and Book in the contract of the		1 l A B l O I					d	10 10						
_	Total Real Estate and Royalty income or (loss  ART II Income from Partnerships, S Corpora			Т	(h)	77		S	esult here	•	23	(i)			00
г	ANT II micome nom rantierships, 5 corpora	20113	, Estates & Trusts		(11)	artnership	Estate	Corporation	Employe	r		0			
	(g) Name and Address					ship	or Trust	oratio	Identificati Number				A	mount	
				١,	Check One		ust	ă	Number						
	M INC														
	eenville, AL 36037							X	2!	50	2		1	,367	00
_	M 02 LLC														
	ntgomery, AL 36117							X	5.	59	4		33	,448	00
_	ABAMA BEVERAGE INC							37		70	0		120	) <i>(</i> E 2	000
	ntgomery, AL 36117 WOODLEY INC			_				X	4	70	ブ		(3)	,653	700
_	ntgomery, AL 36116							X	9	14:	2			(7	00
	TOTAL INCOME FROM PARTNERSHIPS, S COF	RPOR	ATIONS, ESTATES, AND	т	RUSTS. Add	d the	amou	_	_					( /	, 00
	total here and include on line 25 below										24		4	,155	00
25	TOTAL INCOME OR (LOSS). Combine line	s 23	and 24. Enter the total	h	ere and on	For	m 40,	pag	ge 2, Part I, line	6 ▶	25		4	,155	00

SCHEDULE



Alabama Department of Revenue Supplemental Income and Loss

2019

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

	e(s) shown on return		IN 40. P SEE INSTR	OCTIONS F	OK 3	CHE	וטטו	LE E (FORM 40)	L	Your	social se	curity nu	umber	
_B	HAVESH B & MITALBAHEN										<u> </u>	136	8	
P	ART I Income or Loss From Rental Rea Note: If you are operating under a Federal En			income and ex	penses	from ye	our bi	usiness of renting per	sonal	property	on <b>Sch</b> e	edule C	or <b>C-EZ</b> .	
1	Show the kind and location of each Rental	Real E	State Property:		2			ch rental real esta				,	Yes	No
Α								n line 1, did you o during the tax yea						
					-			es for more than				Α		
В					+	- 14	1 da	ys, <b>or</b>				В		
_					1	- 10	)% (	of the total days i	rente	d at fa	air	-		
С					1	r	enta	al value?				С		
Ince	ome:			Prop	erties	3					1	otals		
IIIC			Α		В		$\perp$	С		(Ac	dd Colu	mns A	, B, and	d C)
3	Rents received	3	0			0	-		00	3				00
4_	Royalties received	4	0	0		0	0		00	4				00
	enses:	5												
5	•	6	00			0	-		00					
6 7	Auto and travel	7	0			0	-		00					
8	Commissions	8	0			0	-		00					
9	Insurance	9	0			0	-		00					
10	Legal and other professional fees	10	0			0	-		00					
11	Management fees	11	0			0	-		00					
12	Mortgage interest	12	0			0	0		00	12				00
13	Other interest	13	0	0		0	0		00					
14	Repairs	14	0	)		0	0		00					
15	Supplies	15	0	)		0	0		00					
16	Taxes	16	0			0	0		00					
17	Utilities	17	0			0	-		00					
18	Other (list) ►	18	0			0	-		00					
			0			0	-		00					
			0			0	-		00					
			0			0	-		00					
19	Add lines 5 through 18	19	0			0	-		00	19				00
20	Depreciation expense or depletion	20	0			0	-		00	20				00
21	Total expenses. Add lines 19 and 20	21	0			0	-		00					
22	Income or (loss). Subtract line 21 from line 3 (rents) or													
	line 4 (royalties)	22	0	0		0	0		00					
_	Total Real Estate and Royalty income or (loss			from line 22	_		the	<b>0</b>		23				00
P	ART II Income from Partnerships, S Corpora	ations,	Estates & Trusts	(h)	artnership	Estate or Trust	Cor	(i) Employe	er		(j)			
	(g) Name and Address				rshi	악	Corporation	Identifica	tion			Am	ount	
				Check One	"	rust	3	Numbe	r					
20:	19 FOUR PLUS INC													
MOI	ntgomery, AL 36110						X	8	13	6		19,	200	00
	IDAY LIQUOR INC				_									
MO1	ntgomery, AL 36105					1	X	1	48	6		15,	108	00
_					.									
_						1	+							00
_					-									
2/	TOTAL INCOME EDOM BARTNERSHIPS S CO.	2000	TIONS ESTATES AND	TDIICTE A	dd +h -	oma:	Into :	in column (i) Erter	tho	Т				00
24	TOTAL INCOME FROM PARTNERSHIPS, S COR total here and include on line 25 below						ınısı	in column (j). Enter		24		34	308	00
_	Colar note and include off life 20 pelow				• • •	• •	• •					JI	, 500	100
25	TOTAL INCOME OR (LOSS). Combine line	s 23 a	and 24. Enter the tota	here and o	n For	m_40	, pa	ige 2, Part I, line	6 ▶	25	L_	<u>34</u> ,	308	00
										S	chedul	e E (F	orm 40	) 2019
														1024

#### FORM

# **AL8453**

#### ALABAMA DEPARTMENT OF REVENUE

# Individual Income Tax Declaration for Electronic Filing

2019

For the year January 1 - December 31, 2019

Your first name and initi	al		Last name			$ \Gamma$	Your s	ocial security number
BHAVESH B	<u>P</u> .	ATEL				[]		-1368
If a joint return, spouse's	s first r	name and initial	Last name			<b></b>	Spouse's s	oc. sec. no. if joint return
MITALBAHE								-5976
Home address (number	and st	treet). If a P.O. Box, see instructions			Apt. no.	1_	Teleph	one number (optional)
City town and a second	als:	and ZID ands				L		
City, town or post office,								
Montgomer	У,	AL 36117						
Part I	4	Alahama tayahla incomo	Form 40 line 16 or Form 40ND line 19)				1	153,998
Tax Return Information	'	Alabama takable income	Form 40, line 16 or Form 40NR, line 18)	• • • • •			1	<u>,                                      </u>
(Whole dollars only.)	2	Total tax liability (Form 40	, line 21) or Net tax due (Form 40NR, line 2	?0)			2	7,618
	3	Total payments (Form 40,	line 26 or Form 40NR, line 26)				3	4,841
	4	Refund (Form 40, line 34	or Form 40NR, line 33)				4	
	5	Amount you owe (Form 40	), line 29 or Form 40NR, line 29)	<u></u>	<u></u>	<u></u>	5	2,777
Part II			·					
Refund	1	Routing number:	0 0 2 5_					
and	2	Account number:	0 7 7	_6				
Payment	3	Type of account:						
Information	4	Type of transaction:	Direct Deposit 🗵 Direct Debit					
Part III	5		re that I have compared the information contained on my					
Declaration of Taxpayer (Sign only after Part I is completed.)		knowledge and belief, this return, of Revenue to disclose to my ERC of my return.	11 above agree with the amounts shown on the corresponding any accompanying schedules and statements, of described below, any information concerning the disburative of the Department of Revenue to discribed below.	is true, correct, rsement of the r	and complete. A refund requested	Also, I hereby a I or any problen	uthorize th	ne Alabama Department tered in the processing
Sign Here			08-12-2020					08-12-2020
		Your signature	Date	Spouse's sig	nature. If a joint	return, BOTH r	nust sign.	Date
Part IV Declaration of Electronic Return Originator	; ; ;	all information of which I have any kr ing of Individual Income Tax Returns outer system and software to prepar ware to create my client's return and	ove taxpayer's Alabama individual income tax return and owledge. I also declare that I have followed all other red (Tax Year 2019), and the Alabama Handbook for Electr e and transmit my client's return electronically, I consent to the electronic transmission of my client's tax return to erjury, I declare that I have examined this return and ect, and complete.	uirements description on the disclosure to the disclosure the Alabama D	ribed in IRS PUE dividual Income T e of all information Department of R	B. 1345, Reven Tax Returns (To on pertaining to Revenue, as ap	ue Proced ax Year 20 my use o plicable by	lures for Electronic Fil- 019). By using a com- f the system and soft- / law. <b>If I am also the</b>
(ERO) and		ERO's Use Only						
Paid Proparer				Date		l		Preparer's PTIN
Preparer		ERO's signature			2-2020	Check if also paid preparer	x	P00845932
(See instructions.)		= 1	LPESH PATEL CPA	100 1	_ 2020	II. T. P. OPGIO	E.I. No.	27-0624922
		if self-employed)	05 US 46 W STE 7; Totowa, No	<u></u>			ZIP Cod	
			are that I have examined this return and accompanyi	ng schedules a	and statements,	, and to the be	est of my l	knowledge and
		belief, they are true, correct, and Preparer's signature	complete.	Date		Check if self-employed	d	Preparer's PTIN
		Firm's name (or yours					E.I. No.	
		if self-employed)					ZIP Cod	de
		and address						

Form AL8453 2019 1024

# DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALCCLMWK.LD	Worksheet 2 - Applying the If the result on any line is less (Keep for your re	than z	ero, enter zero.	its			2019
Name(s) as shown on return	(Noop for your in	000100	')		Yo	ur socia	al security number
BHAVESH B & MIT	TALBAHEN PATEL						-1368
-	onservation contributions (QCCs).						1300
	armer or rancher, enter any QCCs eligible for the 1	∩∩% liı	mit			1	0
	entered on line 1. Do not include this amount on line					2	0
•	able contributions made during the year.	0, 4, 0	, 0, 01 0				<u> </u>
	ns to 50% limit organizations. (Include contributions	of car	nital gain propert	y if yo	u reduced		
•	rket value. Do not include contributions of capital ga						
' ' '	1 0					3	780
	ns to 50% limit organizations of capital gain propert					4	730
•	ns (other than of capital gain property) to qualified c	•				-	0
•		•				5	0
=	ns "for the use of" any qualified organization. (But d						U
•	ne 8.)		•			6	0
	•					7	0
	no of against gain property to or for the use of any g						U
	ns of capital gain property to or for the use of any q						0
•	at entered on line 3 or 4.)					8	U
	n for the year and your carryover to the next year					_	191,851
	ross income					9	115,111
10. Multiply line 9 by 0.6.	This is your 60% limit	• • •		• • •		10	115,111
Ot-ilt	/ Buit annuintion						0
	6 limit organizations	44			7	80	Carryover
	ne 3 or line 10	11			/	00	0
	ine 3	12	111 2	21			0
	ine 10	13	114,3	<u>31</u>			
	50% limit organizations		7	0.0			
		14		80			
	This is your 30% limit	15	57,5				
	line 10	16	114,3	<u>31</u>			
	ine 7, 15, or 16	17				0	0
	line 7	18					0
	line 15	19	57,5	55			
-	oital gain property to 50% limit organizations					^	
	ine 4, 13, or 15	20				0	0
	ine 4	21	114 2	21			0
	line 16	22	114,3				
	ine 15	23	57,5	55			
Other contributions			20.2	<b>-</b> 0			
	This is your 20% limit	24	38,3	70			
	ine 8, 19, 22, 23, or 24	25				0	0
	line 8	26		0.0			0
	and 25	27		80			
	line 10	28	114,3	31 <u></u>			
	ne 2 or line 28	29				0	_
	line 2	30					0
	line 9	31	191,0				
	ne 1 or line 31			32		0	
	32. Enter the total here and on Schedule A (Form A	L40/N	IR), line 16 or				
line 17, whichever is a	appropriate			33	7	80	
34. Subtract line 32 from				34			0
<b>35.</b> Add lines 12, 18, 21, 2	26, 30, and 34. Carry this amount forward to Schedu	ıle A (	AL40/40NR)				
next vear				35			0

ALINCWK	Federal Income Tax Deduction Worksheet		2019
Name(s) as shown on return		Your so	cial security number
BHAVESH B &	MITALBAHEN PATEL		-1368
	own on line 14 on Form 1040/Form 1040-SR, line 53 on Form 1040NR, or line 15 of Form 1040NR-lome Tax. Enter amount from line 17, Form 8960		22,652
3 Federal Tax. Add lin	nes 1 and 2	. 3	22,652
b Additional Child Form 1040-SR, or l c American Oppol Enter the amount fr d Credits from Fo	om line 18a of Form 1040/Form 1040-SR		
	nd d		22,652

1024

Schedule W-2

(FORM 40, 40A, or 40NR)

Alabama Department of Revenue

Wages, Salaries, Tips, etc.



Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return

income tax withheld. Attach a copy of all withholding statements to your ret

NAME(S) AS SHOWN ON TAX RETURN

BHAVESH B & MITALBAHEN PATEL

-1368

SPOUSE'S SOCIAL SECURITY I

		4		В	O	٥	ш	L	9		I	_		7
			E	Fmplover's		Schedule		Alabama						
	Emplo	Employee's Social	Identifica	Identification Number	Statutory C/C-EZ	C/C-EZ	State	Employer's	Alabama State	Federa	Federal Wages	Alabama State Wages	Wages	Additional Taxable Wage
	Security N	Security Number on W-2		(EIN)	Employee	Filed?	Code	State ID Number	Income Tax Withheld	(Box 1 of	(Box 1 of Form W-2)	(Box 16 of Form W-2)	W-2)	Other States
_	0	5976	0	0498	•		•AL	●R009129318	765	5(	20,400	• 20,400	400	•
7	0	1368	•	0009			•AL	•R009991145	161	•	0000'9	• 6,	6,000	•
က	0	1368	0	6229	0		•AL	●R009927468	1,239	18	18,000	● 18,000	000	•
4	0	5976	0	6259	0		•AL	●R009927468	1,	9 2	24,000	● 24,000	000	0
5	0	1368	0	4709			•AL	●R010040923	634	•	3,600	3,	3,600	•
9	0	1368	0	1486			•AL	●R010467913	39	•	1,400	1, T	1,400	•
_	0	1368	0	8136	0		•AL	●R010127749	251	0	7,200	7,7	7,200	•
00	0		0		0		0	0		0		0		0
6	•		•				•	•		•		•		•
10	•		•				•	•		•		•		•
7	0		0				0	0		0		0		•
12	0		0		0	0	0	0		0		0		0
13	•		•				•	•		•		•		•
14	•		•				•	•		•		•		•
15	0		0		0	0	0	0		0		0		0
16	TOTAL ALA	16 TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here	THHELD FRC	M W-2s. Total	lines 1-15, C	olumn G ar	nd enter th	e amount here	4,841					
17	ALABAMA	17 ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld	FROM 1099	s AND W-2Gs.	Enter the tot	tal Alabama	Income	Fax Withheld						
	from all Forr	from all Form 1099s and Form W-2Gs received. S	m W-2Gs recu	eived. See instr	see instructions on where to report the income from	here to repo	ort the inc	ome from						
	these statements		:			•		•						
18	TOTAL WA	18 TOTAL WAGES AND TOTAL ALABAMA TAX	IL ALABAMA	<b>₹ TAX WITHHE</b>	WITHHELD FROM W-2s, 1099s, AND W-2Gs	V-2s, 1099s	, AND W.	.2Gs.						
	See instructions	ons						•	4,841	•	80,600	• 80,600	009	•

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE





Alabama Department of Revenue Dependents Schedule

NAME(S) as shown on tax return

BHAVESH	В	&	MITALBAHEN	PATEL	
---------	---	---	------------	-------	--

PRIMARY SOCIAL SECURITY NUMBER SPOUSE SOCIAL SECURITY NUMBER -1368 -5976

#### Schedule DS - Dependents Schedule

See instructions for definitions of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate return), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do Not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		-1165	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
<b>1b</b> Total number of dependents claims Form 40, Page 2, Part III, line 1 or	ed above. Enter total here and on Form 40NR, Page 2, Part V, line 1 · · ·		1b	• 1

1024





#### PAGE 2

NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER

-1368

SPOUSE SOCIAL SECURITY NUMBER
5976

Schedule HOF - Head of Family Schedule	
Complete the following information:	
Enter the dependent/qualifying person's name here:	
Dependents/qualifying person's Social Security Number:	
What is the dependent's/qualifying person's relationship to you:	
Do you rent or own the home maintained for the dependent/qualifying person?	Rent Own
Are you married, divorced or legally separated?	☐ Yes ☐ No
If you answered yes, please provide the following information:  Date of Marriage?	
Date of Divorce?	
Date of Legal Separation?	
Did the dependent(s)/qualifying person(s) reside with you in your home?	☐ Yes ☐ No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	☐ Yes ☐ No

1024

AL-COMP	Three-year State Ta	ax Return Comparis	son	2019
Name(s) as shown on return				Taxpayer ID Number
BHAVESH B & MITALBA	HEN PATEL			<u>-1368</u>
State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status	MFJ	MFJ	MFJ	
Gross Income	157,022	122,645	191,851	69,206
Deductions	16,623	11,935	34,553	22,618
Taxable Income		97,619	153,998	56,379
Actual State Income		97,619	153,998	56,379
State Income Tax		4,803	7,618	2,81
Local Taxes		-/	.,	_,
Use Tax				
Contributions				
Income Tax Withheld		2,719	4,841	2,122
Estimates and Extension payments		4,117	±,0±1	2,122
' '				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund		0.004	0 000	
Balance.Due		2,084	2,777	693
Marginal tax rate		5.000000	5.000000	
Effective tax rate	4.930000	4.920000	4.950000	0.030000

# ALPESH PATEL CPA

271 US 46 W STE E201 Fairfield, NJ 07004 ALPESHCP A@GMAIL.COM Phone: (973)638-1418 | Fax: (973)400-4088

September 03, 2021

#### BHAVESH B & MITALBAHEN PATEL

Montgomery, AL 36117

#### BHAVESH B & MITALBAHEN PATEL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$37,839 Balance Due	Direct Debit from **0776
Alabama Income Tax	\$9,295 Balance Due	Direct Debit from **0776

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

Federal Income Tax Alabama Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$11,260	April 15, 2021	Mail a check
2nd	\$11,260	June 15, 2021	Mail a check
3rd	\$11,260	September 15, 2021	Mail a check
4th	\$11,260	January 18, 2022	Mail a check

Sincerely.

ALPESH PATEL CPA

<u><u></u>1040</u>		artment of the Treasury-Internal Revenue Service S. Individual Income Tax		(99) <b>rn</b>	202	0 0	/IB No. 1545	-0074	IRS Use Only-D	o not wr	ite or staple	e in thi	is space.
Filing Statu Check only one box.	If yo	Single X Married filing jointly curecked the MFS box, enter the nation is a child but not your dependent	ame of y			_	_		old (HOH)	•			
Your first name		· ·	Last na	ıme					Y	our so	cial secu	rity r	number
BHAVESH B			PATE	EL.							-136	-	
	pouse's	first name and middle initial	Last na						S	pouse'			rity numbe
MITALBAHE	N		PATE	EL.							-597	6	
		er and street). If you have a P.O. box, see						Ap	t. no. P	reside			Campaign
											ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also con	nplete sp	aces below	·.	State		ZIP code			f filing join		
Montgomer	7					A	ь	3611			this fund. ( w will not		
Foreign country	_			Foreign pro	vince/state/	county		Foreign			or refund.		3-
											You	. [	Spouse
A	OO	20 did		.41		. 6:	.1 :						
Standard		20, did you receive, sell, send, exchar						any vir	tual currency?		Yes	<u>X</u>	No
Deduction	Som	eone can claim: You as a dep		_	our spous		pendent						
Deduction		Spouse itemizes on a separate retur	n or you	ı were a d	เนลเ-รเลเนร	allen							
Age/Blindness	You	: Were born before January 2, 1	956 [	Are blir	nd <b>Sp</b>	ouse:	] Was bo	rn befor	e January 2, 1	956	☐ Is l	blind	1
Dependents	(see	instructions):			(2) Social		(3) Relation	onship	(4) Check if q	ualifies	for (see i	nstru	ctions):
If more	(1) F	irst name Last name	number to you		iu	Child tax credit		Credit for o	ther d	ependents			
than four						Daught		ter X					
dependents, see instructions													
and check	·												
here ▶													
A., 1	_1_	Wages, salaries, tips, etc. Attach Fo	orm(s) V	V-2						1			96,400
Attach Sch. B if	2a	Tax-exempt interest	2a			<b>b</b> Taxa	ble interes	t		2b			2
required.	3a	Qualified dividends	3a		199	<b>b</b> Ordin	nary divider	nds		3b			277
·	4a	IRA distributions	4a			<b>b</b> Taxa	ble amoun	t		4b			
	5a	Pensions and annuities	5a			<b>b</b> Taxa	ble amoun	t		5b			
Standard	6a	Social security benefits	6a			<b>b</b> Taxa	ble amoun	t		6b			
Deduction for- Single or	7	Capital gain or (loss). Attach Sched	lule D if	required.	If not requ	ired, che	ck here .		▶ 🗌	7			47,250
Married filing	8	Other income from Schedule 1, line	9							8		2	52,739
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is you	r total ince	ome			▶	9		3	96,668
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					1	1					
Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard dedu	ıction. See	instructio	ns <b>10</b>	b					
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjust	ments to	income				10c	:		1,654
household, \$18,650	11	Subtract line 10c from line 9. This i	s your a	adjusted (	gross inco	ome				11		3	95,014
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized	deducti	ions (from	Schedule	e A)				12		:	24,800
Standard	13	Qualified business income deduction	n. Attacl	h Form 89	95 or Forr	n 8995-A				13		:	29,782
Deduction, see instructions.	14	Add lines 12 and 13								14			54,582
,	15	Taxable income. Subtract line 14	from line	e 11. If ze	ro or less,	enter -0-				15		3.	40,432

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

Form **1040** (2020)

Form 1040 (2020	))	BHAVESH B & MITALBAHEN PATE	L					-1368 Page 2
	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	972 3		16	67,812
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	67,812
	19	Child tax credit or credit for other dependent	nts				19	2,000
	20	Amount from Schedule 3, line 7					20	
	21	Add lines 19 and 20					21	2,000
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	65,812
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 10 .			23	6,004
	24	Add lines 22 and 23. This is your total tax	<b>.</b>				24	71,816
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	33,977	,	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c			<del></del>		25d	33,977
If you have a	26	2020 estimated tax payments and amount					26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.  If you have	28	Additional child tax credit. Attach Schedule						
nontaxable	29	American opportunity credit from Form 886			29			
combat pay, see instructions.	30	- · · · · · · · · · · · · · · · · · · ·				(	)	
	31	Amount from Schedule 3, line 13						
	32	Add lines 27 through 31. These are your					32	
	33	Add lines 25d, 26, and 32. These are you	33	33,977				
Defined	34	If line 33 is more than line 24, subtract line	34	00,511				
Refund	35a	Amount of line 34 you want <b>refunded to</b>	35a					
Direct deposit?	▶ b	Routing number						
See instructions.	▶d	Account number						
	36	Amount of line 34 you want applied to yo	our 2021 estimat	ed tax	. ▶ 36			
Amount	37	Subtract line 33 from line 24. This is the a					37	37,839
You Owe	٠.	Note: Schedule H and Schedule SE filers	•					,
For details on		2020. See Schedule 3, line 12e, and its ins						
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .						
Third Party	Do	you want to allow another person to discuss						1
Designee		structions			▶ ☐ Ye	s. Complete	below.	x No
Ü		signee's	Phone			Personal ident		
	naı	me ▶	no. ►			number (PIN)	<b>&gt;</b>	
Sign		penalties of perjury, I declare that I have examine						
Here		they are true, correct, and complete. Declaration of		1				ent you an Identity
	Yo	ur signature	Date	Your occupat	tion			PIN, enter it here
Joint return?	135	89	05-14-2021			(see	e inst.)	>
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occ	cupation			ent your spouse an
your records.							ntity Prot e inst.) <sub>I</sub>	ection PIN, enter it here
	466		05-14-2021			(30)	5 II ISI.)	
		one no. 973-444-4017	Email address			1		I
Paid		Preparer's signature Date PTIN						Check if:
		LIPESH PATEL 09-03-2021 P0084593.						X Self-employed
Preparer		eparer's name ALPESH PATEL			Phone no. 973	-638-141	8	
Use Only		m's name ► ALPESH PATEL CPA						
	Fire	m's address ▶ 271 US 46 W STE E201						
		Fairfield, NJ 07004	's EIN 🕨	27-0624922				

Go to www.irs.gov/Form1040 for instructions and the latest information. EEA Form **1040** (2020)

#### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

ments to Income OMB No. 1545-0074

2020 Attachment

Department of the Treasury Internal Revenue Service

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

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

tion. Sequence No. 01

Your social security number

	ne(s) shown on Form 1040,1040-SR, or 1040-NR  VESH B & MITALBAHEN PATEL  Your soc	ial sec	curity number
	art I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) •		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	252,739
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶		
9	Combine lines 1 through 8. Enter here and on Form 1040,1040-SR, or 1040-NR	8	
_	line 8	9	252,739
Pa	rt II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,654
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	1,654

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

Schedule 1 (Form 1040) 2020

EEA

SCH	IEDULE 2	Additional Taxes		0	MB No. 1545-0074		
Depart	m 1040) tment of the Treasury al Revenue Service	► Attach to Form 1040, 1040-SR, or 1040-NR.  ► Go to www.irs.gov/Form1040 for instructions and the latest information	n.	At Se	2020 tachment equence No. 02		
Name	Name(s) shown on Form 1040, 1040-SR, or 1040-NR  Your soc						
BHAV	BHAVESH B & MITALBAHEN PATEL						
Pa	rt I Tax						
1	Alternative mi	nimum tax. Attach Form 6251		1			
2	2 Excess advance premium tax credit repayment. Attach Form 8962						
3	3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17						
Pa	rt II Other	axes					
4	Self-employm	ent tax. Attach Schedule SE		4	3,308		
5	Unreported so	cial security and Medicare tax from Form: <b>a</b> $\square$ 4137 <b>b</b> $\square$ 8	919 .	5			
6		on IRAs, other qualified retirement plans, and other tax-favored ach Form 5329 if required		6			
7a	Household en	nployment taxes. Attach Schedule H		7a			
b	Repayment of	first-time homebuyer credit from Form 5405. Attach Form 5405 if		7b			
8	Taxes from:	a ☐ Form 8959 b x Form 8960					
	c 🗌 Instructi	ons; enter code(s)		8	2,696		
9	Section 965 n	et tax liability installment from Form 965-A 9					

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

10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form

Schedule 2 (Form 1040) 2020

6,004

10

EEA

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

## **Capital Gains and Losses**

	► Attach to Form	n 1040, 1040-SR, or	1040-NR.			2020
Department of the Treasury Internal Revenue Service (99	► Go to www.irs.gov/Schedule	D for instructions a	and the latest inform	nation.	J ,	Attachment
	► Use Form 8949 to list your tra	ansactions for lines	1b, 2, 3, 8b, 9, and			Sequence No. 12
Name(s) shown on return				Your	social s	security number
BHAVESH B & MIT						-1368
	ny investment(s) in a qualified opportunity f	-		-		
ir "Yes," attach Form	8949 and see its instructions for additional	requirements for i	reporting your gair	or loss.		
Part I Short-	Term Capital Gains and Losses - Gei	nerally Assets I	Held One Year o	or Less (s	ee inst	tructions)
	now to figure the amounts to enter on the	(d)	(e)	(g) Adjustme	nte	(h) Gain or (loss) Subtract column (e)
lines below.		Proceeds	Cost	to gain or loss		from column (d) and
This form may be ea whole dollars.	sier to complete if you round off cents to	(sales price)	(or other basis)	Form(s) 8949 line 2, colum		combine the result with column (g)
	ort-term transactions reported on Form				107	
	h basis was reported to the IRS and for					
	no adjustments (see instructions).					
•	choose to report all these transactions					
•	eave this line blank and go to line 1b					
	nsactions reported on Form(s) 8949 with					
		109,741	85,073			24,668
	nsactions reported on Form(s) 8949 with					
Box B checked						
3 Totals for all train	nsactions reported on Form(s) 8949 with					
4 Short-term gain	from Form 6252 and short-term gain or (los	ss) from Forms 468	84, 6781, and 882	4	. 4	
5 Net short-term g	gain or (loss) from partnerships, S corporation	ons, estates, and t	rusts from			
` '					. 5	
	al loss carryover. Enter the amount, if any,	•	•	-		
	ne instructions				. 6	(
	capital gain or (loss). Combine lines 1a th	-				
term capital gai	ns or losses, go to Part II below. Otherwise,	, go to Part III on p	age 2		. 7	24,668
Part II Long-	Гегт Capital Gains and Losses - Ger	nerally Assets F	leld More Than	One Year	r (see	instructions)
See instructions for I	now to figure the amounts to enter on the			(g)		(h) Gain or (loss)
lines below.	ion to ligaro and amounto to office on the	(d)	(e)	Adjustme		Subtract column (e)
This form may be ea	sier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949		from column (d) and combine the result
whole dollars.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			line 2, colum		with column (g)
	g-term transactions reported on Form					
	h basis was reported to the IRS and for					
	no adjustments (see instructions).					
	choose to report all these transactions					
	eave this line blank and go to line 8b					
	nsactions reported on Form(s) 8949 with					
Box D checked		50,768	28,298			22,470
	nsactions reported on Form(s) 8949 with					
	nsactions reported on Form(s) 8949 with					
	4797, Part I; long-term gain from Forms 24	20 and 6252: and	long torm gain as	(locc)		
	4/97, Part i; long-term gain from Forms 24 4, 6781, and 8824	·		` ,	. 11	
	ain or (loss) from partnerships, S corporatio				12	
				, ,		112
	al loss carryover. Enter the amount, if any, t				.	112
	ne instructions				. 14	,

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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2

22,582 Schedule D (Form 1040) 2020

15

Sch	chedule D (Form 1040) 2020 BHAVESH B & MITALBAHEN PATEL	-1368	Page 2
Pa	Part III Summary		
16	6 Combine lines 7 and 15 and enter the result		47,250
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040,1040-SR, Then, go to line 17 below.		
	<ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also line 22.</li> </ul>	b be sure to complete	
	<ul> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 10- 1040-NR, line 7. Then, go to line 22.</li> </ul>	40,1040-SR, or	
17	7 Are lines 15 and 16 <b>both</b> gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instruction amount, if any, from line 7 of that worksheet		
19	9 If you are required to complete the Unrecaptured Section 1250 Gain Works instructions), enter the amount, if any, from line 18 of that worksheet	sheet (see	
20	· · · · · · · · · · · · · · · · · · ·	10	
20	Yes. Complete the Qualified Dividends and Capital Gain Tax Workshe for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 be		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't and 22 below.	complete lines 21	
21	1 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line7	7, the <b>smaller</b> of:	
	● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500)		)
	Note: When figuring which amount is smaller, treat both amounts as positive	numbers.	
22	2 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Workshe for Forms 1040 and 1040-SR, line 16.	eet in the instructions	
	☐ <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
		Sahadula D /Far	m 1040\ 2020

Form 8949

#### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

2020 Attachment Sequence No. **12A** 

Name(s) shown on return

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

RHAVESH	R	۶.	MTTALBAHEN	PATET.

Social security number or taxpayer identification number

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

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

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

	(C) Short-term transactions	not reported to	you on Form 109	99-B				
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price) (sales price)	Cost or other basis. See the Note below See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
	(Example: 100 Sti. X12 Co.)	(INIO., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
TI	AMERITRADE							
		VARIOUS	12-31-2020	109,741	85,073			24,668
_								
		1						
2	<b>Totals.</b> Add the amounts in colunegative amounts). Enter each t							
	Schedule D, <b>line 1b</b> (if <b>Box A</b> al							
	above is checked), or line 3 (if E			109,741	85,073			24,668

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.

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

Form **8949** (2020)

Form 8949 (2020)						nt Sequence No. 12	
Name(s) shown on return. Name and SSN or		no. not required if she	own on other side	Social secu	rity number or	taxpayer identification	number
BHAVESH B & MITALBAHE			F () (000	D 1 177 1 1 1		-1368	
Before you check Box D, E, or F b statement will have the same infor broker and may even tell you which	rmation as Form	•				•	
Part II Long-Term. Tra	ansactions inv			ld more than 1	year are	generally long-	term (see
instructions). Fo		•		rted on Form(s	s) 1099-B	showing basis	was reported
to the IRS and f 8a; you aren't re							dule D, line
You must check Box D, E, or F I a separate Form 8949, page 2, for more of the boxes, complete as ma	each applicable	box. If you have	more long-term tra		•		
(D) Long-term transactions (E) Long-term transactions	reported on Form	m(s) 1099-B sho	wing basis wasn't			ove)	
(a) Description of property	(b)  Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	if any, to gain or loss. amount in column (g), ode in column (f).	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
TD AMERITRADE	VARIOUS	12-31-2020	50,768	28,298			22,470
Totals. Add the amounts in colunegative amounts). Enter each t	. ,	. , .					
Schedule D, <b>line 8b</b> (if <b>Box D</b> al above is checked), or <b>line 10</b> (if			50,768	28,298			22,470

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

	dule E (Form						Att	tachment Sequence No.	13		Pa	age <b>2</b>
Name(s	s) shown on return	n. Do not enter name a	and social security numb	er if shown on pa	ge 1.				Your so	cial security	number	
		MITALBAHE								-136	8	
_								vn on Schedule(s) K-				
Par				-	-			: If you report a loss, red				
								x in column (e) on line 2			•	asis
		•	•		ity for which	n <b>any</b> amou	int is <b>n</b> o	ot at risk, you must che	ck the b	ox in colur	nn (f) on	
			rm 6198. See inst									
27								is limitations, a prior				
			completing this s		III 8582), (	or unreimi		partnership expense	-	ou answe . ☐ Yes		
	See msur	actions before t	completing this s		) Enter P for	(c) Check		(d) Employer		neck if	(f) Che	
28		(a) Name	е	p	artnership; <b>S</b> S corporation	foreign partnershi		identification number	basis c	omputation quired	any amo not at	unt is
A s	tatement	#1		101	3 corporation	Partifersiii	Ρ	number	13 160		not at	1
В	Cucomono	"-				H				T I		i –
С						П				ī		i —
D						П					Ī	i
	Р	assive Incom	e and Loss				Nong	passive Income and	Loss			
	(g) Pass	sive loss allowed	(h) Pas	sive income	(i) Non	passive loss	allowed	(j) Section 179 exp	ense	(k) Nong	assive inc	ome
	(attach Fo	rm 8582 if required	) from Sc	hedule K-1	(s	ee Schedule	K-1)	deduction from Form	า 4562	from S	chedule k	(-1
Α												
В												
С												
D												
	Totals			23,40	9						229,	330
b	Totals		4.11									
30		( ) ( )							30		252,	739
31		nns (g), (i), and	07						31	(		)
32						ibine lines	30 an	nd 31	32		252,	739
Par	t III   Inco	ome or Loss	From Estates	and Irust	S				_			
33				(a) Nam	е					(b) Emp identificatio		
Α												
В												
		Pas	sive Income an	d Loss				Nonpassive Ir	come	and Loss	3	
	(c) Pas	sive deduction or lo	oss allowed	(d) P	assive incon	ne		(e) Deduction or loss		(f) Other in		
		ach Form 8582 if re			Schedule K		•	from Schedule K-1			ule K-1	
Α												
В												
34a	Totals											
b	Totals											
35		nns (d) and (f)							35			
36		nns (c) and (e)							36	(		)
37									37			
Par	t IV Inco	ome or Loss	From Real Es	tate Mortg		inclusion from		luits (REMICs) - R	esiaua	ı Holde	r	
38	(a) N	lame	(b) Employer iden number	tification	Schedu	ules Q, line 2		(d) Taxable income (net los from Schedules Q, line 1b		(e) Incom Schedules		
			Hamber		(see ir	nstructions)		nom concuaics a, into n	, <u> </u>		a, iiiic ob	
39	Combine	columns (d) an	d (e) only Enter	the result h	ere and in	oclude in th	ne tots	al on line 41 below	39			
Par		nmary	a (e) only. Enter	the result in	ere and ii	iciade iii ti	ic tota	di oli lille 41 below	- 33			
40			(loss) from For	n 4835. Also	o. comple	te line 42 l	helow		40			
41			,					1 (Form 1040), line 5	41		252,	739
42			and fishing incom					-,,				
		ŭ	eported on Form 4	,	•							
	•	•	Schedule K-1 (Fo									
	,		1041), box 14, co	, ,		[	42					
43	Reconciliat	ion for real esta	te professionals.	If you were	a real estat	e professio	nal					
	(see instructi	ons), enter the ne	et income or (loss)	you reported	anywhere o	on Form						
	1040, Form	1040-SR, or Forn	n 1040-NR from al	l rental real es	state activiti	es in which						
	you material	ly participated ur	nder the passive ac	ctivity loss rule	es		43					
EEA									Schedule	e E (Form 10	040) 2020	

# SCHEDULE SE (Form 1040)

### **Self-Employment Tax**

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

OMB No. 1545-0074 2020 Attachment Sequence No. 17

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

Social security number of person with self-employment income ▶ ■

вна	VESH B PATEL	with s	self-employment income		-1368
Par	I Self-Employment Tax				
Note:	If your only income subject to self-employment tax is church employee inc	ome, see instru	ctions for how to report you	income	
and the	definition of church employee income.				
Α	If you are a minister, member of a religious order, or Christian Science practice.	ctitioner and you	u filed Form 4361, but you h	ad	
	\$400 or more of <b>other</b> net earnings from self-employment, check here and	continue with P	art I		▶ □
Skip lir	es 1a and 1b if you use the farm optional method in Part II. See instructions.				_
	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Scl	hedule K-1 (Forr	n 1065),		
	box 14, code A			1a	
b	If you received social security retirement or disability benefits, enter the amount	ount of Conserva	tion Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-	-1 (Form 1065),	box 20, code AH	1b (	)
Skip lir	e 2 if you use the nonfarm optional method in Part II. See instructions.				
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065)	, box 14, code A	(other than		
	farming). See instructions for other income to report or if you are a minister of	or member of a r	eligious order	2	23,409
3	Combine lines 1a, 1b, and 2			3	23,409
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, en	ter amount from	line 3	4a	21,618
	Note: If line 4a is less than \$400 due to Conservation Reserve Program pa	ayments on line	1b, see instructions.		-
b	If you elect one or both of the optional methods, enter the total of lines 15 an	nd 17 here		4b	
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-empl	loyment tax. Exc	ception: If		
	less than \$400 and you had church employee income, enter -0- and cont	tinue		4c	21,618
5 a	Enter your <b>church employee income</b> from Form W-2. See instructions for	r			
	definition of church employee income		5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0			5b	
6	Add lines 4c and 5b			6	21,618
7	Maximum amount of combined wages and self-employment earnings subject	t to social securi	ty tax or		
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 $$			7	137,700
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)	)			
	and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines	3			
	8b through 10, and go to line 11		8a 44,000		
b	Unreported tips subject to social security tax from Form 4137, line 10		8b		
С	Wages subject to social security tax from Form 8919, line 10		8c		
d	Add lines 8a, 8b, and 8c			8d	44,000
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and	go to line 11		9	93,700
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)			10	2,681
11	Multiply line 6 by 2.9% (0.029)			11	627
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2	2 (Form 1040),	line 4	12	3,308
13	Deduction for one-half of self-employment tax.				
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040	),			
	line 14		13 1,654		
Part	II Optional Methods To Figure Net Earnings (see inst	ructions)			
	Optional Method. You may use this method only if (a) your gross farm inco	me¹ wasn't more	e than		
\$8,460	, or (b) your net farm profits <sup>2</sup> were less than \$6,107.				
14	Maximum income for optional methods			14	5,640
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than 2	zero) <b>or</b> \$5,640.	Also, include		
	this amount on line 4b above			15	
	m Optional Method. You may use this method only if (a) your net nonfarm	•			
	to less than 72.189% of your gross nonfarm income, and (b) you had net ea	Ü	' '		
of at le	ast \$400 in 2 of the prior 3 years. Caution: You may use this method no mo	ore than five time	es.		
16	Subtract line 15 from line 14			16	
17	Enter the <b>smaller</b> of: two-thirds (2 /3) of gross nonfarm income (not less the	han zero) <b>or</b> the	amount on	_	
1 -	line 16. Also, include this amount on line 4b above	3.5		17	- d- A
			e 31; and Sch. K-1 (Form 1065) e 7; and Sch. K-1 (Form 1065), b		
1 10111	Son in , and Son it in the one in the annual tree annual to	i ioiii ooii. O, IIIR	, , and Jon. 13-1 (1 Jilli 1003), L	, o x 14, 000	. J.

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

Schedule SE (Form 1040) 2020

Sched	ule SE (Form 1040) 2020 BHAVESH B PATEL Attachment Sequence No. 17		-1368 Page <b>2</b>
Part	III Maximum Deferral of Self-Employment Tax Payments		
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,		
	2020	20	
21	Combine lines 19 and 20	21	
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form		
	1040)	26	
EEA	s	chedule	SE (Form 1040) 2020

Form **8995-A** 

Department of the Treasury

#### **Qualified Business Income Deduction**

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2020
Attachment
Sequence No. 55A

-1368

Internal Revenue Service Name(s) shown on return

18995A for instructions and the latest information. Sequence No.557

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

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

	iss, real estate investment trust dividends, publicly traded partnership inco			-		
•	d through from an agricultural or horticultural cooperative. See instructions			•		
•	ed business income deduction, is above \$163,300 (\$326,600 if married fill	ling joint	ly), or	you're a patron of a	an agricultural or	
	Iltural cooperative.					
Part	, , , , ,					
	elete Schedules A, B, and/or C (Form 8995-A), as applicable, before	ore star	ting F	Part I. Attach add	itional worksheets w	hen needed.
See ir	nstructions.					
1		b) Check becified se		(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1s: JASHI INC				6259	
В	K1S: 3445 ATLANTA HWY Montgomery AL				5622	
С	K1S: 3445 ATLANTA HWY Montgomery AL				5622	
Part	II Determine Your Adjusted Qualified Business Income					
				Α	В	С
2	Qualified business income from the trade, business, or aggregation.			<b></b>	00.041	00.040
_	See instructions	• •	2	53,082	22,241	22,240
3	Multiply line 2 by 20% (0.20). If your taxable income is \$163,300					
	or less (\$326,600 if married filing jointly), skip lines 4 through 12				4 440	4 440
	and enter the amount from line 3 on line 13		3	10,616	4,448	4,448
4	Allocable share of W-2 wages from the trade, business, or					
-	aggregation		4	56,400	0	0
5	Multiply line 4 by 50% (0.50)		5	28,200		
6	Multiply line 4 by 25% (0.25)		6	14,100		
7	Allocable share of the unadjusted basis immediately after		_			
•	acquisition (UBIA) of all qualified property		7	69,467	164,246	164,245
8	Multiply line 7 by 2.5% (0.025)		8	1,737	4,106	4,106
9	Add lines 6 and 8		9	15,837	4,106	4,106
10	Enter the greater of line 5 or line 9		10	28,200	4,106	4,106
11	W-2 wage and UBIA of qualified property limitation. Enter the					
40	smaller of line 3 or line 10		11	10,616	4,106	4,106
12	Phased-in reduction. Enter the amount from line 26, if any. See		40			
40	instructions		12		4,299	4,299
13	Qualified business income deduction before patron reduction.		40			
4.4	Enter the greater of line 11 or line 12	-	13	10,616	4,299	4,299
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),		.			
	line 6, if any. See instructions	-	14			
15	Qualified business income component. Subtract line 14 from line 13	· ·	15	10,616	4,299	4,299
16	Total qualified business income component. Add all amounts					
	reported on line 15	<b>&gt;</b>	16	29,766		2005 4

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

Form 8995-A (2020)

-1368 Page 2

#### Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

Reter the amounts from line 10	and	line 10 is less than line 3. Otherwise, skip Part	III.						
Reter the amounts from line 10						А	В		С
19 Subtract line 18 from line 17	17	Enter the amounts from line 3			17		4,	448	4,448
20	18				18		4,	106	4,106
Income deduction   20   370,214	19	Subtract line 18 from line 17			19			342	342
21 Threshold. Enter \$163,300 (\$326,600 if married filing jointly)	20	Taxable income before qualified business							
Married filing jointly).   21   326,600     22   43,614		income deduction	20	370,214					
22	21	Threshold. Enter \$163,300 (\$326,600 if							
23		married filing jointly)	21	326,600					
Married filing jointly)   23   100,000   24   43.614 %   25   Total phase-in reduction. Multiply line 19 by line 24	22	Subtract line 21 from line 20	22	43,614					
24	23	Phase-in range. Enter \$50,000 (\$100,000 if							
25		married filing jointly)	23	100,000					
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business  26 4,299  4,299  Part IV Determine Your Qualified Business Income Deduction  27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 27 29,766  28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions 28 78  29 Qualified REIT dividends and PTP (loss) carryforward from prior years 29 )  30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-30 78  31 REIT and PTP component. Multiply line 30 by 20% (0.20)  32 Qualified business income deduction before the income limitation. Add lines 27 and 31 5  33 Taxable income before qualified business income deduction 34 Net capital gain. See instructions 35 Subtract line 34 from line 33. If zero or less, enter -0-35  36 Lorome limitation. Multiply line 35 by 20% (0.20) 37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 5  37 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37  38 Total qualified business income deduction. Add lines 37 and 38  39 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or	24	Phase-in percentage. Divide line 22 by line 23 .	24	43.614 %					
25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business 28 4, 299 4, 299  Part IV Determine Your Qualified Business Income Deduction  7 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 27 29,766  8 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions 28 78  29 Qualified REIT dividends and PTP (loss) carryforward from prior years 29 ( )  30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- 30 78  31 REIT and PTP component. Multiply line 30 by 20% (0.20) 31 16  32 Qualified business income deduction before the income limitation. Add lines 27 and 31 16  33 Taxable income before qualified business income deduction 5 by 20% (0.20) 33 370,214  34 Net capital gain. See instructions 31 If zero or less, enter -0- 35 347,433  35 Subtract line 34 from line 33. If zero or less, enter -0- 35 347,433  36 Income limitation. Multiply line 35 by 20% (0.20) 36 69,487  Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	25	Total phase-in reduction. Multiply line 19 by line 24			25			149	149
Part IV         Determine Your Qualified Business Income Deduction           27         Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16         27         29,766           28         Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions         28         78           29         Qualified REIT dividends and PTP (loss) carryforward from prior years         29         )           30         Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0.         30         78           31         REIT and PTP component. Multiply line 30 by 20% (0.20)         31         16           32         Qualified business income deduction before the income limitation. Add lines 27 and 31         ▶         32         29,782           33         Taxable income before qualified business income deduction         33         370,214         34         22,781           35         Subtract line 34 from line 33. If zero or less, enter -0-         35         347,433         36         69,487           36         Income limitation. Multiply line 35 by 20% (0.20)         36         69,487           37         Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36         ▶	26	Qualified business income after phase-in reduction.	Subtra	act line					
Part IV         Determine Your Qualified Business Income Deduction           27         Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16         27         29,766           28         Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions         28         78           29         Qualified REIT dividends and PTP (loss) carryforward from prior years         29         )           30         Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-         30         78           31         REIT and PTP component. Multiply line 30 by 20% (0.20)         31         16           32         Qualified business income deduction before the income limitation. Add lines 27 and 31         ▶         32         29,782           33         Taxable income before qualified business income deduction         33         370,214         37         29,782           34         Net capital gain. See instructions         34         22,781         35         347,433           35         Subtract line 34 from line 33. If zero or less, enter -0-         35         347,433           36         Income limitation. Multiply line 35 by 20% (0.20)         36         69,487           37         Qualified business income deduction before the domestic pr		25 from line 17. Enter this amount here and on line 1	12, for 1	the					
Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16		corresponding trade or business			26		4,	299	4,299
businesses, or aggregations. Enter the amount from line 16  27 29,766  28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions  28 78  29 Qualified REIT dividends and PTP (loss) carryforward from prior years  29 ( )  30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-  30 Qualified business income deduction before the income limitation. Add lines 27 and 31  31 16  32 Qualified business income deduction before the income limitation. Add lines 27 and 31  33 Taxable income before qualified business income deduction  34 22,781  35 Subtract line 34 from line 33. If zero or less, enter -0-  36 Income limitation. Multiply line 35 by 20% (0.20)  36 G9,487  37 Qualified business income deduction before the domestic production activities deduction (DPAD)  under section 199A(g). Enter the smaller of line 32 or line 36  36 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37  Total qualified business income deduction. Add lines 37 and 38  Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or	Part	IV Determine Your Qualified Business I	ncom	e Deduction					
Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	27	Total qualified business income component from all	qualifie	ed trades,					
(loss). See instructions		businesses, or aggregations. Enter the amount from	n line 1	6		27	29,766		
Qualified REIT dividends and PTP (loss) carryforward from prior years	28	Qualified REIT dividends and publicly traded partne	rship (	PTP) income or					
Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0		(loss). See instructions				28	78		
less than zero, enter -0	29	Qualified REIT dividends and PTP (loss) carryforwa	ard fron	n prior years		29	(		
REIT and PTP component. Multiply line 30 by 20% (0.20)	30	Total qualified REIT dividends and PTP income. Co	mbine	lines 28 and 29. If					
Qualified business income deduction before the income limitation. Add lines 27 and 31		less than zero, enter -0				30	78		
Taxable income before qualified business income deduction	31	REIT and PTP component. Multiply line 30 by 20%	(0.20)			31	16		
Net capital gain. See instructions  34 22,781  35 Subtract line 34 from line 33. If zero or less, enter -0-  36 Income limitation. Multiply line 35 by 20% (0.20)  37 Qualified business income deduction before the domestic production activities deduction (DPAD)  under section 199A(g). Enter the smaller of line 32 or line 36.  37 29,782  38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.  38 Total qualified business income deduction. Add lines 37 and 38.  Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or	32	Qualified business income deduction before the income	ome lin	nitation. Add lines 27	and 3	1		32	29,782
Subtract line 34 from line 33. If zero or less, enter -0	33	Taxable income before qualified business income d	eduction	on		33	370,214		
Income limitation. Multiply line 35 by 20% (0.20)  Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36.  37 29,782  38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.  39 Total qualified business income deduction. Add lines 37 and 38.  Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or	34	Net capital gain. See instructions				34	22,781		
Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	35	Subtract line 34 from line 33. If zero or less, enter -0	O					35	347,433
under section 199A(g). Enter the smaller of line 32 or line 36	36	Income limitation. Multiply line 35 by 20% (0.20) $$ .						36	69,487
DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	37	Qualified business income deduction before the dor	nestic	production activities	deduct	ion (DPAD)			
more than line 33 minus line 37		(6)					▶	37	29,782
Total qualified business income deduction. Add lines 37 and 38	38	DPAD under section 199A(g) allocated from an agr	icultura	al or horticultural coo	perativ	e. Don't enter			
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or		more than line 33 minus line 37						38	
	39	Total qualified business income deduction. Add lines	s 37 ar	nd 38				39	29,782
greater, enter -0	40	Total qualified REIT dividends and PTP (loss) carry	forward	d. Combine lines 28 a	and 29	. If zero or			
		greater, enter -0						40	( 0 )

EEA Form **8995-A** (2020)

Your taxpayer identification number

Form 8995-A

Department of the Treasury

BHAVESH B & MITALBAHEN PATEL

#### **Qualified Business Income Deduction**

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294 2020 Sequence No. 55A

-1368

Internal Revenue Service Name(s) shown on return

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$163,300 (\$326,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative. Trade, Business, or Aggregation Information

#### Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions. (b) Check if (c) Check if (d) Taxpayer (e) Check if (a) Trade, business, or aggregation name aggregation patron specified service identification number K1s: ALABAMA BEVERAGE INC В С $\Box$ Part II **Determine Your Adjusted Qualified Business Income** Α В С 2 Qualified business income from the trade, business, or aggregation. 2 52,762 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 ...... 3 10,552 Allocable share of W-2 wages from the trade, business, or 35,863 Multiply line 4 by 50% (0.50).............. 5 17,932 Multiply line 4 by 25% (0.25)............. 6 8,966 Allocable share of the unadjusted basis immediately after 7 199,268 8 4,982 13,948 17,932 W-2 wage and UBIA of qualified property limitation. Enter the 10,552 11 Phased-in reduction. Enter the amount from line 26, if any. See 12 12 13 Qualified business income deduction before patron reduction. 13 10,552 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), 14 15 Qualified business income component. Subtract line 14 from line 13 . . . . 15 10,552 Total qualified business income component. Add all amounts

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

Form 8995-A (2020)

Form 8867

#### **Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074 2020

Attachment

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8867 for instructions and the latest information.

Sequence No. 70 Taxpayer identification number Taxpayer name(s) shown on return BHAVESH B & MITALBAHEN PATEL Enter preparer's name and PTIN ALPESH PATEL P00845932 Part I **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC 🕱 CTC/ACTC/ODC ☐ AOTC HOH Did you complete the return based on information for tax year 2020 provided by the taxpayer or Yes No N/A reasonably obtained by you? X If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same X information, and all related forms and schedules for each credit claimed? Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following · Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing П X status and to figure the amount(s) of any credit(s) . . . . . . . . . . . . . . . . . . . Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X П List those documents provided by the taxpayer, if any, that you relied on: School Records, Medical Records Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her X Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . . X (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? ........... X If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

For Paperwork Reduction Act Notice, see separate instructions.

correct Schedule C (Form 1040)?

Form 8867 (2020)

Form 8	3867 (2020) BHAVESH B & MITALBAHEN PATEL -13	68		Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III	)		
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)	x		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?	x		
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of		_	
	more than one person (tiebreaker rules)?	x		
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CT	C, ACTC	,	
-	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	x		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived			
	with the child for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	x		
12	DId you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the retum?	x		
Part		art V.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified		Yes	No
<b>D</b> 4	tuition and related expenses for the claimed AOTC?			
Part	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	art VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year		Yes	No
_	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	• • • •		
Part				
	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH fill	ng		
	status on the return of the taxpayer identified above if you:			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the retu			
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH fi	ling		
	status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applic	able		
	credit(s) claimed and HOH filing status, if claimed;			
	C. Submit Form 8867 in the manner required; <b>and</b>			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions of	ınder		
	Document Retention.			
	1. A copy of this Form 8867.			
	<ol><li>The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li></ol>			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the same of the taxpayer's eligibility for the taxpayer of the taxpayer's eligibility for the taxpayer's eligibility eligibility for the taxpayer's eligibility e	ne		
	credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).			
	4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s	was		
	obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the taxpayer's reponse			
	determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the cre	. ,		
	► If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each fail	ure to		
	comply related to a claim of an applicable credit or HOH filing status.			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and		Yes	No

 complete?
 ▼
 □

 Form 8867 (2020)

Form **8960** 

Department of the Treasury

**Net Investment Income Tax-**Individuals, Estates, and Trusts

Attach to your tax return.

Attachment Sequence No.

OMB No. 1545-2227

2020

Internal Revenue Service (99)

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

Your social security number or EIN BHAVESH B & MITALBAHEN PATEL -1368 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) Taxable interest (see instructions) 1 2 Ordinary dividends (see instructions) . . . . . 2 277 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a 252,739 **b** Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) ......... 4b (229,330)4c 23,409 5a 47,250 **b** Net gain or loss from disposition of property that is not subject to net 5b c Adjustment from disposition of partnership interest or S corporation stock (see 5d 47,250 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) ....... 6 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 8 70,938 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) **b** State, local, and foreign income tax (see instructions) . . . . . c Miscellaneous investment expenses (see instructions) 9d 0 **10** Additional modifications (see instructions) 10 11 0 Part III Tax Computation 12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- . . . . . . . . . . . . . . . . 12 70,938 Individuals: 13 Modified adjusted gross income (see instructions) 13 14 Threshold based on filing status (see instructions) 250,000 145,014 16 70,938 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) 17 2,696 **Estates and Trusts:** 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 **b** Highest tax bracket for estates and trusts for the year (see instructions) . . . . . . . . . . 19c 20 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) . . . . . . . . 21

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

Form 8960 (2020)

## Form PMT

# **ACH Payment**

2020

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL	-1368
	Spouse's SSN
	-5976
Routing Transit Number	· <u> </u>
0025	
Bank Account Number	
0776	
Type of Account:	
1 Checking	
Amount of Tax Payment	
37,839	
Requested Payment Date	
09-03-2021	
Taxpayer's Daytime Phone Number	
Type of Form being filed	
1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

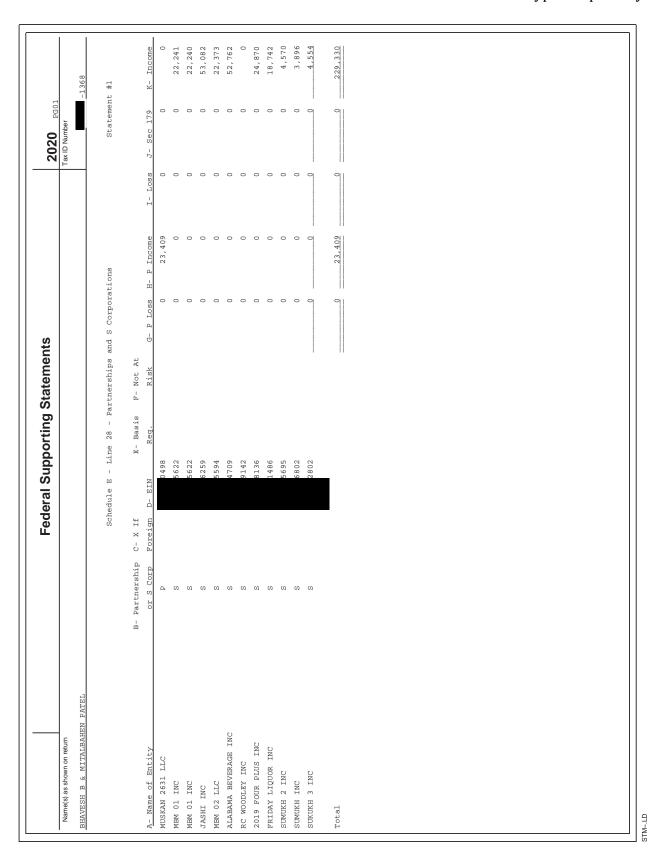
### IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879 for the latest information.	2020
Submission Identification Number (SID)	
	security number
BHAVESH B PATEL	-1368
	e's social security number
MITALBAHEN PATEL	-5976
Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you	
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1 . 1
1 Adjusted gross income	
2 Total tax	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep	
retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or ele to send my retum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of t for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treas Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the payment of my federal taxes owed on this retum and/or a payment of estimated tax, and the financial institution to debit th authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-883-353-4537. Payment cancellation requests must be business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I furthe personal identification number (PIN) below is my signature for the income tax retum (original or amended) I am now auth Electronic Funds Withdrawal Consent.	the transmission, (b) the reason sury and its designated Financial e tax preparation software for the entry to this account. This ation. To revoke (cancel) a e received no later than 2 of the electronic payment of er acknowledge that the
Taxpayer's PIN: check one box only  Amount owed will be debited from: RTN:021200	
x I authorize ALPESH PATEL CPA to enter or generate my PIN	13589 as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am now auth if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The below.	•
Your signature ▶ Date ▶	
Spouse's PIN: check one box only  X I authorize ALPESH PATEL CPA to enter or generate my PI ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am now auti if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The below.	•
Spouse's signature ▶ Date ▶	
Practitioner PIN Method Returns Only - continue below	
Part III Certification and Authentication - Practitioner PIN Method Only	
	-24922 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual	n in accordance with the
ERO's signature ► ALPESH PATEL Date ► 09	-03-2021
ERO Must Retain This Form - See Instructions	
Don't Submit This Form to the IRS Unless Requested To Do So	

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

Form **8879** (Rev. 01-2021)



Federal Supporting Statements DO NOT FILE. KEEP FOR YOUR RECORDS.	2020
Name(s) as shown on return	Your Social Security Number
BHAVESH B & MITALBAHEN PATEL	-1368
Form 8960 Line 4b Item Detail K-1: MBM 01 INC	(22,241)
K-1: MBM 01 INC	(22,241)
K-1: JASHI INC	(53,082)
K-1: MBM 02 LLC	(22,373)
K-1: ALABAMA BEVERAGE INC	(52,762)
K-1: 2019 FOUR PLUS INC	(24,870)
K-1: FRIDAY LIQUOR INC	(18,742)
K-1: SUMUKH 2 INC	(4,570)
K-1: SUMUKH INC	(3,896)
K-1: SUKUKH 3 INC	(4,554)
Total	(229,330)

	S	ummary of Esti	imates		2021
Name(s) as shown on return				Your SSN/EIN	
BHAVESH B & MITAL Federal	BAHEN PATEL				-1368
orm: 1040-ES					
		Payment Schedule	1		
Due Date	04-15-2021	06-15-2021	09-15-2021	01-18-2022	Total
otal Installment Amount	11,260	11,260		11,260	45,040
Overpayment Applied	0	0		0	C
let Installment Due	11,260	11,260		11,260	45,040
		Taxpayer Records			
mount Actually Paid late Paid					
theck #/Confirmation					
nook my oor ammadon					

#### **Estimated Tax Worksheet for Next Year**

		(Keep for your records)	2020
lame(s) a	as shown on return		Tax ID Number
BHAVE	SH B & MITAL	BAHEN PATEL	-1368
1.	Wages		1.
2.	Interest and Divide	nd income	2.
3.		e	
4.	Taxable IRA/Pensi	on income	4.
5.	Taxable Social Sec	curity income	5.
6.	Business income		6.
7.	Other income		7.
8.	Total income (add	lines 1 thru 7)	8.
9.	Adjustments to inco	ome	9.
10.	Adjusted gross inco	ome (subtract line 9 from line 8)	10.
11a.	Itemized deduction	s	1a
11b.	Standard deduction	1	1b.
12.	Taxable income (se	ubtract the larger of line 11a or 11b from line 10)	12.
13.	Estimated Section	199A deduction for qualified trade or business income	13
14.	Projected taxable i	ncome (subtract line 13 from line 12)	14.
15.			
16.	Alternative Minimur	m Tax	16
17.			
18a.	Child Tax Credit ar	nd Other Dependent Credit	
18b.	Other projected Cr	edits	
18c.		dits	
19.	Subtract line 18d fr	om line 17	19
20.	Projected SE Tax -	·Taxpayer	20
21.	Projected SE Tax -	Spouse	21
22.	Other taxes		22
23a.	Add lines 19 through	yh 22	За
b.	Earned income cre	dit, additional child tax credit, fuel tax credit, net premium tax credit,	
	refundable America	an opportunity credit, and refundable credit from Form 8885	3b
c.	Total 2021 estima	tted tax. Subtract line 23b from line 23a. If zero or less enter -0	3c
24a.		90% (66 2/3% for farmers and fishermen) <b>24a.</b>	
b.	Required annual pa	ayment based on prior year's tax (see instructions) 110% 24b. 78,998	
c.	Required annual	payment to avoid a penalty. Enter the smaller of line 24a or 24b	4c. 78,998
25.	Projected Withhold	ling	25. 33,977
26.	Projected Net Tax	(subtract line 25 from line 24c)	26. 45,021

Estimates will be computed on \$45,021. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Federal Income Tax Withheld	2020 PG01
ame(s) as shown on return	Your Social Security Number
HAVESH B & MITALBAHEN PATEL	-1368
escription	Amount
2 - MUSKAN 2631 INC	8,600
2 - PLEASURE LLC	6,173
2 - JASHI INC	8,226
2 - ALABAMA BEVERAGE INC 2 - FRIDAY LIQUOR INC	9,442 456
2 - 2019 FOUR PLUS INC	1,080
-2 Subtotal	33,977
	52,211
otal Withholdings	33,977
	52,211

:	Employee's social security number -5976	OMB No. 1545	-0008	Safe, accurate, FAST! Use	IRS	e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)		<u>'</u>	1 W	ages, tips, other compen	sation	2 Federal	ncome tax withheld
0498				2	28,400		8,600
c Employer's name, address, and ZIP code			<b>3</b> So	ocial security wages		4 Social se	ecurity tax withheld
MUSKAN 2631 INC				2	28,400		1,761
			5 Me	edicare wages and tips		6 Medicare	e tax withheld
1192 WESTERN BLVD				2	28,400		412
Montgomery	AL 36	5108	<b>7</b> Sc	ocial security tips		8 Allocated	d tips
<b>d</b> Control number			9			10 Depende	ent care benefits
e Employee's first name and initial	Last name	Suff.		onqualified plans		C od e	ructions for box 12
MITALBAHEN PATEL			13	Statutory Retirement plan	Third-party sick pay	12b C od e	
Montgomery	AL 361	.17	<b>14</b> Ot	ther		12c C od e	
						12d C od e	
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	7 State income tax	<b>18</b> Lo	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name
AL   R009129318	28,400	840					

Form W-2 Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ALPESH PATEL CPA information on the a Employee's social security number Safe, accurate, Visit the IRS website at IRS e-file FAST! Use OMB No. 1545-0008 www.irs.gov/efile -1368 **b** Employer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax withheld 6000 8,000 6,173 c Employer's name, address, and ZIP code Social security tax withheld 3 Social security wages PLEASURE LLC 8,000 496 5 Medicare wages and tips Medicare tax withheld 3401 WOODLEY RD 8,000 116 36116 7 Social security tips 8 Allocated tips Montgomery ΑL d Control number 10 Dependent care benefits 12a See instructions for hox 12 e Employee's first name and initial 11 Nonqualified plans Last name BHAVESH B PATEL 12c 14 Other 36117 Montgomery ΑL 12d f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name AL | R009991145

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ALPESH PATEL CPA

	a Employee's social security number -5976	OMB No. 1545-	0008	Safe, accurate, FAST! Use	IRS	e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1 W	/ages, tips, other compe	nsation	2 Federa	al income tax withheld
6259					24,000		8,226
c Employer's name, address, and ZIP cod	le		3 S	ocial security wages		4 Social	security tax withheld
JASHI INC					24,000		1,488
			<b>5</b> M	ledicare wages and tips		6 Medica	are tax withheld
3445 ATLANA HWY					24,000		348
Montgomery	AL 36	5109	<b>7</b> Se	ocial security tips		8 Allocat	ted tips
d Control number			9			10 Depen	ndent care benefits
e Employee's first name and initial	Last name	Suff.		onqualified plans		C o d e	structions for box 12
MITALBAHEN PATEL			13	Statutory Retirement plan	Third-party sick pay	12b C o d e	
			14 0	ther		12c	
Montgomery	AL 361	17				12d	
						C o d	
f Employee's address and ZIP code						e	
15 State Employer's state ID number	16 State wages, tips, etc.	7 State income tax	<b>18</b> Lo	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name
AL   R009927468	24,000	2,051					
		<u> </u>					
						-	

Form W-2 Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ALPESH PATEL CPA information on the a Employee's social security number Safe, accurate, Visit the IRS website at IRS e-file FAST! Use OMB No. 1545-0008 www.irs.gov/efile -1368 **b** Employer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax withheld 4709 13,200 9,442 c Employer's name, address, and ZIP code Social security tax withheld 3 Social security wages ALABAMA BEVERAGE INC 13,200 818 5 Medicare wages and tips Medicare tax withheld 8832 PEMBERTON PARK 13,200 191 36117 7 Social security tips 8 Allocated tips Montgomery ΑL d Control number 10 Dependent care benefits 12a See instructions for hox 12 e Employee's first name and initial 11 Nonqualified plans Last name BHAVESH B PATEL 12c 14 Other 36117 Montgomery ΑL 12d f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name AL | R010040923 13,200

Form W-2 Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ALPESH PATEL CPA

	a Employee's social security number -1368	OMB No. 1545-	-0008	Safe, accurate, FAST! Use	IRS	e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1	Wages, tips, other comper	nsation	2 Federal	income tax withheld
1486					8,400		456
c Employer's name, address, and ZIP cod	e		3	Social security wages		4 Social s	ecurity tax withheld
FRIDAY LIQUOR INC					8,400		521
			5	Medicare wages and tips		6 Medicar	e tax withheld
225 E SOUTH BLVD					8,400		122
Montgomery	AL 3610	5	7	Social security tips		8 Allocate	d tips
d Control number			9			10 Depende	ent care benefits
e Employee's first name and initial	Last name	Suff.	11	Nonqualified plans		C od e	ructions for box 12
BHAVESH B PATEL			13	Statutory Retirement plan	Third-party sick pay	12b	
Montgomery	AL 36117		14	Other		12c	
						12d C o d e	
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc. 17 S	tate income tax	18	Local wages, tips, etc.	19 Local in	come tax	20 Locality name
AL   R010467913	8,400	232					
l 1							

Wage and Tax Statement

2020

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the F	orm W-2 was used to	prepare the ta	xpayer's 2020 Feder	ral tax	return by	y ALPESH PATEL CE
	Employee's social security number	r OMB No. 154	Safe, accurate, 5-0008 FAST! Use	IRS 6	e-file	Visit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compens	sation	2 Federal i	ncome tax withheld
8136			1	4,400		1,080
c Employer's name, address, and ZIP code			3 Social security wages		4 Social se	curity tax withheld
2019 FOUR PLUS INC			1	4,400		893
			5 Medicare wages and tips		6 Medicare	tax withheld
2949 FORBES RD			1	4,400		209
Montgomery	AL 3	6110	7 Social security tips		8 Allocated	I tips
d Control number			9		10 Depende	ent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See instr	uctions for box 12
BHAVESH B PATEL			13 Statutory employee Plan Plan Plan Plan Plan Plan Plan Plan	Third-party sick pay	12b C 0 d e	
Montgomery	AL 36	117			C	
					12d	
					C od e	
f Employee's address and ZIP code					e	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name
AL   R010127749	14,400	501				

W-2 Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA
The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ALPESH PATEL CPA

s) as shown on return	(Keep for your records	,			
		•		2020 Tax ID Numbe	er
HAVESH B & MITALBAHEN PATEL					-1368
	FE	DERAL		STATE	•
Employer Name	Gross		ate Code	Gross	W/H
MUSKAN 2631 INC	28,400	8,600	AL	28,400	84
PLEASURE LLC	8,000	6,173	AL	8,000	94
JASHI INC	24,000	8,226	AL	24,000	2,05
ALABAMA BEVERAGE INC	13,200	9,442	AL	13,200	1,76
FRIDAY LIQUOR INC	8,400	456	AL	8,400	23
2019 FOUR PLUS INC	14,400	1,080	AL	14,400	50
Taxpayer Totals	44,000	17,151		44,000	3,44
Spouse Totals	52,400	16,826		52,400	2,89
Totals	96,400	33,977		96,400	6,33

#### **Computation of Regular Tax**

 Name(s) as shown on return
 (Keep for your records)
 Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is of the

	but not			% on	amount
over	over	pay	plus	excess	over
0	19,750	0.00		10%	0
19,750	80,250	1,975.00		12%	19,750
80,250	171,050	9,235.00		22%	80,250
171,050	326,600	29,211.00		24%	171,050
326,600	414,700	66,543.00		32%	326,600
414,700	622,050	94,735.00		35%	414,700
622,050		167,307.50		37%	622,050

 $$66,543.00 + (($340,432.00 - $326,600.00) \times 32.0\%) = $70,969$ 

Tax from Tax Rate Schedule \$ 70,969 Tax from Qualified Dividends/Capital Gain Worksheet \$ 67,812

\$ 67,812 Tax computed using the most advantageous method allowed

TAX\_COMP.LD

# **Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)**

(Keep for your records)

Name(s) as shown on return

Tax ID Number

ame(s) a	s shown on return	Tax ID Number
	SH B & MITALBAHEN PATEL	-1368
Befo	<ul> <li>See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.</li> <li>Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.</li> <li>If you don't have to file Schedule D and you received capital gain distributions, be sure you che on Form 1040 or 1040-SR, line 7.</li> </ul>	ecked the box
1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are	
	filing Form 2555 (relating to foreign earned income), enter the amount from	
	line 3 of the Foreign Earned Income Tax Worksheet	340,43
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	
	Are you filing Schedule D?*	
	X Yes. Enter the smaller of line 15 or 16 of Schedule D.	
	If either line 15 or 16 is blank or a loss, enter -0	3. 22,58
	No. Enter the amount from Form 1040 or 1040-SR, line 7.	
4.	Add lines 2 and 3	l. 22,78
5.	Subtract line 4 from line 1. If zero or less, enter -0	i. 317,65
6.	Enter:	
	\$40,000 if single or married filing separately,	
	\$80,000 if married filing jointly or qualifying widow(er),	80,0
	\$53,600 if head of household.	
7.	Enter the smaller of line 1 or line 6	780,0
8.	Enter the smaller of line 5 or line 7	80,0
9.	Subtract line 8 from line 7. This amount is taxed at 0%	).
0.	Enter the smaller of line 1 or line 4	). 22,7
1.	Enter the amount from line 9	l
2.	Subtract line 11 from line 10	2. 22,7
3.	Enter:	
	\$441,450 if single,	
	\$248,300 if married filing separately,	
	\$496,600 if married filing jointly or qualifying widow(er),	3. 496,6
	\$469,050 if head of household.	
	Enter the smaller of line 1 or line 13	
	Add lines 5 and 9	
	Subtract line 15 from line 14. If zero or less, enter -0-	
	Enter the smaller of line 12 or line 16	
	Multiply line 17 by 15% (0.15)	
	Add lines 9 and 17	
	Subtract line 19 from line 10	
	Multiply line 20 by 20% (0.20)	l•
	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet 22	64.3
	Add lines 18, 21, and 22	
	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table	07,0
	to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	l. 70,9
	Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry	. /0,9
	space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the	
	entry space on Form 1040 or 1040-SR, line 16. In you are filling Form 2333, don't enter this amount on the	
	Tax Worksheet	5. 67,8
		,, 0/,0

Form 1040 or

# Investment Income for the Earned Income Credit

<u> 1040-</u>	SR	(Keep for your records)	2020
Name(s)	as shown on return		Tax ID Number
BHAVE	SH B & MITAL	BAHEN PATEL	-1368
			· <u></u>
Intere	est and Dividends		
1.	Enter any amount f	rom Form 1040 or 1040-SR, line 2b	12
2.	Enter any amount f	rom Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b	2.
		rom Form 1040 or 1040-SR, line 3b	
4.	Enter the amount fr	om Schedule 1 (Form 1040), line 8, that is from Form 8814 if you are filing that form to	
	report your child's i	nterest and dividend income on your return. (If your child received an Alaska Permanent	
	Fund dividend, use	Worksheet 2, on the next page, to figure the amount to enter on this line.)	4.
Capit	al Gain Net Income		
5.	Enter the amount fr	om Form 1040 or 1040-SR, line 7. If the amount on that line	
	is a loss, enter -0-		
6.	Enter any gain from	Form 4797, Sales of Business Property, line 7. If the	
	amount on that line	is a loss, enter -0 (But, if you completed lines 8 and	
		ter the amount from line 9 instead.) 6.	
7.		is worksheet from line 5 of this worksheet. (If the result is less than zero,	
			7. 47,250
	,		
Rova	Ities and Rental Inc	ome From Personal Property	
-		come from Schedule E, line 4, plus any income from the rental of	
		hown on Schedule 1 (Form 1040), line 8. Subtract	
		Schedule E, line 20 related to royalty income, and any expenses	
		ersonal property deducted on Schedule 1, line 22. (If the result is	
			8.
	1000 than 2010, 0110		
Pass	ive Activities		
		ny net income from passive activities (such as income	
		ile E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the	
		from passive activities (included on Schedule E, lines	
	•	4b (col. (c)), or 40). (See instructions below for line 9.)	
		er -0)	9. 23,409
10		Oscreen	
		in lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. <b>This is your Investment Income</b>	
		ne 11 more than \$3,650?	70,755
12.	X Yes. You can't		
		o 3 of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit	
	_ ,	ing this publication to find out if you can take the credit; in that case, go to <i>Rule</i> 7, next).	
	(unless you are us	ing this publication to find out if you can take the credit, in that case, go to Male 7, hext).	
Inetr	uctions for line 0	n figuring the amount to enter on line 9, don't take into account any royalty income (or loss)	
		ringuling the amount to enter on line 9, don't take into account any royally income (or loss) nedule E or any amount included in your earned income. To find out if the income on line 26 or line 4	) of
		·	
		sive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included	
Scne	uule E, IIII 26, ISN't	from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to	III le ∠o.

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

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

HAVESH B & MITALBAHEN PATEL		-1368
Income	Regular tax	Alt Min Tax
	96,400	96,400
Interest income before Series EE bond exclusion	2	207100
Dividend income	277	277
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	47,250	47,250
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses) .		
Nonpassive S corporation income or (loss)	229,330	231,017
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	373,259	374,946
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and	_	
fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	
Subtract total adjustments from total income	373,259	374,946
MAGI adjustment from input screen E2		
Modified adjusted gross income	373,259	374,946

Forms 1040, 1040-SR, and 1040-NR

# Child Tax Credit and Credit for Other Dependents Worksheet

1040-NR (Keep for your records) 2020
Name(s) as shown on return Tax ID Number

BHAVE	SH B & MITALBAHEN PATEL	-1368
Befor	re you begin: • Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.	
Part	1	
1.	Number of qualifying children under 17 with the required social security number:	12,000
2.	Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: x \$500. Enter the result	2
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.	
3.	Add lines 1 and 2	32,000
4.	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 4 395,01	.4
5.	1040 and 1040-SR Filers. Enter the total of any -	
	Exclusion of income from Puerto Rico; and	
	• Amounts from Form 2555, lines 45 and 50,	
	and Form 4563, line 15.	
	1040-NR filers. Enter -0	
6.	Add lines 4 and 5. Enter the total	.4
7.	Enter the amount shown below for your filing status.	
	Married filing jointly - \$400,000	
	• All other filing statuses - \$200,000 7	0
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	_
	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% (0.05). Enter the result	90
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 line 19 of your Form 1040, 1040-SR, or 1040-NR. You also cannot take the additional child tax credit on line 28 of your Form 1040, 1040-SR, or	
	1040-NR. Complete the rest of your Form 1040, 1040-SR, or 1040-NR.	
	Yes. Subtract line 9 from line 3. Enter the result	10. 2,000
	Go to Part 2 on the next page.	

Forms 1040 1040-SR, and

# Child Tax Credit and Credit for Other Dependents Worksheet

2020 1040NR (Keep for your records)

Name(s) as	s shown on re	eturn						Т	ax ID Number
BHAV	ESH B 8	MITALBAHE	N PATEL						-1368
Befor	Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.								
Part	2								
11.	Enter the	amount from Line	e 18 of your Form 10	40, 1040-SR, or 1040	-NR			11.	67,812
12.	Add the f	ollowing amounts	(if applicable) from:						
	Sched Sched Sched Form 8 Form 8	ule 3, Line 2 ule 3, Line 3 ule 3, Line 4			· · · · · · · · · · · · · · · · · · ·		+ - -		
	Enter the total. 12								
13.	Subtract	line 12 from line 1	1					13.	67,812
14.	Mortga     Adoptic     Reside     District     No. E     Yes. I     Other	ge interest credit, on credit, Form 88 ntial energy effici of Columbia first- nter -0 f you are filing Fo wise, complete the	339. ent property credit, F time homebuyer cred orm 2555, enter -0 e Line 14 Worksheet	dit, Form 8859.			٦	▶ 14.	0
		nount to enter her							
15.	Subtract	line 14 from line 1	3. Enter the result					15.	67,812
16.	X No. E	ount on line 10 of nter the amount f Enter the amount ne <b>TIP</b> below.	rom line 10.	than the amount on li	ne 15	? This is your child tax credit and credit for other dependents.	•	16.	2,000 Enter this amount on Form 1040, line 19; Form 1040-SR, line 19; or Form 1040-NR, line 19.
	TIP	of your Form "Yes" on line • First, compl through line 2	1040, 1040-SR, or 16 and line 1 is mo ete your Form 104 7 (also complete S Schedule 8812 to f	ditional child tax of 1040-NR, only if yore than zero. 40, 1040-SR, or 10- Schedule 3, line 10, igure any additiona	ou ar 40-NF	nswered			

#### Modified AGI Worksheets for Form 8962

2020 (Keep for your records) Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL -1368 Worksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a 1. Enter your adjusted gross income (AGI) from Form 1040, 2. Enter any tax-exempt interest from Form 1040, 1040-SR, 3. Enter any amounts from Form 2555, lines 45 and 4. Form 1040 or 1040-SR filers: If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result .... 4. 5. Add lines 1 through 4. Enter here and on Form 8962, Worksheet 1-2. Dependents' Combined Modified AGI Worksheet - Line 2b 1. Enter the AGI for your dependents from Form 1040, 1040-SR, 2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, 3. Enter any amounts for your dependents from Form 4. For each dependent filing Form 1040 or 1040-SR: If line 6a is more than line 6b, subtract line 6b from 5. Add lines 1 through 4. Enter here and on Form 8962, Worksheet 2. Household Income as a Percentage of the Federal Poverty Line 1. Enter the amount from line 3 of Form 2. Enter the amount from line 4 of Form 4. Is the amount on line 1 more than the amount on line 3? • Yes. The amount on line 1 above is more than 400% of the federal poverty line. Enter 401 here and on line 5 of Form 8962. No. Divide the amount on line 1 above by the amount on line 2 above. Do not round; instead multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; for 3.997, enter the result as 399. Enter the result here and on line 5 of Form

2. Capital contributions of property a. Gain (if any) recognized this year on contribution of property to partnership b. Cash contributed during the year c. Adjusted basis of property contributed during the year d. Partnership interest acquired other than by cash or property Total additional contributions (Total lines 2a-2d)  3. Items of Income or Gain for this period  a. Ordinary Income (Sch K-1, Line 1) b. Real Estate Rental Income (Sch K-1, Line 2) b. Real Estate Rental Income (Sch K-1, Line 2) d. Interest, Dividends & Royalties (Sch K-1, Line 8 & 9a) e. Capital Gain (Sch K-1, Line 8 & 9a) e. Capital Gain (Sch K-1, Line 8 & 9a) e. Cother Portfolio Income (Sch K-1, Line 11a) f. Other Portfolio Adjustment (Sch K-1, Line 11b) f. Other Income (Sch K-1, Line 11b) f. Tax Exempt Income (Sch K-1, Line 11b) f. Gain from 179 disposition (Sch K-1, Line 18a & b) f. Gain from 179 disposition (Sch Resposition (Sch Resposition)	
A Partner's share of partnership: MUSKAN 2631 LLC  A Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partner's share of partnership liabilities (Sch K-1, Item K) B. Partnership (Sch K-1, Item K) B. Captal contributions of property Captal additional contributions of property to partnership B. Cash contributed during the year C. Adjusted basis of property contributed and contributed contributed and contributed contributed and contributed contributed and contributed contributed and contribu	
Partner's share of partnership liabilities from PRIOR year	
Partner's share of partnership liabilities from PRIOR year	
C.	
1. Adjusted Basis from preequing year 2. Capital contributions of property to partnership 2. a. Gain (if any) recognized this year on contribution of property to partnership 2. a. Gain (if any) recognized this year on contributed during the year 2. Adjusted basis of property contributed during the year 3. Partnership interest acquised other than by cash or property 4. Partnership interest acquised other than by cash or property 5. Items of Income or Gain for this period 6. Real Estate Renall Income 6. Sch. K-1, Line 1) 5. Real Estate Renall Income 6. Sch. K-1, Line 2) 6. Interest, Dividends & Reyalties 6. Capital Gain 6. Interest, Dividends & Reyalties 6. Sch. K-1, Line 8, & 8a) 6. Capital Gain 6. Other Portfoli Income 6. Sch. K-1, Line 8, & 8a) 7. Other Portfoli Income 7. Sch. K-1, Line 1) 7. Exempt Income 7. Sch. K-1, Line 1) 7. Exempt Income 7. Sch. K-1, Line 1) 8. Excess Depletion Adjustment 8. Increase from Recapture of Business Credits 8. Increase from Recapture of Business Credits 9. Excess Depletion Adjustment 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18 a. & b) 9. Excess Depletion Adjustment 9. Sch. K-1, Line 18	
2. Capital contributions of property a. Gain (if any) recognized this year on contribution of property to partnership b. Cash contributed during the year c. Adjusted basis of property contributed during the year d. Partnership interest acquired other than by cash or property Total additional contributions (Total lines 2a-2d) 2. 3. Items of Income or Gain for this period a. Ordinary Income (Sch K-1, Line 1) b. Real Estate Rental Income (Sch K-1, Line 2) c. Other Rental Income (Sch K-1, Line 3c) d. Interest, Dividends A Boyalties (Sch K-1, Line 5, 6a & 7) d. Interest, Dividends A Boyalties (Sch K-1, Line 1a) f. Other Portfolio Income (Sch K-1, Line 1a) g. Saction 1231 Gain (Sch K-1, Line 1a) f. Other Portfolio Income (Sch K-1, Line 1b) f. Other Income (Sch K-1, Line 1b) f. Tax Exempt Income (Sch K-1, Line 1a) g. Saction 1231 Gain (Sch K-1, Line 1b) f. Increase from Recapture of Business Credits f. Increase from Recapture of Business Credits f. Increase for Record of Income (Sch K-1, Line 1b) f. Gain from 179 deposition (Sce IRC § 40(a), 50(a), 50(a)(2) & 1371 (di) Total Items of Income or Gains (Total lines 3a-3) f. Other Income or Gains (Total lines 3a-3) f. Other Increase for Recapture of Business Credits f. Increase for Income or Gains (Total lines 3a-3) f. Other Increase for Recapture of Business Credits f. Increase for Recapture of Business Credits f. Increase for Income or Gains (Total lines 3a-3) f. Other Increase for Recapture of Business Credit Adjustments g. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) lb. Real Estate Renal Loss (Page 2, Col d, Line 10b) b. Learnes of Losses and Deductions (Allowed for the current year) a. Ordinary Loss (Page 2, Col d, Line 10b) b. Colher Portfolio Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss	
a. Gain (if any) recognized this year on contribution of property to partnership b. Cash contributed during the year c. Adjusted basis of property contributed during the year d. Partnership interiest acquired other than by cash or property Total additional contributions (Total lines 2a-2d) 3. Items of Income or Gain for this period a. Ordinary Income (Sch K-1, Line 1) 3 a. 23,409 b. Real Estate Rental Income (Sch K-1, Line 2) b. C. Other Rental Income (Sch K-1, Line 3c) c. C. Other Rental Income (Sch K-1, Line 3c) d. Interest, Dividends & Royalties (Sch K-1, Line 5 a) d. Linetaes, Dividends & Royalties (Sch K-1, Line 11a) t. C. Other Portfolio Income (Sch K-1, Line 11a) t. C. Other Portfolio Income (Sch K-1, Line 11a) t. Dividends & Royalties (Sch K-1, Line 11b) h. Dividends & Royalties (Sch K-1, Line 11b) h. Dividends & Royalties (Sch K-1, Line 11b) h. Linetaes (Sch K-1, Line 11b)	7,067
b. Cash contributed during the year c. Adjusted basis of property contributed during the year d. Partnership interest acquired other than by cash or property Total additional contributions (Total lines 2a-2d) 2.  3. Items of Income or Gain for this period a. Ordinary Income (Sch K-1, Line 1) 3. a. 23,409 b. Real Estate Rental Income (Sch K-1, Line 2) b. Real Estate Rental Income (Sch K-1, Line 3) c. Other Rental Income (Sch K-1, Line 3) d. Interest, Dividends & Royalities (Sch K-1, Line 8, 8, 8a) e. Capital Gain (Sch K-1, Line 11a) g. Section 1231 Gain (Sch K-1, Line 11b) i. Tax Exempt Income (Sch K-1, Line 11b) i. Tax Exempt Income (Sch K-1, Line 11b) i. Tax Exempt Income (Sch K-1, Line 11b) i. Tax Exempt Income (Sch K-1, Line 11b) i. Gain from 179 disposition (Sce IRC § 46(a), 50(a), 50(a)(2) & 1371 (d)) Total items of Income or Gains (Total lines 3a-3b) 4. Increase in Partnership Share of Partnership Labilities from line C above 3. Decrease in Partnership Share of Partnership Labilities from line C above 4. Capital Loss (Page 2, Col d, Line 10b) b. Real Estate Rental Loss (Page 2, Col d, Line 10b) c. Other Portfolio Loss (Page 2, Col d, Line 10c) c. Other Rental Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Col d, Line 10c) f. Section 1231 Loss (Page 2, Co	
c. Adjusted basis of property contributed during the year d. Partnership interest acquired other than by cash or property d	
A   Partnership interest acquired other than by cash or property Total additional contributions (Total lines 2a-2d) 2.	
Total additional contributions (Total lines 2a-2d)  3. Items of Income or Gain for this period  a. Ordinary Income (Sch K-1, Line 1) 3 a a. 23,409  b. Real Estate Rental Income (Sch K-1, Line 2) b	
3. Items of Income or Gain for this period  a. Ordinary Income (Sch K-1, Line 1) 3 a. 23,409  b. Real Estate Rental Income (Sch K-1, Line 2) b	
a. Ordinary Income (Sch K-1, Line 1) 3 a. 23,409 b. Real Estate Rental Income (Sch K-1, Line 2) b c. Other Rental Income (Sch K-1, Line 2) c d. Interest, Dividends & Royalties (Sch K-1, Line 3c) d e. Capital Gain (Sch K-1, Lines 8 & 9a) e f. Other Portfolio Income (Sch K-1, Line 11a) f g. Section 1231 Gain (Sch K-1, Line 11b) f h. Other Portfolio Income (Sch K-1, Line 11b) f j. Excess Depletion Adjustment j k. Increase from Recapture of Business Credits i i. Gain from 179 disposition (Sea RC 9 49(a), 50(a), 50(c)(2) & 1371 (d)) Total items of Income of Gains (Total lines 3a-3i) s 4. Increase in Partnership Share of Partnership Liabilities from line C above 4 5. Total increases in Partnership Share of Partnership Liabilities from line C above 7 8 Decrease for Non-Deductible Expenses/Credit Adjustments 8 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) t b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b c. Other Portfolio Loss (Page 2, Col d, Line 10b) d c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Loss (Page 2, Col d, Line 10b) f c. Other Portfolio Loss (Pag	
b. Real Estate Rental Income (Sch K-1, Line 2) b  c. Other Rental Income (Sch K-1, Line 3c) c. c.  d. Interest, Dividends & Royalties (Sch K-1, Line 5, 6a & 7) d. d.  e. Capital Gain (Sch K-1, Line 15, 6a & 7) d.  f. Other Portfolio Income (Sch K-1, Line 11a) f.  g. Section 1231 Gain (Sch K-1, Line 11a) f.  h. Other Income (Sch K-1, Line 11b) h.  i. Tax Exempt Income (Sch K-1, Line 10) j.  j. Excess Depletion Adjustment j.  k. Increase from Recapture of Business Credits k.  i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(a)(2) & 1371 (d))  Total items of Income or Gains (Total lines 3a-3l) s.  5. Total increases in Partnership Share of Partnership Liabilities from line C above 4.  6. Cash Distributions to the Partner during the year 7.  Poercase in Partners Share of Partnership Liabilities from line C above 7.  8. Decrease in Partnersh Share of Partnership Liabilities from line C above 7.  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  10. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Cold, Line 10b) b.  C. Other Rental Loss (Page 2, Cold, Line 10b) d.  e. Other Portfolio Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Other Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Other Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.  Section 1231 Loss (Page 2, Cold, Line 10b) f.	
C. Other Rental Income   (Sch K-1, Line 3c)   C.	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7) d. e. Capital Gain (Sch K-1, Lines 8 & 9a) e. f. Other Portfolio Income (Sch K-1, Line 18a & 9a) e. g. Section 1231 Gain (Sch K-1, Line 10) g. h. Other Income (Sch K-1, Line 11) h. i. Tax Exempt Income (Sch K-1, Line 11) h. i. Tax Exempt Income (Sch K-1, Line 11) h. i. Excess Depletion Adjustment j. k. Increase from Recapture of Business Credits k. i. Gain from 179 disposition (Sce IRC § 49(a), 50(a), 50(c)(2) & 1371 (d)) Total items of Income or Gains (Total lines 3a-3l) 3. 23,409 4. Increase in Partnership Share of Partnership Liabilities from line C above 4. 6. Cash Distributions to the Partner during the year 7. Decrease in Partner's Share of Partnership Liabilities from line C above 7. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 8. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 10. Items of Losses and Deductions (Allowed for the current year) 2. Other Rental Loss (Page 2, Col d, Line 10d) d. 3. Ordinary Loss (Page 2, Col d, Line 10d) d. 4. Other Portfolio Loss (Page 2, Col d, Line 10d) d. 5. Other Portfolio Loss (Page 2, Col d, Line 10d) f. 6. Other Portfolio Loss (Page 2, Col d, Line 10d) f. 7. Section 1231 Loss (Page 2, Col d, Line 10d) f. 8. Other Loss (Page 2, Col d, Line 10d) f. 9. Other Loss (Page 2, Col d, Line 10d) f. 9. Other Loss (Page 2, Col d, Line 10d) f.	
e. Capital Gain (Sch K-1, Lines 8 & 9a) e  f. Other Portfolio Income (Sch K-1, Line 11a) f  g. Section 1231 Gain (Sch K-1, Line 11b) g  h. Other Income (Sch K-1, Line 11b) h  j. Excess Depletion Adjustment j  k. Increase from Recapture of Business Credits i  Gain from 179 disposition i  (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))  Total items of Income or Gains (Total lines 3a-3l) 3. 23,409  4. Increase in Partnership Share of Partnership Liabilities from line C above 4  5. Total increases in Partnership Share of Partnership Liabilities from line C above 7  Decrease in Partnersh Share of Partnership Liabilities from line C above 7  Decrease in Partnersh Share of Partnership Liabilities from line C above 7  Becrease in Partnersh Share of Partnership Liabilities from line C above 7  Becrease in Partnersh Share of Partnership Liabilities from line C above 9  Becrease for Non-Deductible Expenses/Credit Adjustments 8  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  10. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a  b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b  c. Other Portfolio Loss (Page 2, Col d, Line 10b) d  d. Capital Loss (Page 2, Col d, Line 10b) f  e. Other Portfolio Loss (Page 2, Col d, Line 10b) f  g. Other Loss (Page 2, Col d, Line 10b) f  g. Other Loss (Page 2, Col d, Line 10b) f	
e. Capital Gain (Sch K-1, Lines 8 & 9a) e  f. Other Portfolio Income (Sch K-1, Line 11a) f  g. Section 1231 Gain (Sch K-1, Line 11b) g  h. Other Income (Sch K-1, Line 11b) h  j. Excess Depletion Adjustment j  k. Increase from Recapture of Business Credits i  Gain from 179 disposition i  (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))  Total items of Income or Gains (Total lines 3a-3l) 3. 23,409  4. Increase in Partnership Share of Partnership Liabilities from line C above 4  5. Total increases in Partnership Share of Partnership Liabilities from line C above 7  Decrease in Partnersh Share of Partnership Liabilities from line C above 7  Decrease in Partnersh Share of Partnership Liabilities from line C above 7  Becrease in Partnersh Share of Partnership Liabilities from line C above 7  Becrease in Partnersh Share of Partnership Liabilities from line C above 9  Becrease for Non-Deductible Expenses/Credit Adjustments 8  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  10. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a  b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b  c. Other Portfolio Loss (Page 2, Col d, Line 10b) d  d. Capital Loss (Page 2, Col d, Line 10b) f  e. Other Portfolio Loss (Page 2, Col d, Line 10b) f  g. Other Loss (Page 2, Col d, Line 10b) f  g. Other Loss (Page 2, Col d, Line 10b) f	
g. Section 1231 Gain (Sch K-1, Line 10) g	
h. Other Income (Sch K-1, Line 11) h. i. Tax Exempt Income (Sch K-1, Lines 18a & b) i. j. Excess Depletion Adjustment j. k. Increase from Recapture of Business Credits k. i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d)) Total items of Income or Gains (Total lines 3a-3l) 3. 23,409 4. Increase in Partnership Share of Partnership Liabilities from line C above 4. 25. Total increases in basis (combine lines 1 through 4) 5. 6. Cash Distributions to the Partner during the year 6. 26. 27. Decrease in Partner's Share of Partnership Liabilities from line C above 7. 28. Decrease for Non-Deductible Expenses/Credit Adjustments 8. 29. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 9. 6. 10. Items of Losses and Deductions (Allowed for the current year) 9. 6. 26. 27. 28. Pack Extended Control of the C	
i. Tax Exempt Income (Sch K-1, Lines 18a & b) i	
Excess Depletion Adjustment	
k. Increase from Recapture of Business Credits	
k.       Increase from Recapture of Business Credits       k.         i.       Gain from 179 disposition       i.         (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))         Total litems of Income or Gains (Total lines 3a-31)         4.       Increase in Partnership Share of Partnership Liabilities from line C above       4.       5.       6         5.       Total increases in basis (combine lines 1 through 4)       5.       6       6         6.       Cash Distributions to the Partner during the year       6.       6       6       6         7.       Decrease in Partner's Share of Partnership Liabilities from line C above       7.       8.       9.       6         8.       Decrease for Non-Deductible Expenses/Credit Adjustments       9.       6         9.       Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)       9.       6         10.       Itlems of Losses and Deductions (Allowed for the current year)       a.       7       9.       6         a.       Ordinary Loss       (Page 2, Col d, Line 10a)       10       a.       9.       6         b.       Real Estate Rental Loss       (Page 2, Col d, Line 10b)       b.       9.       6         c.       Other Portfolio Loss       (Page 2	
See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))   Total items of Income or Gains (Total lines 3a-3l)   3. 23,409     4. Increase in Partnership Share of Partnership Liabilities from line C above   4.     5. Total increases in basis (combine lines 1 through 4)   5. 66     6. Cash Distributions to the Partner during the year   6.     7. Decrease in Partner's Share of Partnership Liabilities from line C above   7.     8 Decrease for Non-Deductible Expenses/Credit Adjustments   8.     9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)   9. 66     10. Items of Losses and Deductions (Allowed for the current year)   8.     a. Ordinary Loss   (Page 2, Col d, Line 10a)   10 a.     b. Real Estate Rental Loss   (Page 2, Col d, Line 10b)   b.     c. Other Rental Loss   (Page 2, Col d, Line 10d)   d.     d. Capital Loss   (Page 2, Col d, Line 10d)   d.     e. Other Portfolio Loss   (Page 2, Col d, Line 10d)   f.     g. Other Loss   (Page 2, Col d, Line 10f)   f.     g. Other Loss   (Page 2, Col d, Line 10f)   f.     g. Other Loss   (Page 2, Col d, Line 10g)   g.	
Total items of Income or Gains (Total lines 3a-3l)   3.   23,409   4.   Increase in Partnership Share of Partnership Liabilities from line C above   4.   5.   6.   6.   6.   6.   6.   7.   6.   7.   6.   7.   7	
4. Increase in Partnership Share of Partnership Liabilities from line C above  5. Total increases in basis (combine lines 1 through 4)  6. Cash Distributions to the Partner during the year  7. Decrease in Partner's Share of Partnership Liabilities from line C above  8. Decrease for Non-Deductible Expenses/Credit Adjustments  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  9. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a.  b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b.  c. Other Rental Loss (Page 2, Col d, Line 10c) c.  d. Capital Loss (Page 2, Col d, Line 10d) d.  e. Other Portfolio Loss (Page 2, Col d, Line 10d) f.  g. Other Portfolio Loss (Page 2, Col d, Line 10f) f.  g. Other Loss (Page 2, Col d, Line 10f) g.  Other Loss (Page 2, Col d, Line 10g) g.	
5. Total increases in basis (combine lines 1 through 4)  6. Cash Distributions to the Partner during the year  7. Decrease in Partner's Share of Partnership Liabilities from line C above  8. Decrease for Non-Deductible Expenses/Credit Adjustments  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  9. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a.  b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b.  c. Other Rental Loss (Page 2, Col d, Line 10c) c.  d. Capital Loss (Page 2, Col d, Line 10d) d.  e. Other Portfolio Loss (Page 2, Col d, Line 10b) f.  Section 1231 Loss (Page 2, Col d, Line 10f) f.  Section 1231 Loss (Page 2, Col d, Line 10f) f.  G. Other Loss (Page 2, Col d, Line 10f) f.  G. Other Loss (Page 2, Col d, Line 10g) g.	
5. Total increases in basis (combine lines 1 through 4) 6. Cash Distributions to the Partner during the year 7. Decrease in Partner's Share of Partnership Liabilities from line C above 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 9. Subtotal - basis after all distributions (Allowed for the current year) 9. Items of Losses and Deductions (Allowed for the current year) 9. Real Estate Rental Loss 9. (Page 2, Col d, Line 10a) 9. Real Estate Rental Loss 9. Other Rental Loss 9. Other Rental Loss 9. Other Portfolio Loss 9. Other Portfolio Loss 9. Other Portfolio Loss 9. Other Portfolio Loss 9. Other Portfolio Loss 9. Other Portfolio Loss 9. Other Loss 9.	
7.       Decrease in Partner's Share of Partnership Liabilities from line C above       7.         8       Decrease for Non-Deductible Expenses/Credit Adjustments       8.         9.       5         10.       Items of Losses and Deductions (Allowed for the current year)       9.       6         a.       Ordinary Loss       (Page 2, Col d, Line 10a)       10 a.       4.	0,476
8       Decrease for Non-Deductible Expenses/Credit Adjustments       8.         9.       5         60.       Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)       9.       6         10.       Items of Losses and Deductions (Allowed for the current year)       10.       10.       a.       9.       6         a.       Ordinary Loss       (Page 2, Col d, Line 10a)       10.       a.       9.       6         b.       Real Estate Rental Loss       (Page 2, Col d, Line 10b)       b.       9.       9.       9.       6         d.       Capital Loss       (Page 2, Col d, Line 10b)       d.       9.       9.       9.       9.       9.       9.       6       9.       6       9.       9.       6       9.       9.       9.       9.       9.       6       9. <t< td=""><td></td></t<>	
8       Decrease for Non-Deductible Expenses/Credit Adjustments       8.         9.       5         60.       Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)       9.       6         10.       Items of Losses and Deductions (Allowed for the current year)       10.       10.       a.       9.       6         a.       Ordinary Loss       (Page 2, Col d, Line 10a)       10.       a.       9.       6         b.       Real Estate Rental Loss       (Page 2, Col d, Line 10b)       b.       9.       9.       9.       6         d.       Capital Loss       (Page 2, Col d, Line 10b)       d.       9.       9.       9.       9.       9.       9.       6       9.       6       9.       9.       6       9.       9.       9.       9.       9.       6       9. <t< td=""><td></td></t<>	
10. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a.  b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b.  c. Other Rental Loss (Page 2, Col d, Line 10c) c.  d. Capital Loss (Page 2, Col d, Line 10d) d.  e. Other Portfolio Loss (Page 2, Col d, Line 10e) e.  f. Section 1231 Loss (Page 2, Col d, Line 10f) f.  g. Other Loss (Page 2, Col d, Line 10g) g.	
a.       Ordinary Loss       (Page 2, Col d, Line 10a)       10 a.         b.       Real Estate Rental Loss       (Page 2, Col d, Line 10b)       b.         c.       Other Rental Loss       (Page 2, Col d, Line 10c)       c.         d.       Capital Loss       (Page 2, Col d, Line 10d)       d.         e.       Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f.       Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g.       Other Loss       (Page 2, Col d, Line 10g)       g.	0,476
b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b.  c. Other Rental Loss (Page 2, Col d, Line 10c) c.  d. Capital Loss (Page 2, Col d, Line 10d) d.  e. Other Portfolio Loss (Page 2, Col d, Line 10e) e.  f. Section 1231 Loss (Page 2, Col d, Line 10f) f.  g. Other Loss (Page 2, Col d, Line 10g) g.	
c. Other Rental Loss       (Page 2, Col d, Line 10c)       c.         d. Capital Loss       (Page 2, Col d, Line 10d)       d.         e. Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f. Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g. Other Loss       (Page 2, Col d, Line 10g)       g.	
d. Capital Loss       (Page 2, Col d, Line 10d)       d.         e. Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f. Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g. Other Loss       (Page 2, Col d, Line 10g)       g.	
d. Capital Loss       (Page 2, Col d, Line 10d)       d.         e. Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f. Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g. Other Loss       (Page 2, Col d, Line 10g)       g.	
e.       Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f.       Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g.       Other Loss       (Page 2, Col d, Line 10g)       g.	
f. Section 1231 Loss (Page 2, Col d, Line 10f) f  g. Other Loss (Page 2, Col d, Line 10g) g	
g. Other Loss (Page 2, Col d, Line 10g) g	
h. Charitable Contributions (Page 2. Col d. Line 10h) h.	
i. Section 179 Expense (Page 2, Col d, Line 10i) i.	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j) j.	
k. Other Deductions (Page 2, Col d, Line 10k) k.	
I. Interest Expense on Investment Debt (Page 2, Col d, Line 10I) I.	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) m.	
n. Other decreases (Page 2, Col d, Line 10n) n.	
o. Loss from 179 disposition (Page 2, Col d, Line 10o) o.	
Total items of Losses and Deductions (Total lines 10a-10o)	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)	0,476

		Sharehol	der's Adjusted E			t, page 1		2020
Name of	Shareholder: BHAVESH I	B PATEL	Do not file - keep for	your rec	oras.		SSN:	-1368
	Corporation: MBM 01 IN						EIN	5622
							•	
	Stock basis						25 100	
	Stock basis, beginning of year (No Additional Capital Contributions of						25,189	
	Increases for income and gain iter							
5	a Ordinary Income		(Sch K, Line 1)	2				
	b Real Estate Rental Income		(Sch K, Line 2)	h	22,241			
	c Other Rental Income		(Sch K, Line 3c)		22,211			
	d Interest, Dividends & Royalti	ies	(Sch K, Lines 4, 5 & 6)	d				
	e Capital Gain		(Sch K, Lines 7 & 8a)					
	f Other Portfolio Income		(Sch K, Line 10a)					
	g Section 1231 Gain		(Sch K, Line 9)					
	h Other Income		(Sch K, Line 10h)	9				
	Total Income and Gain Items	s	(Total lines 3a-3h)			3a-h	22.241	
	i Increase for Non-Taxable In		(Sch K, Lines 16a & b)			·	22,211	
	j Increase for Excess Depletion		(56171, 21100 704 4 5)					
			49(a), 50(a), 50(c)(2) & 1371(d))					
	I Gain from 179 asset disposi		3 45(a), 50(a), 50(c)(2) & 151 1(a))			31		
4 :	Stock Basis Before Distributions	1011	(Add lines 1 through 3)					4 47,430
	Reduction for Non-Taxable Distrib	utions	(Sch K, Line 16d)					
	Stock Basis Before Non-Ded. Exp		(Cannot be negative)					<sup>5</sup> 47,430
	Decrease for Non-Deductible Exp		(Sch K. Line 16c & 13)					7
	Stock Basis Before Allowable Los	•	(Cannot be negative)					8 47,430
	Decreases for Loss and Deduction		(Carinot be riegative)					0 47,430
9 1		ii ileiris	(Page 2 Cold Line (o)					
	a Ordinary Loss b Real Estate Rental Loss		(Page 2, Col d, Line 9a) (Page 2, Col d, Line 9b)					
			· -	b				
	c Other Rental Loss		(Page 2, Col d, Line 9c)					
	d Capital Loss		(Page 2, Col d, Line 9d)					
	e Other Portfolio Loss		(Page 2, Col d, Line 9e)					
	f Section 1231 Loss		(Page 2, Col d, Line 9f)					
	g Other Loss		(Page 2, Col d, Line 9g)					
	h Charitable Contributions		(Page 2, Col d, Line 9h)					
	i Section 179 Expense		(Page 2, Col d, Line 9i)					
	j Portfolio Income Expenses		(Page 2, Col d, Line 9j)					
	k Other Deductions		(Page 2, Col d, Line 9k)					
	I Interest Expense on Investm	nent Debt	(Page 2, Col d, Line 9I)					
	m Section 59(e) Expenditures		(Page 2, Col d, Line 9m)	m				
	Total Loss and Deduction Ite	ems	(Total Lines 9a-9m)			9a-m		
	n Other decreases		(Page 2, Col d, Line 9n)			9n		
	o Loss from 179 asset disposi		(Page 2, Col d, Line 9o)			90		
	Total Decrease for Loss and		ness Credits					9
	Less: net increase applied to del							10
11	Stock Basis at End of Year (Line	8 minus line 9 minus line 1	0) (not less than zero)					11 47,430
	Debt Basis							
12								
13								
14	Restoration of Debt Basis (Line							•
15	Less: Loans repaid by corporat					15		-
16						16		
17	Debt basis at the end of tax year	,						17 18 <b>47,430</b>
18	Shareholder's total basis at end Carryover	ม or tax year (combine lines	11 and 17)  Total  Disallowed  Losses		Debt Basis App Against Exce Losses and Dedu	SS		47,430
19	Total Beginning of year		255565					
20	Add: Losses and deductions	this year						
21	Less: Applied this year	ano your						
21								
22	End of year (Not less than zero	"			-			

Snarer	Do not file - keep			t, page 1		2020
e of Shareholder: MITALBAHEN PATEL	Do not nie - keep	Tor your reco	Jius.		SSN:	-5976
e of Corporation: MBM 01 INC					EIN	5622
Stock basis						
1 Stock basis, beginning of year (Not less than zero)				1	25,188	
2 Additional Capital Contributions of Stock Purchased				2		
3 Increases for income and gain items:						
a Ordinary Income	(Sch K, Line 1)	a				
b Real Estate Rental Income	(Sch K, Line 2)	b	22,240			
c Other Rental Income	(Sch K, Line 3c)	С				
d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d				
e Capital Gain	(Sch K, Lines 7 & 8a)					
f Other Portfolio Income	(Sch K, Line 10a)					
g Section 1231 Gain	(Sch K, Line 9)					
h Other Income	(Sch K, Line 10h)	h				
Total Income and Gain Items	(Total lines 3a-3h)			3a-h	22,240	
i Increase for Non-Taxable Income	(Sch K, Lines 16a & b)			3i		
j Increase for Excess Depletion Adjustment				3j		
k Increase from Recapture of Business Credits (See	IRC § 49(a), 50(a), 50(c)(2) & 1371	(d))		3k		
I Gain from 179 asset disposition				3l		
Stock Basis Before Distributions	(Add lines 1 through 3)					4 47,42
Reduction for Non-Taxable Distributions	(Sch K, Line 16d)					5
Stock Basis Before Non-Ded. Expense	(Cannot be negative)					6 47,42
Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7
Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)					8 47,42
Decreases for Loss and Deduction items						
a Ordinary Loss	(Page 2, Col d, Line 9a)	a				
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b				
c Other Rental Loss	(Page 2, Col d, Line 9c)	С				
d Capital Loss	(Page 2, Col d, Line 9d)	d				
e Other Portfolio Loss	(Page 2, Col d, Line 9e)					
f Section 1231 Loss	(Page 2, Col d, Line 9f)	f				
g Other Loss	(Page 2, Col d, Line 9g)	g				
h Charitable Contributions	(Page 2, Col d, Line 9h)					
i Section 179 Expense	(Page 2, Col d, Line 9i)	i				
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	j				
k Other Deductions	(Page 2, Col d, Line 9k)	k				
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9l)	ı				
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m				
Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m		
n Other decreases	(Page 2, Col d, Line 9n)			9n		•
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)			90		
Total Decrease for Loss and Deductions Items and						9
10 Less: net increase applied to debt basis						10
11 Stock Basis at End of Year (Line 8 minus line 9 minus I	ine 10) (not less than zero)					11 47,42
Debt Basis	, ( ,					•
12 Debt basis at beginning of year (not less than zero)				12		
13 New loans to corporation during year						•
14 Restoration of Debt Basis (Line 10)				14		•
15 Less: Loans repaid by corporation during the year				15		•
16 Less: Applied against excess loss and deductions / no	on-deductible items			16		
17 Debt basis at the end of tax year (combine lines 12-16						17
18 Shareholder's total basis at end of tax year (combine						18 47,42
Carryover	Tota	ı	Debt Basis App	lied		10 17,42
Garryover	Disallo Losse	ved	Against Exce Losses and Dedu	SS		
19 Total Beginning of year						
20 Add: Losses and deductions this year						
21 Less: Applied this year						
22 End of year (Not less than zero)						

			Snareno	naer S Aaju				t, page		20	020
Name of \$	Sharehold	er: BHAVESH I	B PATEL	Do not file	- keep for y	our rec	corus.		SSN:		-1368
	Corporatio								EIN		6259
	-										
		Stock basis									
1 5	Stock basis	s, beginning of year (N	ot less than zero)					1	110,687		
2 /	Additional (	Capital Contributions o	f Stock Purchased					2			
3 I	ncreases f	or income and gain ite	ms:								
	a Ordin	ary Income		(Sch K, Line 1)		a	53,082				
	b Real I	Estate Rental Income		(Sch K, Line 2)		b					
	c Other	Rental Income		(Sch K, Line 3c)		с					
	d Intere	st, Dividends & Royalt	ies	(Sch K, Lines 4, 5 &	6)	d					
	e Capita	al Gain		(Sch K, Lines 7 & 8a	a)	е					
		Portfolio Income		(Sch K, Line 10a)		f					
	g Section	on 1231 Gain		(Sch K, Line 9)							
	h Other	Income		(Sch K, Line 10h)		h					
	Total	Income and Gain Item	S	(Total lines 3a-3h)				3a-h	53,082		
	i Increa	ase for Non-Taxable In	come	(Sch K, Lines 16a &	b)			3i			
		ase for Excess Depletion						3j			
	k Increa	ase from Recapture of	Business Credits (See IRC	C § 49(a), 50(a), 50(c)(2	2) & 1371(d))			3k			
	I Gain	from 179 asset disposi	tion					3I			
4 \$	Stock Basis	s Before Distributions		(Add lines 1 through	3)					4	163,769
5 F	Reduction	for Non-Taxable Distrib	outions	(Sch K, Line 16d)						5	
6 5	Stock Basis	s Before Non-Ded. Exp	ense	(Cannot be negative	e)					6	
7 [	Decrease f	or Non-Deductible Exp	ense/Credit Adj	(Sch K. Line 16c & 1	13)					7	
8 \$	Stock Basis	s Before Allowable Los	ses & Deductions	(Cannot be negative	e)					8	163,508
9 [	Decreases	for Loss and Deductio	n items								
	a Ordin	ary Loss		(Page 2, Col d, Line	9a)	a					
	b Real I	Estate Rental Loss		(Page 2, Col d, Line	9b)	b					
	c Other	Rental Loss		(Page 2, Col d, Line	9c)	c					
	d Capita	al Loss		(Page 2, Col d, Line	9d)	d					
	e Other	Portfolio Loss		(Page 2, Col d, Line	9e)	e					
	f Section	on 1231 Loss		(Page 2, Col d, Line	9f)	f					
	g Other	Loss		(Page 2, Col d, Line	9g)	g					
	h Chari	table Contributions		(Page 2, Col d, Line	9h)	h					
	i Section	on 179 Expense		(Page 2, Col d, Line	9i)	i					
	j Portfo	olio Income Expenses		(Page 2, Col d, Line	9j)	j					
	k Other	Deductions		(Page 2, Col d, Line	9k)	k					
	I Intere	st Expense on Investr	nent Debt	(Page 2, Col d, Line	91)	I					
	m Section	on 59(e) Expenditures		(Page 2, Col d, Line	9m)	m					
	Total	Loss and Deduction Ite	ems	(Total Lines 9a-9m)				9a-m		_	
	n Other	decreases		(Page 2, Col d, Line	9n)			9n		_	
	o Loss	from 179 asset disposi	tion	(Page 2, Col d, Line	90)			90		_	
	Total	Decrease for Loss and	Deductions Items and Bu	isiness Credits						9	
10	Less: net	increase applied to de	bt basis							10	
11	Stock Bas	sis at End of Year (Line	8 minus line 9 minus line	10) (not less than zero)	)					11	163,508
		Debt Basis									
12	Debt bas	sis at beginning of year	r (not less than zero)					12		_	
13	New loa	ns to corporation durin	g year					13			
14	Restorat	tion of Debt Basis (Line	e 10)					14		_	
15	Less: Lo	ans repaid by corporat	tion during the year					15		_	
16			oss and deductions / non-c	deductible items				16		_	
17	Debt bas	sis at the end of tax ye	ar (combine lines 12-16) (r	not less than zero)						17	
18			d of tax year (combine line							18	163,508
		Carryover			Total		Debt Basis App	olied			
		-			Disallowed Losses		Against Exce Losses and Dedu	ss ictions			
19	Total Be	ginning of year		_							
20	Add: L	osses and deductions	this year								
21	Less:	Applied this year									
22	End of y	ear (Not less than zero	))	_							

		Shareho	older's Adjusted I			t, page	1	2	020
ame of	Sha	areholder: BHAVESH B PATEL	Do not file - keep fo	r your reco	ords.		SSN:		-1368
		rporation: MBM 02 LLC					EIN		5594
		Stock basis							
		ck basis, beginning of year (Not less than zero)					74,355		
		ditional Capital Contributions of Stock Purchased				2			
3 1		reases for income and gain items:							
	a	Ordinary Income	(Sch K, Line 1)	a					
	b	Real Estate Rental Income	(Sch K, Line 2)						
	c	Other Rental Income	(Sch K, Line 3c)						
	d	Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d					
	e f	Capital Gain	(Sch K, Lines 7 & 8a)						
	g	Other Portfolio Income Section 1231 Gain	(Sch K, Line 10a) (Sch K, Line 9)						
	y h	Other Income	(Sch K, Line 10h)						
		Total Income and Gain Items	(Total lines 3a-3h)			3a-h	22,373		
	i	Increase for Non-Taxable Income	(Sch K, Lines 16a & b)				22,373		
	i	Increase for Excess Depletion Adjustment	()						
	k	Increase from Recapture of Business Credits (See IRC	\$ 49(a), 50(a), 50(c)(2) & 1371(d))						
	ı	Gain from 179 asset disposition				31			
4	Sto	ck Basis Before Distributions	(Add lines 1 through 3)					4	96,728
		duction for Non-Taxable Distributions	(Sch K, Line 16d)						
6	Sto	ck Basis Before Non-Ded. Expense	(Cannot be negative)						96,728
7 1	Dec	crease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)					7	
8	Sto	ck Basis Before Allowable Losses & Deductions	(Cannot be negative)						96,728
9 1	Dec	creases for Loss and Deduction items							
	а	Ordinary Loss	(Page 2, Col d, Line 9a)	a					
	b	Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b					
	С	Other Rental Loss	(Page 2, Col d, Line 9c)	с					
	d	Capital Loss	(Page 2, Col d, Line 9d)	d					
	е	Other Portfolio Loss	(Page 2, Col d, Line 9e)	e					
	f	Section 1231 Loss	(Page 2, Col d, Line 9f)	f					
	g	Other Loss	(Page 2, Col d, Line 9g)						
	h	Charitable Contributions	(Page 2, Col d, Line 9h)	h					
	İ	Section 179 Expense	(Page 2, Col d, Line 9i)	i					
	j	Portfolio Income Expenses	(Page 2, Col d, Line 9j)						
	k	Other Deductions	(Page 2, Col d, Line 9k)	k					
	I	Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)						
	m		(Page 2, Col d, Line 9m)	m					
		Total Loss and Deduction Items	(Total Lines 9a-9m)			9a-m		-	
	n	Other decreases	(Page 2, Col d, Line 9n)			9n		-	
	0	Loss from 179 asset disposition  Total Decrease for Loss and Deductions Items and Bu	(Page 2, Col d, Line 9o)			90		9	
10	ه ا	ess: net increase applied to debt basis	Silless Credits					10	
		tock Basis at End of Year (Line 8 minus line 9 minus line	10) (not less than zero)					11	96,728
	Oi	Debt Basis	To) (not less than zero)					—	307720
12	Г	Debt basis at beginning of year (not less than zero)				12			
13		New loans to corporation during year						-	
14		Restoration of Debt Basis (Line 10)							
15		Less: Loans repaid by corporation during the year				15		-	
16	L	Less: Applied against excess loss and deductions / non-c	deductible items			16		-	
17		Debt basis at the end of tax year (combine lines 12-16) (r	not less than zero)					17	
18	5	Shareholder's total basis at end of tax year (combine line	s 11 and 17)					18	96,728
		Carryover	Total Disallowed		Debt Basis App	lied			
			Disallowed Losses		Against Exces Losses and Dedu	ctions			
19	Т	Total Beginning of year							
20	A	Add: Losses and deductions this year							
21	L	Less: Applied this year							
22	Е	End of year (Not less than zero)							

Share	holder's Adjusted Do not file - keep	d Basis Workshee	τ, page 1		2020
ne of Shareholder: BHAVESH B PATEL	Do not file - keep	o for your records.		SSN:	-1368
ne of Corporation: ALABAMA BEVERAGE IN	1C			EIN	4709
Stock basis					
1 Stock basis, beginning of year (Not less than zero)			1 41		
2 Additional Capital Contributions of Stock Purchased			2		
3 Increases for income and gain items:					
a Ordinary Income	(Sch K, Line 1)	a 52,762			
b Real Estate Rental Income	(Sch K, Line 2)	b			
c Other Rental Income	(Sch K, Line 3c)	c			
d Interest, Dividends & Royalties	(Sch K, Lines 4, 5 & 6)	d			
e Capital Gain	(Sch K, Lines 7 & 8a)	e			
f Other Portfolio Income	(Sch K, Line 10a)	f			
g Section 1231 Gain	(Sch K, Line 9)	9			
h Other Income	(Sch K, Line 10h)	h			
Total Income and Gain Items	(Total lines 3a-3h)			2,762	
i Increase for Non-Taxable Income	(Sch K, Lines 16a & b)		3i		
j Increase for Excess Depletion Adjustment			3j		
k Increase from Recapture of Business Credits (Se	e IRC § 49(a), 50(a), 50(c)(2) & 1371	(d))	3k		
I Gain from 179 asset disposition			3l		
4 Stock Basis Before Distributions	(Add lines 1 through 3)				471,221
5 Reduction for Non-Taxable Distributions	(Sch K, Line 16d)				
6 Stock Basis Before Non-Ded. Expense	(Cannot be negative)			6	471,221
7 Decrease for Non-Deductible Expense/Credit Adj	(Sch K. Line 16c & 13)				93
8 Stock Basis Before Allowable Losses & Deductions	(Cannot be negative)			8	471,128
9 Decreases for Loss and Deduction items					
a Ordinary Loss	(Page 2, Col d, Line 9a)	a			
b Real Estate Rental Loss	(Page 2, Col d, Line 9b)	b			
c Other Rental Loss	(Page 2, Col d, Line 9c)	c			
d Capital Loss	(Page 2, Col d, Line 9d)	d			
e Other Portfolio Loss	(Page 2, Col d, Line 9e)	e			
f Section 1231 Loss	(Page 2, Col d, Line 9f)	f			
g Other Loss	(Page 2, Col d, Line 9g)	9			
h Charitable Contributions	(Page 2, Col d, Line 9h)	h			
i Section 179 Expense	(Page 2, Col d, Line 9i)	i			
j Portfolio Income Expenses	(Page 2, Col d, Line 9j)	j			
k Other Deductions	(Page 2, Col d, Line 9k)	k			
I Interest Expense on Investment Debt	(Page 2, Col d, Line 9I)	1			
m Section 59(e) Expenditures	(Page 2, Col d, Line 9m)	m			
Total Loss and Deduction Items	(Total Lines 9a-9m)		9a-m		
n Other decreases	(Page 2, Col d, Line 9n)		9n		
o Loss from 179 asset disposition	(Page 2, Col d, Line 9o)		90		
Total Decrease for Loss and Deductions Items ar	nd Business Credits			9	
10 Less: net increase applied to debt basis				10	
11 Stock Basis at End of Year (Line 8 minus line 9 minus	s line 10) (not less than zero)			11	471,128
Debt Basis					
12 Debt basis at beginning of year (not less than zero)			12		
13 New loans to corporation during year					
14 Restoration of Debt Basis (Line 10)			14		
15 Less: Loans repaid by corporation during the year			15		
16 Less: Applied against excess loss and deductions /	non-deductible items		16		
17 Debt basis at the end of tax year (combine lines 12-	16) (not less than zero)			17	-
18 Shareholder's total basis at end of tax year (combine					471,128
Carryover	Tota	Debt Basis App	blied		
•	Disallo Loss	wed Against Exce	SS		
19 Total Beginning of year					
20 Add: Losses and deductions this year					
21 Less: Applied this year					
22 End of year (Not less than zero)					

			Shareholder's	-			et, page 1	ı	202	20
ame of S	Shar	reholder: BHAVESH B P.		not file - keep	for your red	cords.		SSN:		1368
		poration: RC WOODLEY						EIN		142
		Stock basis						24 002		
		k basis, beginning of year (Not less						24,993		
		tional Capital Contributions of Stoc eases for income and gain items:	K Purchased				2			
3 1		Ordinary Income	(Sch K, Lir	20.4)						
	a b	Real Estate Rental Income	(Sch K, Lir				-			
	С	Other Rental Income	(Sch K, Lir				-			
	d	Interest, Dividends & Royalties		nes 4, 5 & 6)	d		-			
	e	Capital Gain		nes 7 & 8a)						
	f	Other Portfolio Income	(Sch K, Lir							
	g	Section 1231 Gain	(Sch K, Lir							
	h	Other Income	(Sch K, Lir	ne 10h)						
		Total Income and Gain Items	(Total line:	s 3a-3h)			3a-h			
	i	Increase for Non-Taxable Income	(Sch K, Lir	nes 16a & b)			3i			
	j	Increase for Excess Depletion Adj	justment							
	k	Increase from Recapture of Busin	ess Credits (See IRC § 49(a), 50(	a), 50(c)(2) & 1371	(d))		3k			
	I	Gain from 179 asset disposition					3I			
4 5	Stoc	k Basis Before Distributions	(Add lines	1 through 3)					4	24,993
5 F	Redu	uction for Non-Taxable Distribution	s (Sch K, Lir	ne 16d)					5	
		k Basis Before Non-Ded. Expense		e negative)					6	24,993
		ease for Non-Deductible Expense/	,	ne 16c & 13)					7	
		k Basis Before Allowable Losses &		e negative)					8	24,993
9 [		eases for Loss and Deduction item								
		Ordinary Loss		ol d, Line 9a)						
	b	Real Estate Rental Loss		ol d, Line 9b)						
	C	Other Rental Loss		ol d, Line 9c)						
	d e	Capital Loss		ol d, Line 9d)						
	f	Other Portfolio Loss Section 1231 Loss		ol d, Line 9e) ol d, Line 9f)						
	g	Other Loss		ol d, Line 91)						
	9 h	Charitable Contributions		ol d, Line 9h)						
	i	Section 179 Expense		ol d, Line 9i)						
	i	Portfolio Income Expenses		ol d, Line 9j)						
	k	Other Deductions		ol d, Line 9k)						
	I	Interest Expense on Investment D	Debt (Page 2, C	ol d, Line 9I)						
	m	Section 59(e) Expenditures	(Page 2, C	ol d, Line 9m)	m					
		Total Loss and Deduction Items	(Total Line	s 9a-9m)			9a-m			
	n	Other decreases	(Page 2, C	ol d, Line 9n)			9n			
	0	Loss from 179 asset disposition	(Page 2, C	ol d, Line 9o)			90			
		Total Decrease for Loss and Dedu	uctions Items and Business Credit	S					9	
10	Les	s: net increase applied to debt bas	sis						10	
11	Sto	ck Basis at End of Year (Line 8 mil	nus line 9 minus line 10) (not less	than zero)					11	24,993
		Debt Basis								
12		ebt basis at beginning of year (not								
13		ew loans to corporation during year	r							
14		estoration of Debt Basis (Line 10)								
15		ess: Loans repaid by corporation do ess: Applied against excess loss ar		ne			15			
16 17		ess: Applied against excess loss ar ebt basis at the end of tax year (co					16		17	
18		nareholder's total basis at end of ta		-0.0)						24,993
10	ان	Carryover	m your (combine lines i i and 1/)	Total		Debt Basis Ap	plied			21,000
		,		Disallov Losse	ved	Against Exc Losses and Dec	ess			
19	Т	otal Beginning of year								
20		dd: Losses and deductions this y	ear							
21		ess: Applied this year								
22	Er	nd of year (Not less than zero)								

# Carryover Worksheet List of items that will carryover to the 2021 tax return (Keep for your records)

(Keep for your records) 2020

Name(s) as shown on return Tax ID Number

-1368
Carryover Amount
·
·
•
. 9,29
•
(
(
(
(
(
5,51
(
11,26
11,26
. 71,81
. 15,62

#### Nonrecaptured Net Section 1231 Losses Carryover Worksheet

(Keep for your records)

2020

-1368

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1

Year Carried Nonrecaptured Amount Used Remaining From net Sec 1231 loss In 2020 Carryover 2015 0 0 2016 0 0 2017 O 0 2018 5,518 5,518 2019 0 0 2020 0 0 Totals 5,518 5,518

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2021 tax return.) Code Sec. 1231(c)(1-2).

#### **TAX RETURN COMPARISON** 2020 2018 / 2019 / 2020 Name(s) as shown on return Identifying number BHAVESH B & MITALBAHEN PATEL -1368 2018 2019 2020 Difference 2019-2020 Married Joint Married Joint Married Joint Number of Dependents . . . . . . . . Income Wages, salaries, tips, etc. . . . . . . 72,400 80,600 96,400 15,800 Taxable interest and dividends .... 122 529 279 (250) Taxable state and local refunds . . . . Alimony......... Business income (loss) . . . . . . . 6,332 26,288 47,250 20,962 Pensions and IRA distributions .... Rent and royalty income (loss) .... 43,791 84,932 252,739 167,807 Part, S-corps, trusts income (loss) . . . Farm income (loss) . . . . . . . . . . Unemployment compensation . . . . Total SS benefits received . . . . . . Taxable SS benefits...... Other income (loss) . . . . . . . . . Total Income . . . . . . . . . . . . . . . . 122,645 192,349 396,668 204,319 Adjusted Gross Income Half of self-employment tax . . . . . 489 1,424 230 1,654 IRA deduction. . . . . . . . . . . . . . . . . . Other adjustments . . . . . . . . . . . . Total Adjusted Gross Income . . . . 122,156 190,925 395,014 204,089 Deductions Medical deductions . . . . State and local taxes . . . . . . . . Contributions . . . . . . . . . . . . . . . . . . Employee business expenses . . . . . 24,400 24,000 24,800 400 Standard or other deductions . . . . . Total Itemized or Standard Ded . . . 24,000 24,400 24,800 400 Qualified Business Income Deduction . 7,603 16,702 29,782 13,080 Tax and Credits Taxable Income . . . . . . . . . . . . 90,553 149,823 340,432 190,609 Tax............. 11,791 24,652 67,812 43,160 2,000 2,000 2,000 Self-employment tax . . . . . . . . . . . . 461 2,847 3,308 2,696 2,696 10,769 25,499 71,816 46,317 **Payments** Withholdings . . . . . . . . . . . . . 20,609 7,213 33,977 13,368 Estimated tax payments . . . . . . . Earned income credit . . . . . . . . . Other payments and credits . . . . . . Estimated tax penalty ..... Overpayment Overpayment Applied . . . . . . . . . 37,839 3,645 4.890 32,949 Marginal tax rate . . . . . . . . . . . . . . . . . 22.00 22.00 32.00 10.00

13.00

16.00

Effective tax rate . . . . . . . . . . . . . . .

3.92

19.92

	ount Transaction Su	ımmary	2020
ame(s) as shown on return  BHAVESH B & MITALBAHEN I	PATEL		Your ID Number XXX-XX-1368
Account #1 Financial Institution Routing Transit Number Account Number Account Type	0025 0776 checking		
Federal Main Form Federal Debit	(37,839)	Date of Debit	09-03-2021
State Main Form(s) AL Debit	(9,295)	Date of Debit	09-03-2021
Net Debit	(47,134)		
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number  4. Bank Account Type			
This information is used to deposit your refur or you have closed the account, you are resp I have reviewed the above information and certif to use this account.	onsible.		
Your Signature		se's Signature (If Married Filing o	Jointly) Date

## 2020 AL40 Filing Instructions BHAVESH B & MITALBAHEN PATEL

#### Form filed:

AL40 and supplemental forms and schedules

#### Filing method:

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

#### Due date:

05-17-2021

#### Payment:

\$9,295.00

#### Transaction method:

The balance of \$9,295.00 will be paid by direct debit from your checking account number ending in 0776 and will be withdrawn from your account on 09-03-2021.

FORM		2020				
_			HARANISANSAN KAMPINAN KAMPINAN KAMPINA	Tag	erost.	ACKATEKARENENENEN III.
		ome Tax Retum RT-YEAR RESIDENTS		V.	排	
For the year Jan. 1	- Dec.	31, 2020, or other tax year:		陇		
Beginning:		Ending: ●				
Yo	mb	er Sp. return 68 • 5976				
• Check if n	_					
Check if p Primary's dec (mm/dd/yy)	eased	date Spouse's deceased date (mm/dd/yy) ●				
Your first name BHAVES	ш	Initial Last name B PATEL				
Spouse's first name		Initial Last name				
•MITALB2						
Present home addr	ess (n	mber and street or P.O. Box number) ► CHECK BOX IF	AMENDED RETURN •			
6						
City, town or post of     Montgot		- Check if address	Foreign Country			
Filing Status/	1		nplete Spouse SSN •			
Exemptions	2		· · · · · —	dule	НО	 F
	5a	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A - Alabama tax withheld			B - Income
	5k	Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): L	5a • 6,332	5b	•	96,400
Income	6	Interest and dividend income (also attach Schedule B if over \$1,500)		6	•	279
and	7	Other income (from page 2, Part I, line 9)		7	•	299,989
Adjustments	8	$\textbf{Total income.} \ Add \ amounts \ in \ the \ income \ column \ for \ line \ 5b \ through \ line.7. \ \ . \ \ .$		8	•	396,668
	9	Total adjustments to income (from page 2, Part II, line 15)		9	•	
	10	Adjusted gross income. Subtract line 9 from line 8		10	•	396,668
Deductions	11	Box a or b MUST be checked.				
Deductions	,	Check box a, if you itemize deductions, and enter amount from Schedule A, line	27.			
		Check box b, if you do not itemize deductions, and enter standard deduction (s				
If claiming a deduc-			11 • 10,686			
tion on line 12, you must attach page	▶12	Federal tax deduction (see instructions)				
1,2 and Schedule 1		```	12 • 68,508			
of your Federal Re- turn, if applicable.		• • • • • • • • • • • • • • • • • • • •	<b>13 ●</b> 3,000			
turri, ii applicable.	14	Dependent exemption (from page 2, Part III, line 2)	14 9 300			
		<b>Total deductions.</b> Add lines 11, 12, 13, and 14		15	_	82,494
		Taxable income. Subtract line 15 from line 10		16	_	314,174
		Income Tax due. Enter amount from tax table or check if from NOL-85A		17	_	15,627
Tax		Net tax due Alabama. Check box if computing tax using Schedule OC ● , otherwise ent		18	+	15,627
Staple Form(s) W W-2G, and/or 109		Consumer Use Tax (see instructions). If you certify that no use tax is due, check bo		19	•	0
here. Attach Sche	d- <b>20</b>	Alabama Election Campaign Fund. You may make a voluntary contribution to the				
ule W-2 to return.				20a		
				20b	_	15 607
		Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b.		21	•	15,627
		· · · · · · · · · · · · · · · · · · ·	<b>6,332</b>	-		
			23 •			
_			24 0	-		
Payments		Refundable Credits. Enter the amount from Schedule OC, Section F, line F4.				6 220
		Total payments. Add lines 22, 23, 24, and 25		26	_	6,332
		Amended Returns Only - Previous refund (see instructions)		27		6 220
		Adjusted Total Payments. Subtract line 27 from line 26		28	•	6,332
AMOUNT	29	If line 21 is larger than line 28, subtract line 28 from line 21, and enter <b>AMOUNT</b>				0 205
YOU OWE		Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST		29	-	9,295
			30   <del>0</del>	-	<u>_</u>	
OVERPAID		If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount <b>OV</b>		31	_	
Damatiana			32 •	-		
Donations		·	33   ●	-	$\overline{}$	
DECLINO	34	REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.)				
REFUND		Subtract lines 32 and 33 from line 31	• • • • • • • • • • • • • • • • • • • •	34		
-		For Direct Deposit, check here • and complete Part V, Page 2.				1024

— Form	40 (2020)	Page 2					
1011							
		-1368					
PARTI							
IANII	2 Business income or (loss) (attach Federal Schedule C or C-EZ)						
	3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attack)	· · · · · · · · · · · · · · · · · · ·					
		b Taxable amount (see instructions) 4b					
Other		b Taxable amount (see instructions) 5b					
Income	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Sched	, ,					
(See page 12)	7 Farm income or (loss) (attach Federal Schedule F)	· — — — — — — — — — — — — — — — — — — —					
	8 Other income (state nature and source - see instructions)	8 •					
	9 Total other income. Add lines 1 through 8. Enter here and also	on page 1, line.7					
PART II							
	<b>b</b> Spouse's IRA deduction						
	2 Payments to a Keogh retirement plan and self-employment SEP de	eduction 2					
	3 Penalty on early withdrawal of savings						
	4 Alimony paid. Recipient's last name	SSN • 4 •					
	5 Adoption expenses						
Adjustments	6 Moving Expenses (Attach Federal Form 3903) to:						
to Income	City State _	ZIP 6 ●					
(See page 15)	7 Self-employed health insurance deduction						
	8 Payments to Alabama College Counts 529 Fund or Alabama PAC	T Program 8					
	9 Health insurance deduction for small employer employee (see in	structions) 9					
	10 Costs to retrofit or upgrade home to resist wind or flood damage						
	11 Deposits to a catastrophe savings account						
	12 Contributions to a health savings account						
	13 Deposits to an Alabama First-Time and Second Chance Home B	Suyer Savings Account (see instructions) . 13					
	14 Firefighter's Insurance Premium						
	15 Total adjustments. Add lines 1 through 14. Enter here and also on	page 1, line 9					
PART III	1 Total number of dependents from Schedule DS, line 1b						
Dependents	2 Amount allowed. (Multiply total number of dependents claimed on line 1	by the amount on the dependent chart					
	on page 10 of Instructions.) Enter amount here and on page 1, line 14 .						
PART IV	1 Residency Check only one box▶ • X Full Year • Part Year From						
General	2 Did you file an Alabama income tax return for the year 2019? ● X Yes ● I						
Information	3 Give name and address of present employer(s). Yours PLEASURE						
		8631 INC Montgomery 36108					
All Taxpayers	4 Enter the Federal Adjusted Gross Income • \$ 395,014	nd Federal Taxable Income ● \$ 340,432 as reported on your					
Must Complete	2020 Federal Individual Income Tax Return.						
This	5 Do you have income which is reported on your Federal return, but not report	orted on your Alabama return (other than your state tax refund) P Yes X					
Section.	If yes, enter source(s) and amount(s) below: (other than state income tax if						
(See page 16)	Source •	Amount •					
	Source •	Amount   ●					
PART V	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Pag						
Direct		ecking Savings 3 Account Number:					
Deposit	4 Is this refund going to or through an account that is located outside of the United State						
Drivers	DOB (mm/dd/yyyy) •XX/XXXXX Your state •XX DL# •XXXXXXX Iss date (mm/dd/yyyy) •XX/XX/XXXX Exp date mm/dd/yyyy) •XX/XX/XXXX						
License Info	DOB (mm/dd/yyyy) •XX / XX / XXXX Spouse state •XX DL# • XXXXXXX	Iss date Exp date (mm/dd/yyyy) •XX / XX / XXXX (mm/dd/yyyy) •XX / XXXX					
	- D						
		schedules and statements, and to the best of my knowledge and belief, they are true, correct, and					
Sign Here	Your Signature Date	Daytime Telephone Number Your Occupation					
In Black Ink Keep a copy		973-444-4017					
of this return	Spouse's Signature (if joint return, BOTH must sign)  Date	Daytime Telephone Number Spouse's Occupation					
for your records.							
iccords.	Preparer's Signature Date	Check if Self-employed Preparer's SSN or PTIN E.I. Number					
Paid	Firm's Name (or vours	<u>P00845932</u> 27-0624922					
Preparer's Use Only	Firm's Name (or yours ALPESH PATEL CPA if self employed)	_ Telephone No. 9/3-038-1418 Code 0/004					
USE UTILY	Address 271 US 46 W STE E201 Fairfield	NU					





Alabama Department of Revenue
Schedule A - Itemized Deductions 2020

#### (Schedules B and DC are on separate form) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown	on For	m 40				Υοι	ur soc	cial security num	ber
BHAVESH E	3 &	MITALBAHEN PATEL						-1368	
differ. Please see in	nstruct	rou may claim for the year 2020 are similar to the itemized deductions clains before completing this schedule. PART-YEAR RESIDENTS: A recually paid while a resident of Alabama.		•					
		* * * * * * * * * * * * * * * * * * * *					$\Box$		
Medical and	1	CAUTION: Do not include expenses reimbursed or paid by others.  Medical and dental expenses			00				
Dental Expenses	2	Medical and dental expenses	+-+		00	1			
Delital Expenses	3	Multiply the amount on line 2 by 4% (.04). Enter the result	3		00				
	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0	_		00	4	•	0	00
	- 5	Real estate taxes	5		00	7	Ť	0	- 00
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	7,375	00	1			
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7	7,373	00	1			
rakee rearraid	8	Other taxes. (List - include personal property taxes.)	Ė		- 00	1			
	Ü	Cition taxes. (List: miniade personal property taxes.)	8		00				
	9	Add the amounts on lines 5 through 8. Enter the total here	_		00	9	•	7,375	00
		Home mortgage interest and points reported to you on Federal Form 1098	10a	3,311	00			1,313	- 00
		Home mortgage interest not reported to you on Federal Form 1098. (If paid to	100	3/311					
Interest You Paid	~	an individual, show that person's name and address.)							
		an managa, one manaporeen chame and address.)							
NOTE: Personal			10b		00				
interest is not	11	Qualified mortgage insurance premiuns	11		00	1			
deductible.	12	Points not reported to you on Form 1098	12		00				
	13	Investment interest. (Attach Form 4952A.)	13		00				
	14					14	•	3,311	00
		CAUTION: If you made a charitable contribution and received a benefit in return	$\overline{}$			· ·	$\top$	0,011	- 00
		see page 19.	ľ						
Gifts to Charity	15	Contributions by cash or check	15		00				
,	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	$\Box$		00	1			
	17	Carryover from prior year	17		00				
	18	Add the amounts on lines 15 through 17. Enter the total here				18	•		00
	19a				00				
Casualty and		Enter 10% of your Adjusted Gross Inc. (Form 40, line 10) if box B is checked,	-			1			
Theft Loss			19b		00				
(Attach Form 4684)	С	Subtract line 19b from line 19a. If zero or less, enter -0				19c	•	0	00
	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.					$\Box$		
		(You MUST attach Federal Form 2106 if required. See instructions.)							
		· · · · · · · · · · · · · · · · · · ·							
Job Expenses			20		00				
and Most Other	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type				1			
Miscellaneous		and amount. ▶							
Deductions		SAFE DEPOSIT RENTAL	21	100	00				
	22	Add the amounts on lines 20 and 21. Enter the total	22	100	00				
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	7,933	00				
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0				24	•	0	00
	25	Other (from list on page 20 of instructions). List type and amount.▶							
Other									
Miscellaneous									
Deductions									
						25	•		00
Qualified Long-		CAUTION: Do not include medical premiums.							
Term Care Ins.									
Premiums	26	Enter amount here				26	•		00
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here.	Then						
Deductions		enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions				27	•	10,686	00
Schedule A (Form	40) 20	020							1024

D&E
(FORM 40)



## Alabama Department of Revenue Schedule D - Net Profit or Loss

2020

(Schedule E is on separate form)

1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 . . . . . . . . .

ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E

Your social security number Name(s) as shown on Form 40 BHAVESH B & MITALBAHEN PATEL -1368 Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc. (a) (g) Subsequent Improvements Net Profit or (Loss) Cost or Other Basis Date Date Sold Kind of Property (Cols. d & e Acquired Acquisition less Cols. f & g) 112 00 CAP GAIN DIST 112 470533629 109,741 85,073 TD AME VARIOUS 12-31-2020 24,668 00 470533629 TD AME 50,768 28,298 22,470 00 VARIOUS 12-31-2020 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00

47,250 00

Schedule D (Form 40) 2020





Alabama Department of Revenue Supplemental Income and Loss 2020

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

Nam	e(s) shown on return	FOR	M 40. ► SEE INSTRU	JC.	TIONS FO	OR S	CHE	DUL	E E (FORM 40).		Your	social sec	urity r	numher	
	BHAVESH B & MITALBAHEN	די ע כו	יםי								Tour		.36		
	Income or Loss From Pental Pea												. 30	0	
P	Note: If you are operating under a Federal Err			nco	ome and expe	nses f	rom yo	ur bus	siness of renting person	al p	property	on <b>Sche</b>	dule (	C or C-EZ.	
1	Show the kind and location of each Rental I	Real I	Estate Property:			2			h rental real estate					Yes	No
Α									line 1, did you or y uring the tax year f						
_									s for more than the				Α		
В									rs, <b>or</b>	Ŭ					
_									f the total days rer	nte	d at fa	air	В		
С							re	ental	value?				_		
_			T		Prope	rtios				Т			C otals		
Inc	ome:		Α	Т	Ргоре В			Т	С	$\dashv$	(Δα			s A, B, and	4 C)
3	Rents received	3	00	)		,	00	)	0	0	3	u Colui	111137	٦, D, and	00
4	Royalties received	4	00	+			00		0	-	4				00
_	penses:		00	Ť				+		1					100
5	Advertising	5	00	)			00		0	0					
6	Auto and travel	6	00	)			00	)	0	0					
7	Cleaning and maintenance	7	00	)			00	)	0	0					
8	Commissions	8	00	)			00	)	0	0					
9	Insurance	9	00	)			00	וכ	0	0					
10	Legal and other professional fees	10	00	)			00	)	0	0					
11	Management fees	11	00	+			00	_	0	-					
12	Mortgage interest	12	00	_			00	_	0	-	12				00
13	Other interest	13	00	+			00	_	0	-					
14	Repairs	14	00	+			00	_	0	_					
15	Supplies	15	00	+			00	_	0	-					
16	Taxes	16	00	+			00	_	0	_					
17 18	Utilities	17 18	00	+			00	_	0	-					
10	Other (list)	10	00	+			00		0	÷					
			00	+			00	_	0	-					
			00	+			00		0	$\dot{-}$					
			00	_			00	_	0	_					
19	Add lines 5 through 18	19	00	+			00		0	_	19				00
20	Depreciation expense or depletion	20	00	)			00	)	0	0	20				00
21	Total expenses. Add lines 19 and 20	21	00	)			00	)	0	0					
22	Income or (loss). Subtract line 21 from line 3 (rents) or														
	line 4 (royalties)	22	00	)			00	ו	0	0					
_	Total Real Estate and Royalty income or (loss			fro	m line 22 a	U		the r	esult here	.	23				00
P	ART II Income from Partnerships, S Corpora	ations	, Estates & Trusts	(	(h)	artnership	state or Trust	Corporation	(i) Employer			(j)			
	(g) Name and Address					rshi	9	orat	Identification	n			Ar	nount	
					Check One	٥	rust	Ö	Number						
MITT	SKAN 2631 LLC			-	леск Опе										Т
	ntgomery, AL 36108					X			04	9 8	3		23	,409	00
	M 01 INC													1 200	100
	ntgomery, AL 36117							X	56	22	2		22	,241	00
	M 01 INC														
	ntgomery, AL 36117					L		Х	56	22	2		22	,240	00
JĄ	SHI INC														
Mo	ntgomery, AL 36109		·					X	62	59	9		53	,082	00
	TOTAL INCOME FROM PARTNERSHIPS, S COR	RPORA	ATIONS, ESTATES, AND	TF	RUSTS. Add	d the	amou	nts in	column (j). Enter th	е					
_	total here and include on line 25 below									<b>&gt;</b>	24	$\frac{1}{}$	20	,972	00
						_						_	0.0	0.7.0	
25	TOTAL INCOME OR (LOSS). Combine line	s 23 a	and 24. Enter the total	he	ere and on	For	m 40,	pag	ge 2, Part I, line 6	•	25			,972	
											So	cnedule	E (	Form 40	)) 2020

SCHEDULE



Alabama Department of Revenue Supplemental Income and Loss 2020

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

Nam	e(s) shown on return	FORM	40. ► SEE INSTRU	CHONS	-OR S	CHE	DUL	E E (FORM 40).	Your	social secu	rity number	
	HAVESH B & MITALBAHEN	PATE	L								368	
	ART I Income or Loss From Rental Rea	I Estate	and Royalties	ncome and ev	maneae	from ve	our bu	siness of renting personal	nroneri			
1	Show the kind and location of each Rental		-	come and ex	2			h rental real estate		-	Yes	No
_	Show the kind and location of each Kentai	iveai Es	tate Property.		1			iline 1, did you or yo			163	140
Α					1			uring the tax year for				
_					1			s for more than the	greate	r or:		
В								/S, <b>or</b>	4 6	В	3	
С								f the total days rent I value?	ed at i	air		
_							ena	i value :		C	;	
Inco	ome:			Prop	perties	3					tals	
•	Parts and a l		Α		В			С		d Colum	ns A, B, and	
3	Rents received	3	00			0	_	00	3			00
4 	Royalties received	4	00			0	0	00	4			00
	enses:	5	00					00				
5	Auto and travel	6	00			0	_	00	1			
6 7	Auto and travel	7	00			0	_	00	1			
8	Commissions	8	00			0	_	00	1			
9	Insurance	9	00			0	_	00	1			
10	Legal and other professional fees	10	00			0	-	00	1			
11	Management fees	11	00			0	-	00	1			
12	Mortgage interest	12	00			0		00	12			00
13	Other interest	13	00			0	_	00				1
14	Repairs	14	00			0	_	00	1			
15	Supplies	15	00			0	0	00	1			
16	Taxes	16	00			0	0	00	1			
17	Utilities	17	00			0	0	00				
18	Other (list) ►	18	00			0	0	00				
			00			0	0	00				
			00			0	0	00				
			00			0	0	00				
			00			0	0	00				
19	Add lines 5 through 18	19	00			0	0	00	19			00
20	Depreciation expense or depletion	20	00			0	0	00	20			00
21	Total expenses. Add lines 19 and 20	21	00			0	0	00				
22	Income or (loss). Subtract line 21 from line 3 (rents) or											
	line 4 (royalties)	22	00			0	0	00	-			
	T. 15 15											
	Total Real Estate and Royalty income or (loss				7		S		23			00
Ρ/	ART II Income from Partnerships, S Corpor	ations, E	states & Trusts	(h)	artnership	Estate or Trust	Corporation	(i) Employer		(j)		
	(g) Name and Address				ship	옥	orati	Identification			Amount	
				Check One		ust	g	Number				
1BI	M 02 LLC											
	ntgomery, AL 36117				-		X	559	4	2	22,373	00
	ABAMA BEVERAGE INC											
_	ntgomery, AL 36117				-		X	470	9		52,762	2 00
	19 FOUR PLUS INC											
	ntgomery, AL 36110						Х	813	6	2	24,870	00
'nR.	IDAY LIQUOR INC				_							
loi	ntgomery, AL 36105						X	148	6	1	18,742	00
24	TOTAL INCOME FROM PARTNERSHIPS, S COR	RPORATI	ONS, ESTATES, AND	TRUSTS. A	Add the	amou	ınts ir	column (j). Enter the				
	total here and include on line 25 below							<u></u>	24	1.	18,747	7 00
								_				,
25	TOTAL INCOME OR (LOSS). Combine line	es 23 and	d 24. Enter the total	here and o	on For	m 40	, pag	ge 2, Part I, line 6 >		-	18,747	
									S	chedule	E (Form 40	0) 2020

SCHEDULE



Alabama Department of Revenue Supplemental Income and Loss

2020

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

BHAVESH	n			CTIONS I						Your soci	al security	number	
	B & MITALBAHEN	PAT	EL								13	68	
	ome or Loss From Rental Rea If you are operating under a Federal Em			come and ex	nenses	from vo	our bu	isiness of renting persona	al nn	onerty on	Scheduli	C or C-FZ	,
	d and location of each Rental I				2			h rental real estate				Yes	No
	a and location of each <b>Remai</b>	toui L	otato i roporty.		1 -	liste	d on	n line 1, did you or y	our	r family		100	-110
Α —								uring the tax year for es for more than the					
В —								/s, <b>or</b>	gi	calci oi			
								f the total days rent	ted	at fair	В		
с ——					-			l value?	iou	at ian			
					L.,				_		C		
Income:			Α.	Prop	perties	8	_		-	(	Tota		'4 C/
3 Rents receive	ed	3	A 00		В	0	n	C	+	3	Joiumns	A, B, an	00
	eived	4	00			0	_	00	-	4			00
Expenses:	eiveu	-	00			- 0		00	+	-			100
		5	00			0	0	00					
	el	6	00			0	_	00	$\dashv$				
	maintenance	7	00			0	0	00	0				
_		8	00			0	0	00	)				
9 Insurance .		9	00			0	0	00	)				
10 Legal and oth	ner professional fees	10	00			0	0	00	)				
11 Management	fees	11	00			0	_	00	-				
12 Mortgage interest	erest	12	00			0	_	00	+	12			00
	t	13	00			0	_	00	-1				
		14	00			0	_	00	-				
		15	00			0	_	00	$\dashv$				
		16 17	00			0	_	00	_				
17 Othlites 18 Other (list) ▶		18	00			0	_	00	-				
TO Other (list)	<del></del>	10	00			0	_	00	$\dashv$				
			00			0	_	00	$\dashv$				
			00			0	_	00	_				
			00			0	0	00	5				
19 Add lines 5 th	rough 18	19	00			0	0	00	)	19			00
20 Depreciation	expense or depletion	20	00			0	0	00	)	20			00
21 Total expense	es. Add lines 19 and 20	21	00			0	0	00	)				
22 Income or (loss).	Subtract line 21 from line 3 (rents) or												
line 4 (royalties)		22	00			0	0	00	)				
00 Table 15:					0 1			16 1					
	ate and Royalty income or (loss			(h)	77		S			23			00
TAICH IIICO	ine ironi i arthersinps, o corpore	ations,	Latates & Trusts	(11)	artnership	state or	Corporation	Employer		(i)			
	(g) Name and Address				ship	or Trust	oratio	Identification Number			,	Amount	
				Check One		ust	ă	Number					
UMUKH 2					_								
Sylacauga	, AL 35150						X	569	95			1,570	) 00
UMUKH INC					_								_
ylacauga,							X	680	)2			3,896	00
UKUKH 3 I					-		1,7		٠.			1 4	,
yıacauqa	, AL 35150					-	X	280	<i>J</i> <u>Z</u>			1,554	100
7					-								00
					- 1	1	1	1		- 1			00
	IF FROM PARTNEDSHIDS S CO	S D O D V	TIONS ESTATES AND	TRUSTS /	Add tha	amou	nte ir	n column (i) Enter the					
24 TOTAL INCOM	IE FROM PARTNERSHIPS, S COP									24	1	3,020	) 00
24 TOTAL INCOM	IE FROM PARTNERSHIPS, S COP									24	1	3,020	) 00

#### FORM

## **AL8453**

#### ALABAMA DEPARTMENT OF REVENUE

### Individual Income Tax Declaration for Electronic Filing

2020

For the year January 1 - December 31, 2020

Your first name and initia	al		Last name				Your s	ocial security number
BHAVESH B	P	ΔTRT.				l I		-1368
If a joint return, spouse's			Last name				Spouse's s	oc. sec. no. if joint return
MITALBAHE	N	ΡΔΨΕΙ.				l I		-5976
		reet). If a P.O. Box, see instructions.			Apt. no.	— ⊦•	Teleph	one number (optional)
						l I		
City, town or post office,	state,	and ZIP code						
Montgomer	у,	AL 36117						
Part I								
Tax Return Information	1	Alabama taxable income (Form	40, line 16 or Form 40NR, line 18)				1	314,174
(Whole dollars only.)	2	Total tax liability (Form 40, line	21) or Net tax due (Form 40NR, line	20)			2	15,627
	3	Total payments (Form 40, line 2	6 or Form 40NR, line 26)				3	6,332
	4	Refund (Form 40, line 34 or For	m 40NR, line 33)				4	
Don't II	5	Amount you owe (Form 40, line	29 or Form 40NR, line 29)				5	9,295
Part II	1	Routing number:	0 0 2 5					
Refund	2	Account number:		7 6				
and	3		necking Savings	<i>,</i> 0				
Payment	4	71	rect Deposit X Direct Debit					
Information	5		ox to have your refund issued by a p	aper check.)				
Part III  Declaration of Taxpayer  (Sign only after Part I is completed.)		that the amounts described in Part 1 above knowledge and belief, this return, includir of Revenue to disclose to my ERO description of my return.	have compared the information contained on rive agree with the amounts shown on the correst gany accompanying schedules and statement bed below, any information concerning the district bed below, any information concerning the district bed parameters of Revenue to discuss my	sponding lines of s, is true, correct pursement of the	my 2020 Alabam , and complete. A refund requested	a individual inc ulso, I hereby a or any probler	ome tax re uthorize th ns encoun	eturn. To the best of my the Alabama Department
Sign Here			09-03-2021					09-03-2021
Here	•		09-03-2021 Date	Spouse's si	gnature. If a joint	return, BOTH I	must sign.	09-03-2021 Date
Part IV Declaration of Electronic Return	; ;	declare that I have reviewed the above tax all information of which I have any knowleds og of Individual Income Tax Returns (Tax Y outer system and software to prepare and tr ware to create my client's return and to the	Date payer's Alabama individual income tax return at le. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser lectronic transmission of my client's tax return I declare that I have examined this return at	nd that the entrie equirements desi ctronic Filers of Ir nt to the disclosu to the <b>Alabama</b>	s on this form are cribed in IRS PUI dividual Income re of all informati Department of R	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap	correctly rule Proced ax Year 20 my use o	Date Tepresented based on urues for Electronic Fil- 2020). By using a com- f the system and soft- / law. If I am also the
Part IV Declaration of Electronic Return Originator (ERO) and	; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y outer system and software to prepare and tr ware to create my client's return and to the	Date payer's Alabama individual income tax return at le. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser lectronic transmission of my client's tax return I declare that I have examined this return at	nd that the entrie equirements desi ctronic Filers of Ir nt to the disclosu to the <b>Alabama</b>	s on this form are cribed in IRS PUI dividual Income re of all informati Department of R	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap	correctly rule Proced ax Year 20 my use o	Date Tepresented based on urues for Electronic Fil- 2020). By using a com- f the system and soft- / law. If I am also the
Part IV Declaration of Electronic Return Originator (ERO) and Paid	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y outer system and software to prepare and trivare to create my client's return and to the vaid preparer, under penalties of perjury adge and belief, they are true, correct, an ERO's Use Only	Date payer's Alabama individual income tax return at le. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser lectronic transmission of my client's tax return I declare that I have examined this return at	nd that the entrie equirements desi ctronic Filers of Ir nt to the disclosu to the <b>Alabama</b>	s on this form are cribed in IRS PUI dividual Income re of all informati Department of R	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap d statements,	correctly r nue Proced fax Year 20 o my use o oplicable by and to the	Date Tepresented based on urues for Electronic Fil- 2020). By using a com- f the system and soft- / law. If I am also the
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y outer system and software to prepare and trivare to create my client's return and to the paid preparer, under penalties of perjury, adde and belief, they are true, correct, and	Date payer's Alabama individual income tax return at le. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser lectronic transmission of my client's tax return I declare that I have examined this return at	nd that the entrie equirements des stronic Filers of Ir nt to the disclosu to the Alabama nd accompanyli	s on this form are cribed in IRS PUI dividual Income re of all informati Department of R	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap	correctly riue Proced ax Year 20 by my use o pplicable by and to the	Date  represented based on  lures for Electronic Fil- 1020). By using a com- fithe system and soft- / law. If I am also the  e best of my knowl-
Part IV Declaration of Electronic Return Originator (ERO) and Paid	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y buter system and software to prepare and trivare to create my client's return and to the paid preparer, under penalties of perjury, edge and belief, they are true, correct, and ERO's Use Only  ERO's signature  Firm's name (or yours ALPE;	Date payer's Alabama individual income tax return at le. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser lectronic transmission of my client's tax return I declare that I have examined this return at	nd that the entrie equirements des stronic Filers of Ir nt to the disclosu to the Alabama nd accompanyli	s on this form are pribed in IRS PUI dividual Income re of all information Department of F ng schedules are	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap d statements,	correctly riue Proced ax Year 20 by my use o pplicable by and to the	Date represented based on lures for Electronic Fil- 020). By using a com- ff the system and soft- / law. If I am also the e best of my knowl-
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y outer system and software to prepare and trivare to create my client's return and to the vaid preparer, under penalties of perjury adge and belief, they are true, correct, and ERO's Use Only  ERO's Use Only  ERO's ignature  Firm's name (or yours if self-employed)	Date payer's Alabama individual income tax return a ge. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conser electronic transmission of my client's tax return I declare that I have examined this return and d complete.	nd that the entrie equirements des etronic Filers of Ir nt to the disclosu to the Alabama nd accompanyir  Date 09-0	s on this form are pribed in IRS PUI dividual Income re of all information Department of F ng schedules are	e complete and 3. 1345, Reven Tax Returns (T on pertaining to evenue, as ap d statements,	correctly riue Proced fax Year 20 or my use o opplicable by and to the	Date represented based on lures for Electronic Fil- D20). By using a com- fthe system and soft- y law. If I am also the e best of my knowl-  Preparer's PTIN P00845932 27-0624922
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y buter system and software to prepare and trivare to create my client's return and to the valid preparer, under penalties of perjury, edge and belief, they are true, correct, and ERO's Use Only  ERO's signature  Firm's name (or yours if self-employed) and address  Paid Preparer's Use Onl	Date payer's Alabama individual income tax return as te. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conses electronic transmission of my client's tax return I declare that I have examined this return as d complete.  SH PATEL CPA  JS 46 W STE E201; Fairf:  Y t I have examined this return and accompan	nd that the entrie equirements desirtonic Filers of Ir it to the disclosu to the Alabama and accompanyli  Date 09-0	s on this form arcribed in IRS PUI dividual Income re of all informati Department of R 19 schedules ar	complete and 3. 1345, Reven fax Returns (T on pertaining te evenue, as ap d statements,  Check if also paid prepare	correctly riue Proced ax Year 2(a ax Year 2(a by Harris Harris and to the	Date represented based on lures for Electronic Fil- 020). By using a com- ff the system and soft- / law. If I am also the e best of my knowl-  Preparer's PTIN P00845932 27-0624922 de 07004
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y buter system and software to prepare and trivare to create my client's return and to the valid preparer, under penalties of perjury, edge and belief, they are true, correct, and ERO's Use Only  ERO's signature  Firm's name (or yours if self-employed) and address  Paid Preparer's Use Onl Under penalties of perjury, I declare tha belief, they are true, correct, and complete the property of the preparer's signature	Date payer's Alabama individual income tax return as te. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conses electronic transmission of my client's tax return I declare that I have examined this return as d complete.  SH PATEL CPA  JS 46 W STE E201; Fairf:  Y t I have examined this return and accompan	nd that the entrie equirements desirtonic Filers of Ir it to the disclosu to the Alabama and accompanyli  Date 09-0	s on this form arcribed in IRS PUI dividual Income re of all informati Department of R 19 schedules ar	complete and 3. 1345, Reven fax Returns (T on pertaining te evenue, as ap d statements,  Check if also paid prepare	correctly r use Proced fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2 fax	Date represented based on lures for Electronic Fil- 020). By using a com- ff the system and soft- / law. If I am also the e best of my knowl-  Preparer's PTIN P00845932 27-0624922 de 07004
Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer	; ; ;	declare that I have reviewed the above tax all information of which I have any knowledging of Individual Income Tax Returns (Tax Y outer system and software to prepare and trivare to create my client's return and to the variety of the control of	Date payer's Alabama individual income tax return as te. I also declare that I have followed all other re ear 2020), and the Alabama Handbook for Elec ansmit my client's return electronically, I conses electronic transmission of my client's tax return I declare that I have examined this return as d complete.  SH PATEL CPA  JS 46 W STE E201; Fairf:  Y t I have examined this return and accompan	nd that the entrie equirements desironic Filers of Ir nt to the disclosu to the Alabama and accompanyi	s on this form arcribed in IRS PUI dividual Income re of all informati Department of R 19 schedules ar	complete and 3. 1345, Reven Tax Returns (Ton pertaining to evenue, as ap d statements,  Check if also paid preparer	correctly r use Proced fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2(2 fax Year 2 fax	Date  Date  represented based on lures for Electronic Fil- D20). By using a com- fithe system and soft- ylaw. If I am also the e best of my knowl-  Preparer's PTIN P00845932 27-0624922 de 07004

orm AL8453 2020

## DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALINCWK	Federal Income Tax Deduction Worksheet		2020
Name(s) as shown on return		You	r social security number
BHAVESH B &	MITALBAHEN PATEL		-1368
2 Net Investment Inc 3 Federal Tax. Add I 4 a Earned Incom Enter the amou b Additional Chi Form 1040-SR. c American Opp Enter the amou	Int from line 27 of Form 1040/Form 1040-SR       4a         Id Tax Credit. Enter the amount from line 28 of Form 1040/       4b         or line 28 of Form 1040NR       4b	. 2	2,696
	1040NR		
5 Add lines 4a, b, c,	and d	. 5	
	n line 3 and enter amount on line 12 of Form 40, line 9 of Form 40A or see 4 of Form 40NR. If amount is negative enter zero	. 6	68,508

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

1024

Schedule W-2

(FORM 40, 40A, or 40NR)

Alabama Department of Revenue Wages, Salaries, Tips, etc.



Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN BHAVESH B & MITALBAHEN PATEL

PRIMARY'S SOCIAL SECURITY NO. 1368

SPOUSE'S SOCIAL SECURITY NO. — 5976

	4	а	ပ	۵	ш	ш	O	I		_	٦
		Employer's		Schedule		Alabama					
	Employee's Social	Identification Number	Statutory	Statutory C/C-EZ	State	Employer's	Alabama State	Federal Wages	"	Alabama State Wages	Additional Taxable Wages –
	Security Number	(EIN)	Employee	e Filed?	Code	Code State ID Number	Income Tax Withheld	(Box 1 of Form W-2)	-2)	(Box 16 of Form W-2)	Other States
_	5976	0498		•	•AL	●R009129318	840	82 400		● 28,400	0
7	1368	0009		•	•AL	●R009991145	• 943	000'8 •		000'8 •	•
က	5976	6229		•	•AL	●R009927468	• 2,051	<ul><li>24,000</li></ul>		• 24,000	0
4	1368	4709		•	•AL	•R010040923	1,765	13,200		● 13,200	0
2	1368	1486			•AL	•R010467913	• 232	• 8,400		8,400	•
9	1368	8136		•	•AL	●R010127749	501	● 14,400		<ul><li>14,400</li></ul>	0
7				•	0	0	0	0		0	0
œ	•	•		•	•	•	•	•			•
ဝ	0	•	0	•	0	0	0	0		0	0
10	0	0	0	0	0	0	0	0		0	0
7	•	•	•	•	•	•	•	•			•
12	0	•	0	•	0	0	0	0		0	0
13	0	0	0	•	0	0	0	0		0	0
14	•	•		•	•	•	•	•			•
15	0	0		•	0	0	0	0		0	0
16	16 TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here	THHELD FROM W-2s. Total	ines 1-15,	Column G a	nd enter th	ne amount here	6,332				
17	17 ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld	D FROM 1099s AND W-2Gs.	Enter the t	otal Alabama	Income	Fax Withheld					
	from all Form 1099s and For	from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from	actions on	where to rep	ort the inc	ome from					
	these statements				:		0				
18	18 TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.	<b>AL ALABAMA ТАХ WITHHE</b> I	LD FROM	W-2s, 1099	s, AND W	-2Gs.					
	See instructions			:	:		• 6,332	• 96,400		• 96,400	•

ALWK_A5	State / Local tax payments made after 12/31/2020 that	2020
Name(s) as shown on return	will be deductible on 2021 Federal Schedule A	Your Social Security Number
	MITALBAHEN PATEL	-1368
	es due that were paid after 12/31/2020	1300
A1. 4th quarter e	estimate/extension (may be adj. by refund)	
i '	ents made in 2021	A. 9,295
	enalty	
B3. Other Tax pa	s, Donations, Checkoffs	В.
-	s potentially deductible in 2021 (Line A less line B)	<b>c</b> . 9,295

SCHEDULE
<b>DS &amp; HOF 2020</b>
( Form 40 or 40NR )



Alabama Department of Revenue Dependents Schedule

NAME(S) AS SHOWN ON TAX RETURN

BHAVESH B & MITALBAHEN PATEL
PRIMARY SOCIAL SECURITY NUMBER SPOUSE SOCIAL SECURITY NUMBER

-1368

-5976

## Schedule DS - Dependents Schedule

See instructions for definition of a dependent. NOTE: If you checked filing status 3 (Married filing separate return), you may claim only the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		9	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
<b>1b</b> Total number of dependents claims Form 40, Page 2, Part III, line 1 or	ed above. Enter total here and on Form 40NR, Page 2, Part V, line 1 · · ·		1b	• 1





#### PAGE 2

NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER
-1368

spouse social security number -5976

Schedule HOF - Head of Family Schedule	
Complete the following information:	
Enter the dependent/qualifying person's name here:	
Dependents/qualifying person's Social Security Number:	
What is the dependent's/qualifying person's relationship to you:	
Do you rent or own the home maintained for the dependent/qualifying person?	Rent Own
Are you married, divorced or legally separated?	☐ Yes ☐ No
If you answered yes, please provide the following information:	
Date of Marriage?	
Date of Divorce?	
Date of Legal Separation?	
Did the dependent(s)/qualifying person(s) reside with you in your home?	☐ Yes ☐ No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	☐ Yes ☐ No

AL-COMP	Three-year State T	ax Return Compar	ison	2020
Name(s) as shown on return				Taxpayer ID Number
BHAVESH B & MITALBAHE	N PATEL			-1368
State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status		MFJ	MFJ	
Gross Income	· ·	191,851	396,668	204,81
Standard Deduction		11 001	10 606	/1 01
Itemized Deduction	,	11,901 22,652	10,686 68,508	(1,215 45,856
Deductions		153,998	314,174	160,176
Actual State Income		153,998	314,174	160,176
State Income Tax		7,618	15,627	8,009
Local Taxes		7,010	13,027	0,002
Use Tax				
Contributions				
Income Tax Withheld	0 = 1 0	4,841	6,332	1,491
Estimates and Extension payments		,	-,	_,
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund				
Balance.Due	. 2,084	2,777	9,295	6,518
Marginal tax rate	. 5.000000	5.000000	5.000000	
Effective tax rate	. 4.920000	4.950000	4.970000	0.020000

# ALPESH PATEL CPA

271 US 46 W STE E201 Fairfield, NJ 07004 ALPESHCP A@GMAIL.COM Phone: (973)638-1418 | Fax: (973)400-4088

March 25, 2022

## BHAVESH B & MITALBAHEN PATEL

Montgomery, AL 36117

#### BHAVESH B & MITALBAHEN PATEL:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$60,072 Balance Due	Direct Debit from **0776
Alabama Income Tax	\$9,621 Balance Due	Mail a check

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

#### Federal Income Tax

Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214

#### Alabama Income Tax

Alabama Department of Revenue Alabama Income Tax P.O. Box 2401 Montgomery, AL 36140-0001

Mail payment on or before due date to the following address:

#### Alabama Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$17,450	April 18, 2022	Mail a check
2nd	\$17,450	June 15, 2022	Mail a check
3rd	\$17,450	September 15, 2022	Mail a check
4th	\$17,450	January 17, 2023	Mail a check

Sincerely,

ALPESH PATEL CPA

Filing Status	• <b>□</b> :	Single x Married f	iling jointly	Marr	ied filing s	eparately (	MFS)	Head of	house	hold (HOH)	Quali	fying wid	low(er) (QW)
Check only one box.	If yo	u checked the MFS bon is a child but not y	ox, enter the		your spous	e. If you ch	ecked th	e HOH or	QW bo	x, enter the	child's na	me if the	qualifying
Your first name	and mi	ddle initial		Last n	ame						Your soc	ial securi	ity number
BHAVESH B				PAT	EL						xxx-x	x-xxx	ζ
If joint return, sp	ouse's	first name and middle ir	nitial	Last n	ame						Spouse's	s social se	ecurity numbe
MITALBAHEN	Г			PAT	EL						xxx-x	x-xxx	ζ.
Home address	(numbe	r and street). If you have	e a P.O. box, se	e instructi	ions.				A	pt. no.	Presiden	tial Electi	ion Campaign
												re if you, o	
City, town, or po	ost offic	e. If you have a foreign	address, also c	omplete sp	paces below	١.	State		ZIP cod	de			ly, want \$3 hecking a
Montgomery							AI	_	361	17		v will not c	
Foreign country	name				Foreign pro	ovince/state/o	county		Foreigr	n postal code	your tax o	or refund.	Spouse
At any time duri	na 202	21, did you receive, se	ell. exchange.	or otherv	vise dispos	se of anv fir	nancial in	terest in ar	nv virtu	al currency?	· · · · · · · · · · · · · · · · · · ·	☐ Yes	X No
Standard			You as a c			our spouse			_	· · · · · · · · · · · · · · · · · · ·			
Deduction		Spouse itemizes on a	_	•	_			'					
Age/Blindness	You:	☐ Were born befo	re January 2,	1957	Are blir	nd <b>Sp</b>	ouse:	Was bo	rn befo	re January :	2, 1957	☐ Is b	lind
Dependents	(see	nstructions):				(2) Social s	ecurity	(3) Relation	onship	(4) Check	if qualifies	for (see in	structions):
If more	(1) F	rst name	Last name			numb	er	to yo	u	Child tax		*	her dependents
than four						xxx-xx	-xxxx	Daught	ter	x			
dependents,													
see instructions and check													
here ▶													
	_1_	Wages, salaries, tip	s, etc. Attach	Form(s)	W-2						. 1		103,400
Attach Sch. B if	2a	Tax-exempt interest		2a		,	<b>b</b> Taxal	ble interes	t		. 2b		
required.	3a_	Qualified dividends		3a		248	<b>b</b> Ordin	ary divider	nds		. 3b		248
	4a	IRA distributions .		4a									
	5a	Pensions and annuit	ies	5a			<b>b</b> Taxal	ble amoun	t		. 5b		
Standard	6a	Social security bene		6a									
Deduction for- Single or	7	Capital gain or (loss	). Attach Sch	edule D it	f required.	If not requi	red, chec	k here .		▶	□   7		73,210
Married filing separately,	8	Other income from S				·					. 8		314,680
\$12,550	9	Add lines 1, 2b, 3b,				r total inco	me				▶ 9		491,538
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to inco									. 10		
Qualifying widow(er),	11	Subtract line 10 from		1					1		► <u>11</u>		491,538
\$25,100	12a	Standard deduction			,		,			25,10			
<ul><li>Head of household,</li></ul>	b	Charitable contributi	<b>—</b> —	e the star	ndard dedu	iction (see i	nstruction	ns) <b>12</b> l	ן מ	2.	34		
\$18,800	C	Add lines 12a and 1									. 12c		25,334
If you checked any box under	13	Qualified business i				or Form 8	995-A				. 13		34,696
Standard Deduction,	14 15	Add lines 12c and 1  Taxable income. S									. 14		60,030 431,508
Deauction.													

Exhibit 2 - Residency of Owners - 428

Form 1040 (2021	)	BHAVESH B & MITALBAHEN PATE	L				xxx-xx	-xxxx Pa	ige 2
	16	Tax (see instructions). Check if any from Fe	orm(s): <b>1</b> 881	4 <b>2</b> 49	72 3 🗌		. 16	100,0	067
	17	Amount from Schedule 2, line 3					. 17		
	18	Add lines 16 and 17					. 18	100,0	J67
	19	Nonrefundable child tax credit or credit for	other dependents	from Schedu	le 8812		. 19		
	20	Amount from Schedule 3, line 8					. 20		
	21	Add lines 19 and 20					. 21		C
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				. 22	100,0	J67
	23	Other taxes, including self-employment tax	, from Schedule 2,	line 21			. 23	3,	786
	24	Add lines 22 and 23. This is your total tax	<b>(</b>				▶ 24	103,8	353
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	44,4	68		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			. 25c				
	d	Add lines 25a through 25c					. 25d	44,4	<del>1</del> 68
If you have a	26	2021 estimated tax payments and amount	applied from 2020	retum			. 26		
qualifying child, attach Sch. EIC.	<u>27</u> a	Earned income credit (EIC)			. 27a				
andorr com Ero.		Check here if you were born after January	1, 1998, and befo	re					
		January 2, 2004, and you satisfy all the oth	er requirements fo	or					
		taxpayers who are at least age 18, to claim	n the EIC. See inst	tructions <b>•</b>					
	b	Nontaxable combat pay election	27b						
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional ch	nild tax credit from	Schedule 88	12 <b>28</b>				
	29	American opportunity credit from Form 886	33, line 8		. 29				
	30	Recovery rebate credit. See instructions			. 30		0		
	31	Amount from Schedule 3, line 15			. 31		0		
	32	Add lines 27a and 28 through 31. These a	are your total oth	er payments	and refundable	credits .	▶ 32		
	33	Add lines 25d, 26, and 32. These are your	r total payments	<u></u>			▶ 33	44,4	168
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33.	This is the ar	mount you <b>overp</b>	aid	_		
	35a	Amount of line 34 you want refunded to y	you. If Form 8888	is attached,	check here	▶ ∣	35a		0
Direct deposit? See instructions.	►b	Routing number		▶ c Type:	Checking	Savin	gs		
See instructions.	<b>▶</b> d	Account number							
	36	Amount of line 34 you want applied to yo	ur 2022 estimate	ed tax	▶ 36				
Amount	37	Amount you owe. Subtract line 33 from li				ns	▶ 37	60,0	)72
You Owe	38	Estimated tax penalty (see instructions)			▶ 38	6	87		
Third Party		you want to allow another person to discuss				_			
Designee		tructions			···▶ ∐ Ye	s. Comple		X No	
		signee's me ▶	Phone no. ▶			Personal id number (PI			Т
Sian	Uno	der penalties of perjury, I declare that I have exam	nined this return and	accompanying	schedules and stat	,	,	of my knowledge a	and
Sign		ief, they are true, correct, and complete. Declarati							
Here	You	ur signature	Date	Your occupati	ion			ent you an Identity	
laintt2							Protection P see inst.)	IN, enter it here	_
Joint return? See instructions.	357		03-10-2022						
Keep a copy for	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occi	upation			ent your spouse an ection PIN, enter it	here
your records.	6879	99	03-10-2022				see inst.)		T
		one no. 973-444-4017	Email address						-
		parer's signature			Date	PTIN		Check if:	
Paid		ESH PATEL			03-25-2022	xxxxx	xxxx	X Self-employe	ed
Preparer		parer's name ALPESH PATEL				3-638-1			_
Use Only		n's name ► ALPESH PATEL CPA						1	_
		n's address ▶ 271 US 46 W STE E20	1						
		Fairfield, NJ 07004				F	irm's EIN	27-062492	2

Go to  $\emph{www.irs.gov/Form1040}$  for instructions and the latest information.

Form **1040** (2021)

EEA

#### SCHEDULE 1 (Form 1040)

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

Sequence No. 01

Name(s) shown on Form 1040.1040-SR, or 1040-NR Your social security number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes .......... 1 1 2a Alimony received ..... 2a h Date of original divorce or separation agreement (see instructions) . . . Business income or (loss). Attach Schedule C 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 314,680 6 7 7 Other income: 8a 8b **d** Foreign earned income exclusion from Form 2555 8d Taxable Health Savings Account distribution . . . . . . . . 8e 8f 8g 8h 8i 8j k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such 8k Olympic and Paralympic medals and USOC prize money (see m Section 951(a) inclusion (see instructions) ....... 8m Taxable distributions from an ABLE account (see instructions) . . . . . Other income. List type and amount 8z 9 9 Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or

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

Schedule 1 (Form 1040) 2021

314,680

Page 2 Schedule 1 (Form 1040) 2021 Part II Adjustments to Income 11 Educator expenses . . . 12 Certain business expenses of reservists, performing artists, and fee-basis government 12 13 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 ...... 14 15 Deductible part of self-employment tax. Attach Schedule SE ....... 16 16 17 17 18 18 Penalty on early withdrawal of savings ....... 19a 19a c Date of original divorce or separation agreement (see instructions) . . ▶ 20 20 21 22 Reserved for future use 23 23 24 Other adjustments: **b** Deductible expenses related to income reported on line 8k from 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . . . 24c d Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the 24e 24f Contributions to section 501(c)(18)(D) pension plans . . . . . . . . . . . . 24q g Contributions by certain chaplains to section 403(b) plans . . . . . . . Attorney fees and court costs for actions involving certain 24h Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the **24i** 24j Excess deductions of section 67(e) expenses from Schedule K-1 24k **z** Other adjustments. List type and amount 25 Total other adjustments. Add lines 24a through 24z . . . . . . . . . . . . 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . .

#### SCHEDULE 2 (Form 1040)

**Additional Taxes** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

2021 Attachment Sequence No. 02

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social	security number
BHAVI	ESH B & MITALBAHEN PATEL	XXX-XX-	xxxx
Pai	rt I   Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if requi	red 8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	3,786
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	<b>14</b>	
15	Interest on the deferred tax on gain from certain installment sales with a sales pover \$150,000		
16	Recapture of low-income housing credit. Attach Form 8611	16	
		(conti	nued on page 2)

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

Schedule 2 (Form 1040) 2021

EEA

Schedule 2 (Form 1040) 2021 Page **2** 

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ►	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount ▶	17z		
18	Total additional taxes. Add lines 17a through 17z		. 18	
19	Additional tax from Schedule 8812	, ,	. 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other</b> and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		re <b>21</b>	3.786

# SCHEDULE 3 (Form 1040)

# **Additional Credits and Payments**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. 03

				curity number
Par		XXX-XX-	-xxxx	
1 2	Foreign tax credit. Attach Form 1116 if required		1 2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Alternative motor vehicle credit. Attach Form 8910 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
- 1	Amount on Form 8978, line 14. See instructions 61			
z	Other nonrefundable credits. List type and amount			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040,1040-SR, or 1040-NR, line 20		8	0
				ed on page 2)

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

Schedule 3 (Form 1040) 2021

EEA

Schedule 3 (Form 1040) 2021 Page **2** 

Par	t II Other Payments and Refundable Credits		
9	Net premium tax credit. Attach Form 8962	9	0
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
а	Form 2439		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021		
С	Health coverage tax credit from Form 8885		
d	Credit for repayment of amounts included in income from earlier years		
е	Reserved for future use		
f g	Deferred amount of net 965 tax liability (see instructions)		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021		
Z	Other payments or refundable credits. List type and amount   13z		
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

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

OMB No. 1545-0074

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Attachment Sequence No. 12 Internal Revenue Service (99) ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (d) (e) Adjustments Subtract column (e) Cost Proceeds to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I. combine the result with column (a) whole dollars. line 2 column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 with 299,758 226,783 235 73,210 2 Totals for all transactions reported on Form(s) 8949 with 3 Totals for all transactions reported on Form(s) 8949 with 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . . . 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . . . . . 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 (h) Gain or (loss) (d) (e) Adjustments Subtract column (e) lines below. Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions. See the instructions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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

Schedule D (Form 1040) 2021

Schedu	le D (FOIM 1040) 2021 BRAVESH B & MITALBAREN PAIEL	<u> </u>	Page Z
Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	73,210
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete</li> </ul>		
	line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?  Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.		
	K. Skip lines to through 21, and go to line 22.		
18	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	▶ 18	
19	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	▶ 19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500)	21 (	)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
		Sahadula D /Ea	rm 1040\ 2024

# Form **8949**

#### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Name(s) shown on return

Social security number or taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

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

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

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

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	reported on For	m(s) 1099-B sho	wing basis <b>wasn't</b>	,		ove)	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	if any, to gain or loss. amount in column (g), ode in column (f). parate instructions.  (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
AMERITRADE	VARIOUS	12-31-2021	299,758	226,783	W	235	73,210
	<u> </u>						
2 Totals. Add the amounts in colum negative amounts). Enter each tot Schedule D, line 1b (if Box A abd above is checked), or line 3 (if Bo	al here and include ove is checked), <b>lin</b>	on your e 2 (if Box B	200 758	226 783		235	73 210

**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.

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

Form **8949** (2021)

Schedu	le E (Form 1040) 2021						Attachment Sequence	No. <b>13</b>		Page <b>2</b>
Name(s	s) shown on return. Do not enter name	and social security number	r if show	n on pag	ge 1.			Your so	cial securi	ty number
	VESH B & MITALBAHEN PA								xx-xx-x	xx
	on: The IRS compares amoun									
Part										
	stock, or receive a loan re computation. If you report									
	line 28 and attach Form 6		activity i	or write	and any and	unt is in	ot at nox, you must o	iook tiio	DOX III COII	anni (i) on
27	Are you reporting any loss		r vear	due to	the at-ris	k or ba	sis limitations, a pri	or vear	unallowe	d loss from a
	passive activity (if that loss									
	see instructions before con	npleting this section							🗌 Ye	
28	(a) Name		(b) Ente	er P for rship; S	(c) Check foreign	if	(d) Employer identification		heck if omputation	(f) Check if any amount is
				rporation	partnershi	р	number	is re	quired	not at risk
A st	atement #1									
С										
D										H
	Passive Income and	l Loss	΄ Τ			Nonp	assive Income and	Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1			passive loss ee <b>Schedule</b>		(j) Section 179 exp			passive income
Α	(		<del>-  </del>	(-						
В										
С										
D										
29a	Totals	26,	170					-		296,156
b	Totals	00-	1			7,646		200		
30 31	Add columns (h) and (k) of line Add columns (g), (i), and (j) of line Add columns (g), (ii), and (ji) of line Add columns (g), (iii), and (iii) of line Add columns (g), (iii), and (iii) of line Add columns (g), (iii), and (iii) of line Add columns (g), (iii), and (iii) of line Add columns (g), (iii), and (g), (iii), and (g), (g), (g), (g), (g), (g), (g), (g),					$\mathcal{A}_{\mathcal{A}}$		30	1	322,326 7,646)
32	Total partnership and S co						nd 31	32		314,680
Part		·		3,1.00.		00 4.1				311,000
33			lame		V				(b) Emp	
Α										
В				1						
	Passive	Income and Loss					Nonpassive I	ncome	and Los	S
	(c) Passive deduction or loss allo (attach Form 8582 if required		d) Passiv				e) Deduction or loss from <b>Schedule K-1</b>			ncome from dule K-1
Α										
В										
34a	Totals									
b	Totals	24						0.5	1	
35 36	Add columns (d) and (f) of lir Add columns (c) and (e) of lir							35 36	1	
37	Total estate and trust inco							37		
Part								_	al Holde	r
38	(a) Name	(b) Employer identificat	tion	Scl	Excess inclus hedules Q, li (see instructi	ne 2c	(d) Taxable income from Schedules (			come from es Q, line 3b
					(See manach	0113)		<u>,                                      </u>		<u> </u>
39	Combine columns (d) and (e)	only. Enter the resul	It here	and in	clude in th	ne total	on line 41 below	39		
Part	V Summary									
40	Net farm rental income or (lo	,						40		
41	Total income or (loss). Combine line				nere and on S	Schedule	1 (Form 1040), line 5 ▶	41		314,680
42	Reconciliation of farming and	J	, .	-						
	farming and fishing income report									
	(Form 1065), box 14, code B; Sc AD; and Schedule K-1 (Form 104	,	* *			42				
43	Reconciliation for real estate profe					74				
	(see instructions), enter the net incom	•								
	1040, Form 1040-SR, or Form 1040-I	, ,,	•							
	you materially participated under the	passive activity loss rules				43				

Schedule E (Form 1040) 2021

#### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

2021

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47

OMB No. 1545-0074

Name(s) shown on return Your social security number BHAVESH B & MITALBAHEN PATEL xxx-xx-xxx Child Tax Credit and Credit for Other Dependents Part I-A Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 491,538 2a Enter income from Puerto Rico that you excluded 2a **b** Enter the amounts from lines 45 and 50 of your Form 2555 . . . . . . . . 2b **c** Enter the amount from line 15 of your Form 4563 . . . . . . . . . . . . . . . . d Add lines 2a through 2c . . . . . . . . . . . . 2d 3 491,538 4a Number of qualifying children under age 18 with the required social security number . . . **b** Number of children included on line 4a who were under age 6 at the end of 2021 . . . . 4c If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-2,000 Number of other dependents, including any qualifying children who are not under age Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a. Add lines 5 and 7 ................ 8 2,000 Enter the amount shown below for your filing status. Married filing jointly-\$400,000 400,000 • All other filing statuses-\$200,000 9 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 92,000 Multiply line 10 by 5% (0.05) . . . . . . . . . 11 4,600 11 Subtract line 11 from line 8. If zero or less, enter -0-Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) have a principal place of abode in the United States Part I-B Filers Who Check a Box on Line 13 Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C. **b** Subtract line 14a from line 12 c If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A d Enter the smaller of line 14a or line 14c 0 14e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments 14f Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. g Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III . . . . . . . . . 14g h Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 14h Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR

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

Schedule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021 BHAVESH B & MITALBAHEN PATEL	XXX-XX-XXXX Page 2
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
С	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
е	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	136
		156
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III Enter the smaller of line 15b or line 15f. <b>This is your nonrefundable child tax credit and credit for other</b>	15f
g		150
h	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
"	Form 1040, 1040-SR, or 1040-NR	15h
Part		1311
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	n: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	redit
16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
	Number of qualifying children under 18 with the required social security number: x \$1,400.	100
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	100
17	Enter the <b>smaller</b> of line 16a or line 16b	17
18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,200 or more?	
	No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
	20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	
	instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	
23	Add lines 21 and 22	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the <b>larger</b> of line 20 or line 25	26
_	Next, enter the smaller of line 17 or line 26 on line 27.	
Part		
27	Enter this amount on line 15c	27

Schedule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021 BHAVESH B & MITALBAHEN PATEL	xxx-xx-xxxx	Page <b>3</b>
Part	t III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	. 28a	
b	Enter the amount from line 14e or line 15d, whichever applies	. 28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the		
	additional tax	. 29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	. 30	
31	Enter the smaller of line 4a or line 30	. 31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to		
	line 33	. 32	
33	Enter the amount shown below for your filing status.		
	Married filing jointly or Qualifying widow(er)—\$60,000		
	Head of household—\$50,000		
	• All other filing statuses—\$40,000	. 33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	. 34	
35	Enter the amount from line 33	. 35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1,000 or		
	more, enter 1.000	. 36	
37	Multiply line 32 by \$2,000	. 37	
38	Multiply line 37 by line 36	. 38	
39	Subtract line 38 from line 37	. 39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	. 40	

# **Qualified Business Income Deduction**

OMB No. 1545-2294

2021 Attachment Sequence No.55A

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

xxx-xx-xxxx

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part	Trade, Business, or Aggregation Information				,	
Comp	lete Schedules A, B, and/or C (Form 8995-A), as applicable, l	before starti	ng F	Part I. Attach addi	itional worksheets w	hen needed.
	nstructions.		•			
		(b) Check if		(c) Check if	(d) Taxpayer	(e) Check if
1	(a) Trade, business, or aggregation name	specified serv	vice	aggregation	identification number	patron
Α	K1s: JASHI INC				6259	
В	K1S: 3445 ATLANTA HWY Montgomery AL				5622	
С	K1S: 3445 ATLANTA HWY Montgomery AL				5622	
Part	II Determine Your Adjusted Qualified Business Incon	ne				
				Α	В	С
				A	В	C
2	Qualified business income from the trade, business, or aggregation.					
	See instructions	2	2	64,176	58,001	58,001
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900		٩,			
	or less (\$164,925 if married filing separately; \$329,800 if married	1				
	filing jointly), skip lines 4 through 12 and enter the amount from					
	line 3 on line 13		3	12,835	11,600	11,600
4	Allocable share of W-2 wages from the trade, business, or					
	aggregation		1	58,400	0	0
5	Multiply line 4 by 50% (0.50)		5	29,200		
6	Multiply line 4 by 25% (0.25)	6	6	14,600		
7	Allocable share of the unadjusted basis immediately after					
	acquisition (UBIA) of all qualified property		7	78,291	164,246	164,245
8	Multiply line 7 by 2.5% (0.025)	8	3	1,957	4,106	4,106
9	Add lines 6 and 8		9	16,557	4,106	4,106
10	Enter the greater of line 5 or line 9	10	0	29,200	4,106	4,106
11	W-2 wage and UBIA of qualified property limitation. Enter the					
	smaller of line 3 or line 10	11	1	12,835	4,106	4,106
12	Phased-in reduction. Enter the amount from line 26, if any	12	2			
13	Qualified business income deduction before patron reduction.					
	Enter the greater of line 11 or line 12	13	3	12,835	4,106	4,106
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),					
	line 6, if any. See instructions	14	4			
15	Qualified business income component. Subtract line 14 from line 13.	15	5	12,835	4,106	4,106
16	Total qualified business income component. Add all amounts					
	reported on line 15	🕨 16	6	34,696		
						- 000F A (

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

Page 2

Part	II Phased-in Reduction							
Com	olete Part III only if your taxable income is mor	e thai	n \$164,900 but no	t \$214	1,900 (\$164,925 a	nd \$214,925	if mar	rried filing
sepa	rately, \$329,800 and \$429,800 if married filing	jointly	/) and line 10 is le	ss tha	n line 3. Otherwis	e, skip Part II	1.	
					A	В		С
					^	_ B		· ·
17	Enter the amounts from line 3			17				
18	Enter the amounts from line 10			18				
19	Subtract line 18 from line 17			19				
20	Taxable income before qualified business							
	income deduction	20						
21	Threshold. Enter \$164,900 (\$164,925 if							
	married filing separately; \$329,800 if married							
	filing jointly)	21						
22	Subtract line 21 from line 20	22						
23	Phase-in range. Enter \$50,000 (\$100,000 if							
	married filing jointly)	23						
24	Phase-in percentage. Divide line 22 by line 23 .	24	%					
25	Total phase-in reduction. Multiply line 19 by line 24			25				
26	Qualified business income after phase-in reduction.							
	25 from line 17. Enter this amount here and on line 1							
	corresponding trade or business			26				
Part								1
27	Total qualified business income component from all							
	businesses, or aggregations. Enter the amount from				27	34,696		
28	Qualified REIT dividends and publicly traded partne							
	(loss). See instructions					0		
29	Qualified REIT dividends and PTP (loss) carryforwa				29 (	)		
30	Total qualified REIT dividends and PTP income. Co							
	less than zero, enter -0-					0		
31 32	REIT and PTP component. Multiply line 30 by 20%	`					32	24 606
	Qualified business income deduction before the income				1 1	▶	32	34,696
33 34	Taxable income before qualified business income d Net capital gain. See instructions					466,204 248		
35	Subtract line 34 from line 33. If zero or less, enter -(						35	465,956
36	Income limitation. Multiply line 35 by 20% (0.20)						36	93,191
37	Qualified business income deduction before the dor		V				30	93,191
31	under section 199A(g). Enter the smaller of line 32	-			, ,		37	34,696
38	DPAD under section 199A(g) allocated from an agr						31	34,090
50	more than line 33 minus line 37						38	
39	Total qualified business income deduction. Add lines						39	34,696
40	Total qualified REIT dividends and PTP (loss) carry							34,090
-10	Total qualification of the restaurance and restaurance (1000) carry		COMBINO III 100 ZO (		2510 01		40	,

# **Qualified Business Income Deduction**

OMB No. 1545-2294

2021 Attachment Sequence No.55A

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

xxx-xx-xxxx

BHAVESH B & MITALBAHEN PATEL

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part	Trade, Business, or Aggregation Information				,	
Comp	lete Schedules A, B, and/or C (Form 8995-A), as applicable, l	before start	ing	Part I. Attach add	itional worksheets w	hen needed.
	nstructions.		Ü			
		(b) Check i	f	(c) Check if	(d) Taxpayer	(e) Check if
1	(a) Trade, business, or aggregation name	specified ser	vice	aggregation	identification number	patron
Α	K1S: ALABAMA BEVERAGE INC				4709	
						_
В	K1P: MUSKAN 2631 LLC				0498	
С	K1S: 2019 FOUR PLUS INC				8136	
Part	II Determine Your Adjusted Qualified Business Incon	ne				
					_	
				Α	В	С
2	Qualified business income from the trade, business, or aggregation.					
	See instructions		2	68,243	25,645	6,622
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900					-
	or less (\$164,925 if married filing separately; \$329,800 if married					
	filing jointly), skip lines 4 through 12 and enter the amount from					
	line 3 on line 13		3	13,649	5,129	1,324
4	Allocable share of W-2 wages from the trade, business, or			-		-
	aggregation	,	4	71,552	0	0
5	Multiply line 4 by 50% (0.50)		5	35,776		
6	Multiply line 4 by 25% (0.25)		6	17,888		
7	Allocable share of the unadjusted basis immediately after			•		
	acquisition (UBIA) of all qualified property	-	7	199,268	0	0
8	Multiply line 7 by 2.5% (0.025)		8	4,982		
9	Add lines 6 and 8		9	22,870	0	0
10	Enter the greater of line 5 or line 9		0	35,776	0	0
11	W-2 wage and UBIA of qualified property limitation. Enter the				-	
	smaller of line 3 or line 10	1	1	13,649	0	0
12	Phased-in reduction. Enter the amount from line 26, if any		2	•		
13	Qualified business income deduction before patron reduction.					
	Enter the greater of line 11 or line 12	1	3	13,649	0	0
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),			-,	-	<u> </u>
	line 6, if any. See instructions	II.	4			
15	Qualified business income component. Subtract line 14 from line 13.		5	13,649	0	0
16	Total qualified business income component. Add all amounts			.,	-	
-	reported on line 15	▶ 1	6			
						- 000F A (

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

# **Qualified Business Income Deduction**

OMB No. 1545-2294

2021 Attachment Sequence No.55A

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

xxx-xx-xxxx

BHAVESH B & MITALBAHEN PATEL

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I	Trade, Business, or Aggregation Information					
	lete Schedules A, B, and/or C (Form 8995-A), as applicable,	before sta	rtina l	Part I. Attach add	itional worksheets v	vhen needed.
	structions.	bororo ota	i unig i	art ii rittaoir aaa	monar workerroote v	mon moddod.
		(b) Check	c if	(c) Check if	(d) Taxpayer	(e) Check if
1	(a) Trade, business, or aggregation name specified			aggregation	identification number	patron
Α	K1s: FRIDAY LIQUOR INC				1486	
	KIB. FRIBAT BIQUOR INC				1100	
В	K1s: MBM 02				5594	
	KID. MDM 02				3334	
С	K1s: SUMUKH 2 INC				5695	
Part I		no L			3693	
raiti	Determine rour Aujusted Quaimed Dusiness incom	IIC				
				Α	В	С
2	Qualified business income from the trade, business, or aggregation.					
-	See instructions	7 1	2	15,107	25,764	15,022
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900			13,107	23,704	15,022
3	or less (\$164,925 if married filing separately; \$329,800 if married					
	filing jointly), skip lines 4 through 12 and enter the amount from					
	line 3 on line 13		3	3,021	5,153	3,004
4	Allocable share of W-2 wages from the trade, business, or		3	3,021	5,155	3,004
4			4	0	0	0
_	aggregation		5	U	U	0
5	Multiply line 4 by 50% (0.50)		6			
6	Multiply line 4 by 25% (0.25)	· · · ·	•			
7	Allocable share of the unadjusted basis immediately after		_	•		
•	acquisition (UBIA) of all qualified property		7	0	0	0
8	Multiply line 7 by 2.5% (0.025)		8			
9	Add lines 6 and 8		9	0	0	0
10	Enter the greater of line 5 or line 9	• • • •	10	0	0	0
11	W-2 wage and UBIA of qualified property limitation. Enter the					
	smaller of line 3 or line 10		11	0	0	0
12	Phased-in reduction. Enter the amount from line 26, if any		12			
13	Qualified business income deduction before patron reduction.			_	_	
	Enter the greater of line 11 or line 12		13	0	0	0
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),					
	line 6, if any. See instructions	· · · · · ⊢	14			
15	Qualified business income component. Subtract line 14 from line 13	• • • •	15	0	0	0
16	Total qualified business income component. Add all amounts					
	reported on line 15	▶	16			- 000F A /

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

# **Qualified Business Income Deduction**

2024

2021 Attachment Sequence No.55A

OMB No. 1545-2294

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

► Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I	Trade, Business, or Aggregation Information				•	
Comp	lete Schedules A, B, and/or C (Form 8995-A), as applicable,	before star	rtina F	Part I. Attach add	itional worksheets w	hen needed.
	structions.					
1	(a) Trade, business, or aggregation name	(b) Check		(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
-		•		00 0		'
Α	K1s: SUMUKH INC				6802	
	KIS: SUMUKH INC				0802	
В	K1s: SUMUKH 3 INC	П			2802	
	2010111 0 1110					
С	K1s: MBM 03 INC				3622	
Part I		ne			3022	ш
	, , , , , , , , , , , , , , , , , , ,				_	
				Α	В	С
2	Qualified business income from the trade, business, or aggregation.					
	See instructions		2	17,487	5,091	0
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900					
	or less (\$164,925 if married filing separately; \$329,800 if married					
	filing jointly), skip lines 4 through 12 and enter the amount from					
	line 3 on line 13		3	3,497	1,018	0
4	Allocable share of W-2 wages from the trade, business, or					
	aggregation		4	0	0	0
5	Multiply line 4 by 50% (0.50)	L	5			
6	Multiply line 4 by 25% (0.25)		6			
7	Allocable share of the unadjusted basis immediately after					
	acquisition (UBIA) of all qualified property		7	0	0	0
8	Multiply line 7 by 2.5% (0.025)		8			
9	Add lines 6 and 8		9	0	0	0
10	Enter the greater of line 5 or line 9		10	0	0	0
11	W-2 wage and UBIA of qualified property limitation. Enter the					
	smaller of line 3 or line 10		11	0	0	0
12	Phased-in reduction. Enter the amount from line 26, if any	· · · ·	12			
13	Qualified business income deduction before patron reduction.					
	Enter the greater of line 11 or line 12	_	13	0	0	0
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),					
	line 6, if any. See instructions	· · · · ⊢	14			
15	Qualified business income component. Subtract line 14 from line 13.		15	0	0	0
16	Total qualified business income component. Add all amounts		.			
	reported on line 15	▶	16			

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

# **Qualified Business Income Deduction**

come Deduction OMB No. 1545-2294

2021 Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

► Go to www.irs.gov/Form8995A for instructions and the latest information.

Sequen

Sequence No. 55A

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

xxx-xx-xxxx

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

Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I	Trade, Business, or Aggregation Information				•	
Comp	lete Schedules A, B, and/or C (Form 8995-A), as applicable, k	before star	ting F	Part I. Attach add	itional worksheets w	hen needed.
See in	structions.					
1	(a) Trade husiness as accuration name	(b) Check		(c) Check if	(d) Taxpayer	(e) Check if
	(a) Trade, business, or aggregation name	specified se	ervice	aggregation	identification number	patron
		_				_
A	K1s: TWAIN CURVE INC			Ш	3275	
_						
В						
_						
C Part I	I Determine Your Adjusted Qualified Business Incom					
raiti	Determine rour Aujusteu Quaimeu Business incom	-				
				Α	В	С
2	Qualified business income from the trade, business, or aggregation.					
	See instructions		2	14,708		
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900					
	or less (\$164,925 if married filing separately; \$329,800 if married					
	filing jointly), skip lines 4 through 12 and enter the amount from					
	line 3 on line 13		3	2,942		
4	Allocable share of W-2 wages from the trade, business, or					
	aggregation		4	0		
5	Multiply line 4 by 50% (0.50)		5			
6	Multiply line 4 by 25% (0.25)		6			
7	Allocable share of the unadjusted basis immediately after					
	acquisition (UBIA) of all qualified property		7	0		
8	Multiply line 7 by 2.5% (0.025)		8			
9	Add lines 6 and 8		9	0		
10	Enter the greater of line 5 or line 9		10	0		
11	W-2 wage and UBIA of qualified property limitation. Enter the					
	smaller of line 3 or line 10		11	0		
12	Phased-in reduction. Enter the amount from line 26, if any	• • • •	12			
13	Qualified business income deduction before patron reduction.		_			
	Enter the greater of line 11 or line 12	<del>-</del>	13	0		
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A),					
	line 6, if any. See instructions		14			
15	Qualified business income component. Subtract line 14 from line 13.	· · · ·	15	0		
16	Total qualified business income component. Add all amounts					
	reported on line 15	🕨	16			

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

## SCHEDULE C (Form 8995-A)

# **Loss Netting and Carryforward**

OMB No. 1545-2294

2021 Attachment Sequence No. 55D

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to Form 8995-A.

► Go to www.irs.gov/Form8995A for instructions and the latest information.

Your taxpayer identification number

name(s) snown on return			rour taxpayer identifi	
BHAVESH B & MITALBAHEN PATEL			XXX-XX-XXXX	
f you have more than three trades, businesses, or aggregations, co.	mplete and attach as i	many Schedules C a	s needed. See instr	uctions.
1 Trade, business, or aggregation name		(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b) If zero or less, enter -0)
: JASHI INC	6259	65,488	(1,312)	64,176
:1S: 3445 ATLANTA HWY Montgomery AL 3	5622		(1,186)	58,001
Cls: 3445 ATLANTA HWY Montgomery AL 3	5622	59,187	(1,186)	58,001
1S: ALABAMA BEVERAGE INC	4709	69,639	(1,396)	68,243
CIP: MUSKAN 2631 LLC	0498	26,170	(525)	25,645
IS: 2019 FOUR PLUS INC	8136	6,757	(135)	6,622
IS: FRIDAY LIQUOR INC	1486	15,416	(309)	15,107
Cls: MBM 02	5594	26,291	(527)	25,764
IS: SUMUKH 2 INC	5695	15,329	(307)	15,022
IS: SUMUKH INC	6802	17,845	(358)	17,487
IS: SUMUKH 3 INC	2802	5,195	(104)	5,091
IS: MBM 03 INC	3622	(7,646)		(
IS: TWAIN CURVE INC	3275	15,009	(301)	14,708
			-	
		Y		
2 Qualified business net (loss) carryforward from prior years. See the control of the control	ee instructions		2	(
3 Total of the trades, businesses, or aggregations losses. Com	bine the negative amou	unts on lines 1,		
column (a), and 2 for all trades, businesses, or aggregations				( 7,646
4 Total of the trades, businesses, or aggregations income. Add	the positive amounts of	on line 1, column		
(a), for all trades, businesses, or aggregations			4	381,513
E. Lancas and distributions of the control of		th -		
5 Losses netted with income of other trades, businesses, or age		•		
line 5 the smaller of the absolute value of line 3 or line 4. Allo				_
businesses, or aggregations on line 1, column (b)			5	( 7,646
O Constitution and the constitution of the con	U O II			,
6 Qualified business net (loss) carryforward. Subtract line 5 from	m line 3. If zero or mor	e, enter -U	6	( C

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

Schedule C (Form 8995-A) 2021

Form **8960** 

Department of the Treasury

Name(s) shown on your tax return

# Net Investment Income Tax-Individuals, Estates, and Trusts

► Attach to your tax return.

2021 Attachment Sequence No. 72

OMB No. 1545-2227

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

Attachment Sequence No. 72

Your social security number or EIN

BHAVI	ESH B & MITALBAHEN PATEL		XX	x-xx-x	xxx
Part	Investment Income Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see instruction	ons)			
1	Taxable interest (see instructions)			. 1	
2	Ordinary dividends (see instructions)			. 2	248
3	Annuities (see instructions)			. 3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see				
	instructions)	4a	314,68	0	
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b	(288,51	.0)	
С	Combine lines 4a and 4b			. 4c	26,170
5a	Net gain or loss from disposition of property (see instructions)	5a	73,21	.0	
b	Net gain or loss from disposition of property that is not subject to net				
	investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			. 5d	73,210
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	99,628
Part	II Investment Expenses Allocable to Investment Income and Modifi	catio	ns		
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9с			
d	Add lines 9a, 9b, and 9c			. 9d	0
10	Additional modifications (see instructions)			. 10	
11	Total deductions and modifications. Add lines 9d and 10			. 11	0
	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	99,628
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	491,53		
14	Threshold based on filing status (see instructions)	14	250,00		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	241,53		
16	Enter the smaller of line 12 or line 15			. 16	99,628
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and				
	on your tax return (see instructions)			. 17	3,786
	Estates and Trusts:				
18 a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under	401			
	section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see	46			
40.5	instructions). If zero or less, enter -0-	18c			
19 a	<b>, 9</b>	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		_	
C	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			. 20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter he			1	
	include on your tax return (see instructions)	• • •		. 21	

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

Form **8960** (2021)

EEA

Form **8962** 

**Premium Tax Credit (PTC)** 

OMB No. 1545-0074

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

2021 Attachment

Sequence No. 73 ► Go to www.irs.gov/Form8962 for instructions and the latest information. Name shown on your return Your social security number BHAVESH B PATEL A If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021 B You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box Part I Annual and Monthly Contribution Amount Tax family size. Enter your tax family size. See instructions 2a Enter the total of your dependents' modified AGI. See instructions 2b Household income. Add the amounts on lines 2a and 2b. See instructions . . . . . 491,538 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a  $\square$  Alaska b  $\square$  Hawaii c  $\square$  Other 48 states and DC 21,720 401 % Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . . 0.0850 **b** Monthly contribution amount. Divide line 8a 8a Annual contribution amount. Multiply line 3 by 8a by 12. Round to nearest whole dollar amount 41,781 line 7. Round to nearest whole dollar amount 3,482 Part II | Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions. Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. X No. Continue to line 10. See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12-23. Compute and continue to line 24. your monthly PTC and continue to line 24. (b) Annual applicable (d) Annual maximum (a) Annual enrollment (c) Annual (e) Annual premium tax (f) Annual advance Annual SLCSP premium premium assistance ayment of PTC (Form(s) premiums (Form(s) Calculation (Form(s) 1095-A, (subtract (c) from (b); if 1095-A, line 33A) (line 8a) (smaller of (a) or (d)) 1095-A, line 33C) line 33B) zero or less, enter -0-) 11 Annual Totals (c) Monthly (a) Monthly enrollment (b) Monthly applicable (d) Monthly maximum (f) Monthly advance (e) Monthly premium tax contribution amount premiums (Form(s) SLCSP premium ent of PTC (Form(s) Monthly (amount from line 8b (Form(s) 1095-A, lines 1095-A. lines 21-32. (subtract (c) from (b): if 1095-A. lines 21-32 Calculation (smaller of (a) or (d)) or alternative marriage zero or less, enter -0-) column C) column A) 21-32, column B) monthly calculation) 12 January 1,276 0 3,482 1,276 13 February 3,482 0 14 March 1,276 0 3,482 0 April 1,276 0 3,482 16 May 1,276 0 3,482 0 0 17 June 1,276 0 3,482 0 0 18 0 0 July 1,276 3,482 19 1,276 0 0 August 3,482 20 September 1,276 0 3,482 0 21 October 1,276 0 3,482 0 0 22 November 1,276 0 3,482 0 23 December 1,276 0 3,482 0 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here... 24 24 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here . . Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, 26 Part III Repayment of Excess Advance Payment of the Premium Tax Credit Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 28 

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

Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2

Form 8962 (2021)

29

# **Form PMT**

# **ACH Payment**

2021

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return		Taxpayer's SSN
BHAVESH B & MITALBAHEN PATEL		xxx-xx-xxxx
		Spouse's SSN
		xxx-xx-xxxx
Routing Transit Number		
0025		
Bank Account Number		
0776		
Type of Account:		
1 Checking		
Amount of Tax Payment		
60,072		
Requested Payment Date		
04-18-2022		
Taxpayer's Daytime Phone Number		
Type of Form being filed		
1040		
		)
Taxpayer's Signature		Date
Spouse's Signature		Date
	***	

IRS e-file Signature Authorization OMB No. 1545-0074 ► ERO must obtain and retain completed Form 8879. 2021 Department of the Treasury ► Go to www.irs.gov/Form8879 for the latest information. Internal Revenue Service Submission Identification Number (SID) BHAVESH B PATEL XXX-XX-XXXX Spouse's name Spouse's social security numbe MITALBAHEN PATEL xxx-xx-xxxx Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 491,538 103,853 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 ....... 3 44,468 4 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax retum (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only Amount owed will be debited from: RTN:021200025 DAN:1010180010776 x | lauthorize ALPESH PATEL CPA to enter or generate my PIN 35757 ERO firm name Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III Your signature ▶ Date ▶ Spouse's PIN: check one box only to enter or generate my PIN 68799 X | authorize ALPESH PATEL CPA as my ERO firm name Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ► **Practitioner PIN Method Returns Only - continue below Certification and Authentication - Practitioner PIN Method Only** ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-24922 I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

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

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

ERO's signature ▶ ALPESH PATEL

Form 8879 (Rev. 01-2021)

# Worksheet for Schedule 8812, Line 5 Schedule 8812 (Keep for your records) 2021 Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Enter the amount shown below for your filing status • Married filing jointly - \$12,500 • Qualifying widow(er) - \$2,500 • Head of household - \$4,375 • All other filing statuses - \$6,250 . . . . . . . . . . . 7. Enter the smaller of line 5 or line 6 . . . . . . . . . 1,000 Enter the amount shown below for your filing status Married filing jointly or Qualifying widow(er) - \$150,000 • Head of household - \$112,500 • All other filing statuses - \$75,000 9. Subtract line 8 from Schedule 8812, line 3 • If zero or less, enter -0-• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000 10. Enter the smaller of line 7 or line 10 .

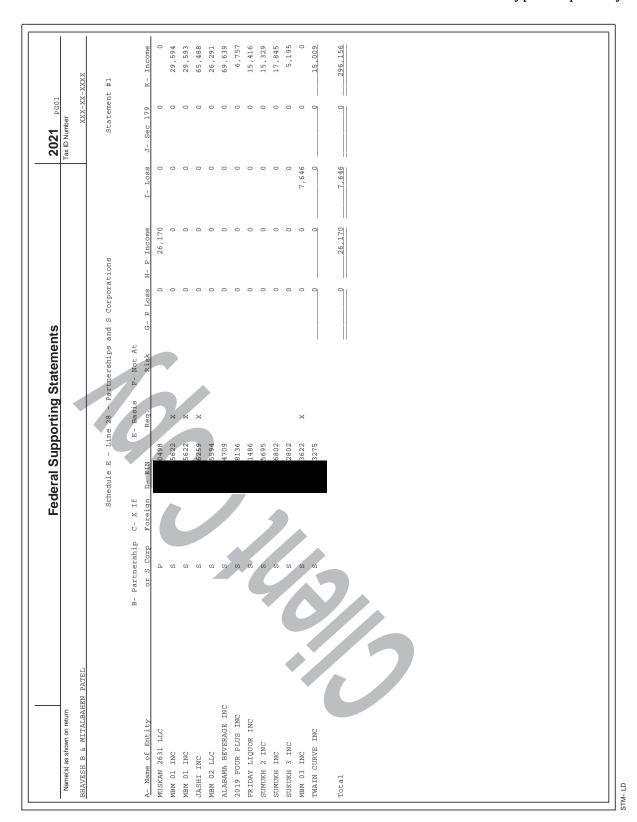


Exhibit 2 - Residency of Owners - 455

	Federal Supporting Statements	
	(This page is not filed with the return. It is for your records only.)	2021
Name(s) as shown on return		Your Social Security Number
BHAVESH B & MITALBAHEN	PATEL	XXX-XX-XXXX
Form 8960 Line	4b Item Detail	
K-1: MBM 01 INC		(29,594)
K-1: MBM 01 INC		(29,593)
K-1: JASHI INC		(65,488)
K-1: MBM 02 LLC		(26,291)
K-1: ALABAMA BEVERAG	E INC	(69,639)
K-1: 2019 FOUR PLUS	INC	(6,757)
K-1: FRIDAY LIQUOR I	NC	(15,416)
K-1: SUMUKH 2 INC		(15,329)
K-1: SUMUKH INC		(17,845)
K-1: SUKUKH 3 INC		(5,195)
K-1: MBM 03 INC	<u> </u>	7,646
K-1: TWAIN CURVE INC		(15,009)
Total		(288,510)

	Si	ummary of Estir	nates		2022
Name(s) as shown on return	3	anniary or Latin	iiutos	Your SSN/EIN	<b></b>
BHAVESH B & MITAL	BAHEN PATEL		xxx-xx-xxxx		
Federal					
Form: 1040-ES					
		Payment Schedule			
Due Date Total Installment Amount	04-18-2022		09-15-2022	01-17-2023	Total
Overpayment Applied	17,450	17,450	17,450	17,450	69,800 0
Net Installment Due	17,450	17,450	17,450	17,450	69,800
		Taxpayer Records			,
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

### **Estimated Tax Worksheet for Next Year** (Keep for your records) 2021 Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885 b. Required annual payment based on prior year's tax (see instructions) 110%.... 24b. 114,238 c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b . . . . . . . . . . . . . . . . . . 24c. 114,238

Estimates will be computed on \$69,770. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

44,468

69**,**770

(This page is not filed with the return. It is for your records only.)  Name(s) as shown on return	
Name(s) as shown on return	2021 PG01
	Your Social Security Number
BHAVESH B & MITALBAHEN PATEL	XXX-XX-XXXX
Description	Amount
W2 - MUSKAN 2631 INC	14,976
W2 - PLEASURE LLC	6,505
W2 - JASHI INC	4,787
W2 - ALABAMA BEVERAGE INC	7,743
W2 - FRIDAY LIQUOR INC	4,332
W2 - 2019 FOUR PLUS INC	810
W2 - SUKUKH 3 INC	5,315_
W-2 Subtotal	44,468
Total Withholdings	44,468

		, v	/-2 Detail Li	sting				
		(This page is not filed	d with the retum. It	is for your records	only.)		2021	
	e(s) as shown on return	אדתיאו האווהאו האתהו					Tax ID Numb	
	HAVESH B &	MITALBAHEN PATEL		FEDERAL		STAT		X-XXXX
T/S		Employer Name	Gross		State Code	Gross		W/H
s		NC	32,400				2,400	2,145
Т	PLEASURE LLC		9,000				,000	1,385
S	JASHI INC ALABAMA BEVER	AGE THG	14,000 9,600				1,000 9,600	1,197
T T	FRIDAY LIQUOR		16,400				,400 5,400	1,114 1,563
Т	2019 FOUR PLU		12,000				2,000	395
T	SUKUKH 3 INC		10,000				,000	1,098
	Taxpayer Tota	ls	57,000	24,705		57	7,000	5,555
	Spouse Totals		46,400				,400	3,342
	Totals		103,400	44,468		103	3,400	8,897
W2_L	IST.LD							

### **Computation of Regular Tax**

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

xxx-xx-xxxx

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is of the

	but not			% on	amount
over	over	pay	plus	excess	over
0	19,900	0.00		10%	0
19,900	81,050	1,990.00		12%	19,900
81,050	172,750	9,328.00		22%	81,050
172,750	329,850	29,502.00		24%	172,750
329,850	418,850	67,206.00		32%	329,850
418,850	628,300	95,686.00		35%	418,850
628,300		168,993.50		37%	628,300

 $$95,686.00 + (($431,508.00 - $418,850.00) \times 35.0\%) = $100,116$ 

Tax from Tax Rate Schedule \$ 100,116
Tax from Qualified Dividends/Capital Gain Worksheet \$ 100,067

\$ 100,067 Tax computed using the most advantageous method allowed

TAX\_COMP.LD

# **Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)**

(Keep for your records)

Name(s) as shown on return

Tax ID Number

AVESH B & MITALBAHEN PATEL	XXX-XX-XXXX
<ul> <li>See the earlier instructions for line 16 to see if you can use this worksheet to figure your t</li> <li>Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.</li> <li>If you don't have to file Schedule D and you received capital gain distributions, be sure y on Form 1040 or 1040-SR, line 7.</li> </ul>	
Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filling Form 2555 (relating to foreign earned income), enter the amount from	
line 3 of the Foreign Earned Income Tax Worksheet	1. 431,5
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	
3. Are you filing Schedule D?*	
X Yes. Enter the smaller of line 15 or 16 of Schedule D.	
	3.
No. Enter the amount from Form 1040 or 1040-SR, line 7.	
4. Add lines 2 and 3	4.
5. Subtract line 4 from line 1. If zero or less, enter -0-	
6. Enter:	
\$40,400 if single or married filing separately,	
\$80,800 if married filing jointly or qualifying widow(er),	6. 80,8
\$54,100 if head of household.	
7. Enter the smaller of line 1 or line 6	7. 80,8
8. Enter the smaller of line 5 or line 7	
9. Subtract line 8 from line 7. This amount is taxed at 0%	
0. Enter the smaller of line 1 or line 4	
1. Enter the amount from line 9	
2. Subtract line 11 from line 10	
3. Enter:	
\$445,850 if single,	
\$250,800 if married filing separately,	
\$501,600 if married filing jointly or qualifying widow(er),	13. 501,6
\$473,750 if head of household.	
4. Enter the smaller of line 1 or line 13	14. 431,5
5. Add lines 5 and 9	
6. Subtract line 15 from line 14. If zero or less, enter -0-	
7. Enter the smaller of line 12 or line 16	
8. Multiply line 17 by 15% (0.15)	
9. Add lines 9 and 17	
<b>0.</b> Subtract line 19 from line 10	
1. Multiply line 20 by 20% (0.20)	
2. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table	. ,
	22. 100,0
3. Add lines 18, 21, and 22	
4. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table	
	24. 100,1
5. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry	
space on Form 1040 or 1040-SR, line 16. If you are filling Form 2555, don't enter this amount on the	
entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income	
Tax Worksheet	25. 100,0

Form 1040 or	Investment Income for the Earned Income Credit	2021
1040-SR Name(s) as shown on return	(Keep for your records)	Tax ID Number
BHAVESH B & MITAL	RAHEN PATET.	xxx-xx-xxxx
BHAVESH B & MITAL	DANEM FAIEL	AAA-AA-AAAA
Interest and Dividends		
1. Enter any amount f	rom Form 1040 or 1040-SR, line 2b	1
2. Enter any amount f	rom Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b	2.
<ol><li>Enter any amount f</li></ol>	rom Form 1040 or 1040-SR, line 3b	3. 248
	om Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to	
	nterest and dividend income on your retum. (If your child received an Alaska Permanent	
Fund dividend, use	Worksheet 2, on the next page, to figure the amount to enter on this line.)	4
Capital Gain Net Income		
5. Enter the amount fr	om Form 1040 or 1040-SR, line 7. If the amount on that line	
is a loss, enter -0-	5 73,210	
<ol><li>Enter any gain fron</li></ol>	Form 4797, Sales of Business Property, line 7. If the	
	is a loss, enter -0 (But, if you completed lines 8 and	
	ter the amount from line 9 instead.)	
	his worksheet from line 5 of this worksheet. (If the result is less than zero,	
enter -0)		7. 73,210
Povelties and Pontal Inc	come From Personal Property	
•	ncome from Personal Property	
	hown on Schedule 1 (Form 1040), line 8k. Subtract	
	Schedule E, line 20 related to royalty income, and any expenses	
	ersonal property deducted on Schedule 1, line 24z. (If the result is	
	er -0-)	8.
Passive Activities		
9. Enter the total of ar	ny net income from passive activities (such as income	
included on Schedu	ule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the	
	from passive activities (included on Schedule E, lines	
	4b (col. (c)), or 40). (See instructions below for line 9.)	
	er -0)	
	C screen	
	on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. <b>This is your Investment Income</b>	1. 99,628
X Yes. You can't		
	2 of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit	
	ing this publication to find out if you can take the credit; in that case, go to <i>Rule</i> 7, next).	
(*, ,		
Instructions for line 9.	n figuring the amount to enter on line 9, don't take into account any royalty income (or loss)	
included on line 26 of Sch	nedule E or any amount included in your earned income. To find out if the income on line 26 or line 40	) of
	sive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included	
Schedule E, line 26, isn't	from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to	line 26.

# Worksheet for Form 2210, Part III, Section B - Figure the Penalty

 Name(s) as shown on return
 Xeep for your records)
 Z021

BHAVESH B & MITALBAHEN PATEL

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a,

			Payment Due Dates				
			<b>(a)</b> 04/15/21	<b>(b)</b> 06/15/21	(c) 09/15/21		<b>(d)</b> 01/15/22
а	Enter your underpayment from Part III, Section A, line 17	1a	8,633	17,26	5 19,75	50	19,75
b	Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions).  Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2021 8,633	01-15-2022 6,14: 09-15-2021 11,11	01-15-2022	82	04-15-2022 19,75
₹a	te Period 1: April 16, 2021 - June 30, 2021						
3	Computation starting dates for this period	3	04/15/21 Days:	06/15/21 Days:	5		
4	Underpayment on line 1a x Number of days on line 3 x 0.03	4	\$ 43	\$ 2:			
Ra	te Period 2: July 1, 2021 - September 30, 2021						
5	Computation starting dates for this period	5	06/30/21	06/30/21	09/15/21		
			Days:	Days:	Days:		
6	Number of days <b>from</b> the date on line 5 to the date the amount on line 1a was paid <b>or</b> 9/30/21, whichever is earlier	6		1: 7:	-	15	
7	Underpayment on line 1a x Number of days on line 6 x 0.03	7	\$	\$ 109	8 9 \$	24	
Ra	te Period 3: October 1, 2021 - December 31, 2021			Ψ 10.	,		
3	Computation starting dates for this period	8	09/30/21	09/30/21	09/30/21	$\neg$	
			Days:	Days:	Days:		
9	Number of days <b>from</b> the date on line 8 to the date the amount on line 1a was paid <b>or</b> 12/31/21, whichever is earlier	9		9:	2 9	92	
10	Underpayment on line 1a x Number of days on line 9 x 0.03						
_		10	\$	\$ 4	6 \$ 14	49	
	te Period 4: January 1, 2022 - April 15, 2022						
11	Computation starting dates for this period	11	12/31/21 Days:	12/31/21 Days:	12/31/21 Days:	$\dashv$	01/15/22 Days:
12	Number of days <b>from</b> the date on line 11 to the date the amount	40	Days.		9	90	
	on line 1a was paid <b>or</b> 4/15/22, whichever is earlier	12		1		15	9
13	Underpayment on line 1a x Number of days on line 12 x 0.03				10	09	
	365 X 0.03	13	\$	\$			\$ 14
_		10	1 *	ΙΨ '	-   Y		<u>+</u>

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

(This page is not filed with the return. It is for your records only.)

2021

 Name(s) as shown on return
 Tax ID Number

 BHAVESH B & MITALBAHEN PATEL
 XXX-XXXXX

Interest income before Series EE bond exclusion  Dividend income	248 3,210 8,510
Wages 103,400 10 Interest income before Series EE bond exclusion Dividend income 248 Taxable state and local refunds Alimony received Nonpassive business income or (loss) Schedule D and Form 4797. 73,210 7 Taxable IRA distributions Taxable pensions and annuities Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses) Nonpassive S corporation income or (loss) Real Estate Mortgage Investment Conduits (REMICS)	248
Interest income before Series EE bond exclusion  Dividend income	248
Dividend income . 248  Taxable state and local refunds	3,210
Taxable state and local refunds  Alimony received  Nonpassive business income or (loss)  Schedule D and Form 4797. 73,210  Taxable IRA distributions  Taxable pensions and annuities  Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)  Nonpassive S corporation income or (loss)  Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	3,210
Alimony received  Nonpassive business income or (loss)  Schedule D and Form 4797. 73,210 7  Taxable IRA distributions  Taxable pensions and annuities  Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)  Nonpassive S corporation income or (loss) 288,510 28  Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	
Nonpassive business income or (loss)  Schedule D and Form 4797	
Schedule D and Form 4797	
Taxable IRA distributions  Taxable pensions and annuities  Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)  Nonpassive S corporation income or (loss)  Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	
Taxable pensions and annuities  Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)  Nonpassive S corporation income or (loss)  Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	8,510
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)  Nonpassive S corporation income or (loss)  Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	8,510
Nonpassive S corporation income or (loss)	8,510
Nonpassive estate and trust income or (loss)  Real Estate Mortgage Investment Conduits (REMICS)	8.510
Real Estate Mortgage Investment Conduits (REMICS)	-,
Royalty Income	
Net rental real estate gains for a real estate professional or non-passive rental	
Overall loss from the entire disposition of a passive activity	
Nonpassive farm income or (loss)	
Unemployment compensation	
Other income	
Total income	5,368
Educator expenses	
Certain business expenses of reservists, performing artists, and	
for board government officials	
fee-based government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawal of savings	
Alimony paid	
Other adjustments	
Total of National	
Total adjustments	
ubtract total adjustments from total income	5,368
MOL a first continue in a discourse FO	
AGI adjustment from input screen E2	
Applified adjusted green income	
Modified adjusted gross income	5,368

### Modified AGI Worksheets for Form 8962 (Keep for your records) 2021 Name(s) as shown on return Tax ID Number BHAVESH B & MITALBAHEN PATEL XXX-XX-XXXX Worksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a 1. Enter your adjusted gross income (AGI) from Form 1040, 2. Enter any tax-exempt interest from Form 1040, 1040-SR, 3. Enter any amounts from Form 2555, lines 45 and 4. Form 1040 or 1040-SR filers: If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result .... 4. 5. Add lines 1 through 4. Enter here and on Form 8962, Worksheet 1-2. Dependents' Combined Modified AGI - Line 2b 1. Enter the AGI for your dependents from Form 1040, 1040-SR, 2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a . . . 3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 . . . . . . . . . . . . . . . . . . 4. For each dependent filing Form 1040 or 1040-SR: If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result ...... 5. Add lines 1 through 4. Enter here and on Form 8962, Worksheet 2. Household Income as a Percentage of the Federal Poverty Line 2. Enter the amount from line 4 of Form 8962 . . . . 2. 21,720 3. Divide the amount on line 1 above by the amount on line 2 above. Do not round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399. Is the result 400 or more? Yes. Enter 401 here and on line 5 of Form 8962. No. Enter the result here and on line 5 of Form 8962 . . . . . . . 3. 2,263

Selection   Sele				Partner	's Adjusted' Keep for	Basis your recor		rksheet, pa	ige 1		2021	
A Partner's share of partnershy liabilities (5th K-1, Item K)  8. Partner's share of partnershy liabilities town PRIOR year  C. Increase (Decrease) in share of Partnershy liabilities during this tax period  C. Adjusted Basis from preceding year  C. Adjusted Basis from preceding year  C. Gain of any long-year of property  C. Gain or fam year or contribution of property to partnership  C. San Card year or google of the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed of Close fire 2x-year  Bernal of Loncor God fact first priedd  C. Once Retrial Increase  C. Once Retrial Increas	Nam	ne of Partner:	BHAVESH	B PATEL						SSN: XXX	x-xx-xxx	ΧX
A Partner's share of partnershy liabilities (5th K-1, Item K)  8. Partner's share of partnershy liabilities town PRIOR year  C. Increase (Decrease) in share of Partnershy liabilities during this tax period  C. Adjusted Basis from preceding year  C. Adjusted Basis from preceding year  C. Gain of any long-year of property  C. Gain or fam year or contribution of property to partnership  C. San Card year or google of the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed during the year  C. Adjusted Basis of property contributed of Close fire 2x-year  Bernal of Loncor God fact first priedd  C. Once Retrial Increase  C. Once Retrial Increas	Nam	ne of Partnership:	MUSKAN 2	2631 LLC						EIN XXX	XXXXXX	
Personance States of parametric liabilities from PRIOR year												
C.   Adjusced Basis from proceeding year to prevently in particularly in a size particular of Adjusced Basis of property combinated by year or contribution of property to particularly in par	A.	Partner's share	of partnership liabil	lities (Sch K-1, Item K)			A.					
C.   Adjusced Basis from proceeding year to prevently in particularly in a size particular of Adjusced Basis of property combinated by year or contribution of property to particularly in par	В.	Partner's share	of partnership liabil	lities from PRIOR year			в. (	)				
1. 60,476 Captal contribution of property  a. Gain (if any) recognized this year on contribution of property to pantiesthip b. Caph contribution during the year  b. Captal contribution of contribution (rotal fire year)  c. Aquised bases of property contributed of uniting the year  c. Aquised bases of property contributed of uniting the year  d. Partnership interiest acquired other than by cach to property  Total additional contribution (rotal time Saz-2d)  2. Section 1201 contribution (rotal time Saz-2d)  3. Manner of Income or Gain for this period  a. Ordinary Microre  b. Real Estate Rental Income  (Sch K-1, Line 1)  b. Real Estate Rental Income  (Sch K-1, Line 1)  c. Copies Capiel Cain  (Sch K-1, Line 1)  c. Copies Cain  (Sch K-1, Line 1)  c. Copies Cain  (Sch K-1, Line 1)  d. Contribution (rotal fire and time should be compared to the	C.	Increases (Decre	ease) in share of P	artnership Liabilities during	this tax period							
Gain (if any) recognized this year on contribution of property to partnership   Cash contributed during the year   C.   Adjusted based dyrepty recinitable during the year   C.   Adjusted based during the year   C.   Adjusted based during the year   C.   Adjusted based during the year   C.   Adjusted based during the year   C.   Adjusted based during the year   C.   Adjusted based contributions (Total this 2) by terms of Income or Gain for this period   A.   Ordinary Income   C.   Other Rental Income   C.   Cash K. I. I. I. I. I. I. I. I. I. I. I. I. I.	1.	Adjusted Basis f	rom preceding yea	ır						1	1	60,476
D. Cash contributed during the year  Adjusted basis of property contribuded during the year  Adjusted basis of property contributed during the year  Total additional contributions (Total Ines 2a 2d)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 2)  D. Comber Rental Income  (Sch K-1, Line 3c)  C. Comber Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Read Estate Rental Income  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Gain  D. Section 1231 Gain  (Sch K-1, Line 1)  D. Section 1231 Loss  (Page 2, Col d, Line 100)  D. Section 1231 Loss  (Page 2, Col d, Line 100)  D. Section 1231 Loss  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Pertilo Income Expension  (Page 2, Col d, Line 100)  D. Colles Fore Collegations  (Page 2, Col d, Line 100)  D. Collegations  D. C	2.	Capital contribut	ions of property									
Comparison of Content that by cash of property contributions (Total innes 2a-2d)   Content that by cash of property   C	a.	Gain (if any) r	ecognized this yea	ar on contribution of proper	ty to partnership	2	a					
Comparison of Content that by cash of property contributions (Total innes 2a-2d)   Content that by cash of property   C	b.	Cash contribu	ited during the yea	r			b					
Total daddinosi contributions (Total lines 2a-2d)  1. Items of Income or Gian for this period  2. Orders price or Gian for this period  2. Orders price or Gian for this period  2. Orders price or Gian for this period  3. A 26,170  4. Interest, Dividends & Royaline  (Sch K-1, Line 3)  (Sch K-1, Line 3)  (Sch K-1, Line 5), 6a & 7)  (Sch K-1, Line 10)  (Sch K-1, Line	c.	Adjusted basi	s of property contri	ibuted during the year								
3. Items of Income or Gain for this period  a. Ordinary Income  (Sch K-1, Line 3c)  b. Real Estate Rental Income  (Sch K-1, Line 3c)  d. Interest, Dividends & Royalinies  (Sch K-1, Line 5, 6a & 7)  d. Interest, Dividends & Royalinies  (Sch K-1, Line 5, 6a & 7)  d. Interest, Dividends & Royalinies  (Sch K-1, Line 10)  f. Other Portfolio Income  (Sch K-1, Line 10)  f. Other Income  (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Dividends (Sch K-1, Line 10)  f. Excess Dipotent Adjustment  k. Increase from Reciption of Quisiness Credits  i. Gain from 179 disposition  (Sce IRC) § 46(p), 50(p), 50(p), 50(p) 2 k 1371 (di))  Total lams of Income or Gains (Total lines 3a-3)  A lincrease from Reciption of Quisiness Credits  f. Total increases in basis (combine lines 1 through 4)  f. Creat Distributions to the Partner during the year  f. Discrease Incomparies Share of Partnership Liabilities from line C above  7. Discrease in Partner Share of Partnership Liabilities from line C above  8. Decrease for Non-Deductable Expenses-Credit Adjustments  9. 36,646  Other Portfolio Loss  (Page 2, Col d, Line 100)  6. Capal Loss  (Page 2, Col d, Line 100)  6. Capal Loss  (Page 2, Col d, Line 100)  7. Capal Loss  (Page 2, Col d, Line 100)  7. Capal Loss  (Page 2, Col d, Line 100)  8. Capal Loss  (Page 2, Col d, Line 100)  8. Capal Loss  (Page 2, Col d, Line 100)  8. Capal Loss  (Page 2, Col d, Line 100)  8. Capal Loss  (Page 2, Col d, Line 100)  8. Capal Loss  (Page 2, Col d, Line 100)  9. Dividends (Commert Lepton)  8. Capal Loss  (Page 2, Col d, Line 100)  9. Dividends (Control Loss)  10 Dividends (Control Loss)  10 Dividends (Control Loss)  11 Dividends (Control Loss)  12 Dividends (Control Loss)  13 Dividends (Control Loss)  14 Dividends (Control Loss)  15 Dividends (Control Loss)  16 Dividends (Control Loss)  17 Dividends (Control Loss)  18 Dividends (Control	d.	Partnership in	nterest acquired oth	ner than by cash or propert	у		d					
a. Ordinary Income (Sch K-1, Line 1) 3 a. 26,170 b. Real Estate Rental Income (Sch K-1, Line 2) b		Total additional	contributions (Total	l lines 2a-2d)					2			
b. Real Estate Rental Income (Sch K-1, Line 2) b	3.	Items of Income	or Gain for this pe	riod								
c. Other Rental Income (Sch K-1, Lines 3c) c  d. Interest, Dividends & Royalities (Sch K-1, Lines 5, 6a & 7) d. d  linterest, Dividends & Royalities (Sch K-1, Lines 5, 6a & 7) d. d  e. Capital Gain (Sch K-1, Lines 14a) f  g. Section 1231 Gain (Sch K-1, Line 11a) f  g. Section 1231 Gain (Sch K-1, Line 11b) h  l. Tax Exempt Income (Sch K-1, Line 11b) h  l. Tax Exempt Income (Sch K-1, Line 11b) h  l. Tax Exempt Income (Sch K-1, Line 11b) h  l. Tax Exempt Income (Sch K-1, Line 11b) h  l. Gain from 170 disposition (See Interest Sch 44a), 510(3, 50(c)c) & 1371 (d)) Total Items of Income or Cainor (Total Inies 3a-3i) .  4. Increase in Partnershy Share of Partnershy Labilities from line C above .  5. 86,646  Cash Distributions to the Partner during the year .  7. Decrease in Partnersh Share of Partnershy Labilities from line Q above .  8  9. Subtotal - basis after all distributions and either decreases (Line 5 minus lines 6-4) .  10. Items of Losses and Deductions (Allowed fighthe current year) .  9. Subtotal - basis after all distributions and either decreases (Line 5 minus lines 6-4) .  10. Items of Losses and Deductions (Allowed fighthe current year) .  11. Capital Loss (Page 2, Cold, Line 10c) .  12. Capital Loss (Page 2, Cold, Line 10c) .  13. Section 1731 Loss (Page 2, Cold, Line 10c) .  14. Capital Loss (Page 2, Cold, Line 10c) .  15. Section 1731 Loss (Page 2, Cold, Line 10d) .  16. Section 1731 Loss (Page 2, Cold, Line 10d) .  17. Section 1731 Loss (Page 2, Cold, Line 10d) .  18. Section 1731 Loss (Page 2, Cold, Line 10d) .  19. Portiolio Income Expenses (Page 2, Cold, Line 10d) .  10. Charlette Expense on Investment Debt (Page 2, Cold, Line 10d) .  10. Charlette Expense on Investment Debt (Page 2, Cold, Line 10d) .  11. Interest Expense on Investment Debt (Page 2, Cold, Line 10d) .  12. Linterest Expense on Investment Debt (Page 2, Cold, Line 10d) .  13. Linterest Expense on Investment Debt (Page 2, Cold, Line 10d) .  14. Linterest Expense on Investment Debt (Page 2, Cold, Lin	a.	Ordinary Inco	me	(Sc	ch K-1, Line 1)	3	a	26,170				
d. Interset, Dividends & Royalities (Sch K-1, Lines 5, 6a & 7)	b.	Real Estate R	Rental Income	(Sc	ch K-1, Line 2)		b					
d. Interset, Dividends & Royalities (Sch K-1, Lines 5, 6a & 7)	c.	Other Rental	Income	(Sc	ch K-1, Line 3c)		c		4			
Colher Portfolio Income	d.	Interest, Divid	lends & Royalties	(Sc	ch K-1, Lines 5, 6a & 7)							
g. Section 1231 Gain (Sch K-1, Line 10) g. h. Other Income (Sch K-1, Line 11) h. l. l. Tax Exempt Income (Sch K-1, Line 11) h. l. l. Excess Depletion Adjustment k. Increase from Recapture of Business Credits l. Gain from 179 disposition (See IRC § 46(a), 50(a), 50(c)(2) & 1371 (d)) Total Items of Income or Gains (Total Ilines 3a-3) 4. Increase in Partnersh Share of Partnership Liabilities from line C above 5. Total Increases in hassis (combine lines 1 through 4) 6. Cash Distributions to the Parner during the year 7. Decrease in Partnersh Share of Partnership Liabilities from line C above 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 10. Items of Losses and Deductions (Allowed fighthe current year) 2. Ordinary Loss 2. Ordinary Loss 3. Page 2, Col d, Line 10o) 3. Page 2, Col d, Line 10o) 4. Capital Loss 4. Page 2, Col d, Line 10o) 5. Section 1231 Loss 6. Page 2, Col d, Line 10o) 6. Section 1231 Loss 6. Page 2, Col d, Line 10o) 7. Section 1231 Loss 6. Page 2, Col d, Line 10o) 7. Section 1231 Loss 6. Page 2, Col d, Line 10o) 8. Collections 7. Partnership Combinations 7. Page 2, Col d, Line 10o) 8. Collections 8. Page 2, Col d, Line 10o) 9. Other Loss 9. Page 2, Col d, Line 10o) 10. Loss from 1231 Loss 10 Page 2, Col d, Line 10o) 11. Linterest Expense on Investment Debt 12. Partnership Combinations 12. Partnership Combinations 12. Partnership Combinations 12. Partnership Combinations 12. Partnership Combinations 13. 26,170  3. 26,170  3. 26,170  3. 26,170  4. Line 10o 3. 26,170  4. Line 10o 3. 26,170  4. Line 10o 3. 26,170  4. Line 10o 3. 26,170  4. Line 10o 3. 26,170  4. Line 10o 3. 26,170  5. 86,446  6	e.	Capital Gain		(Sc	ch K-1, Lines 8 & 9a)		e					
Decrease in Partnership Share of Partnership Liabilities from line C above   1	f.	Other Portfoli	o Income	(Sc	ch K-1, Line 11a)		f					
Tax Exempt Income   (Sch K-1, Lines 18a & b)	g.	Section 1231	Gain	(Sc	ch K-1, Line 10)		g	<del>-</del>				
Lexcess Depletion Adjustment	h.	Other Income		(Sc	ch K-1, Line 11i)		h					
k. Increase from Recapture of Business Credits i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d)) Total items of Losses and Deductions (Page 2, Col d, Line 10h) i. Section 1231 Loss (Page 2, Col d, Line 10d) g. Other Loss (Page 2, Col d, Line 10d) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) i. Section 179 Expense (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) i. Section 179 Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) i. Section 179 Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Section 1731 Expense (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Section 1731 Expense (Page 2, Col d, Line 10h) j. Linterest Expense on Investment Debt (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio Income Expenses (Page 2, Col d, Line 10h) j. Color Fortfolio	i.	Tax Exempt I	ncome	(Sc	ch K-1, Lines 18a & b)		i.					
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(a), 50(c)(2) & 1371 (d))  Total items of Income or Gains (Total lines 3a-3i) 4. Increase in Partnership Share of Partnership Liabilities from line C above 5. Total increases in basis (combine lines 1 through 4) 6. Cash Distributions to the Partner during the year 7. Decrease in Partnership Share of Partnership Liabilities from line C above 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 10. Items of Losses and Deductions (Allowed for the current year) a. Ordinary Loss (Page 2, Cod d, Line 10b) b. Real Estate Rental Loss (Page 2, Cod d, Line 10b) c. Other Rental Loss (Page 2, Cod d, Line 10b) d. Capital Loss (Page 2, Cod d, Line 10b) f. Section 1231 Loss (Page 2, Cod d, Line 10b) h. Charitable Contributions (Page 2, Cod d, Line 10b) h. Charitable Contributions (Page 2, Cod d, Line 10b) i. Section 179 Expense (Page 2, Cod d, Line 10b) i. Section 179 Expense (Page 2, Cod d, Line 10b) i. Section 179 Expense (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment Debt (Page 2, Cod d, Line 10b) i. Interest Expense on Investment De	j.	Excess Deple	etion Adjustment				j.					
(See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))   Total items of Income or Gains (Total lines 3a-3l)   3. 26,170     4. Increase in Partnership Share of Partnership Liabilities from line C above   5. Total increases in basis (combine lines 1 through 4)   5. 86,646     6. Cash Distributions to the Partner during the year   6.	k.	Increase from	Recapture of Busi	iness Credits			k.					
Total items of Income or Gains (Total lines 3a-3i)   3.	i.	Gain from 179	9 disposition				i.					
4. Increase in Partnership Share of Partnership Liabilities from line C above 5. Total increases in basis (combine lines 1 through 4) 6. Cash Distributions to the Partner during the year 7. Decrease in Partner's Share of Partnership Liabilities from line C above 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 9. Items of Losses and Deductions (Allowed for the current year) a. Ordinary Loss (Page 2, Col d, Line 108) b. Real Estate Rental Loss (Page 2, Col d, Line 109) c. Other Rental Loss (Page 2, Col d, Line 100) d. Capital Loss (Page 2, Col d, Line 100) e. Other Portfolio Loss (Page 2, Col d, Line 100) f. Section 1231 Loss (Page 2, Col d, Line 100) h. Charitable Contributions (Page 2, Col d, Line 100) h. Charitable Contributions (Page 2, Col d, Line 100) j. Portfolio Income Expenses (Page 2, Col d, Line 100) j. Portfolio Income Expenses (Page 2, Col d, Line 100) j. Section 179 Expense (Page 2, Col d, Line 100) j. Interest Expense on Investment Debt (Page 2, Col d, Line 100) l. Interest Expense on Investment Debt (Page 2, Col d, Line 100) l. Interest Expense on Investment Debt (Page 2, Col d, Line 100) l. Interest Expense on Investment Debt (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition (Page 2, Col d, Line 100) l. Loss from 179 disposition		(See IRC §	49(a), 50(a), 50(c	(2) & 1371 (d))								
5. Total increases in basis (combine lines 1 through 4) 6. Cash Distributions to the Partner during the year 7. Decrease in Partner's Share of Partnership Liabilities from line Cabove 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 0. Items of Losses and Deductions (Allowed for the current year) a. Ordinary Loss (Page 2, Col d, Line 10b) b. Real Estate Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10c) d. Capital Loss (Page 2, Col d, Line 10c) e. Other Portfolio Loss (Page 2, Col d, Line 10b) f. Section 1231 Loss (Page 2, Col d, Line 10b) h. Charitable Contributions (Page 2, Col d, Line 10b) h. Charitable Contributions (Page 2, Col d, Line 10b) i. Section 179 Expense (Page 2, Col d, Line 10b) j. Portfolio Income Expenses (Page 2, Col d, Line 10b) j. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10b) ii. Loss from 179 disposition (Page 2, Col d, Line 10b) ii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 disposition (Page 2, Col d, Line 10b) iii. Loss from 179 di		Total items of In-	come or Gains (To	ital lines 3a-3l)					3. 2	6,170		
6. Cash Distributions to the Partner during the year 7. Decrease in Partner's Share of Partnership Liabilities from line C above 8. Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 10. Ittems of Losses and Deductions (Allowed for the current year) 10. a. Ordinary Loss 10. Real Estate Rental Loss 10. (Page 2, Col d, Line 10a) 10. C. Other Rental Loss 10. (Page 2, Col d, Line 10b) 10. C. Other Rental Loss 10. (Page 2, Col d, Line 10d) 10. C. Other Portfolio Loss 10. (Page 2, Col d, Line 10d) 11. Section 1231 Loss 10. (Page 2, Col d, Line 10f) 11. Section 1231 Loss 10. (Page 2, Col d, Line 10h) 11. Section 179 Expense 11. (Page 2, Col d, Line 10h) 12. Section 179 Expense 12. (Page 2, Col d, Line 10h) 13. Section 179 Expense 14. Other Deductions 15. Real Extractions 16. (Page 2, Col d, Line 10h) 17. Interest Expense on Investment Debt 18. (Page 2, Col d, Line 10h) 19. Interest Expense on Investment Debt 19. (Page 2, Col d, Line 10h) 10. Loss from 179 disposition 11. Loss from 179 disposition 12. Loss from 179	4.	Increase in Partr	nership Share of Pa	artnership Liabilities from li	ne C above				4			
7. Decrease in Partner's Share of Partnership Liabilities from line C above 7.  8 Decrease for Non-Deductible Expenses/Credit Adjustments 8.  9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 9.  10. Items of Losses and Deductions (Allowed for the current year) 9.  2 A. Ordinary Loss (Page 2, Col d, Line 10a) 10 a.  3 B. Ordinary Loss (Page 2, Col d, Line 10b) b.  4 C. Other Rental Loss (Page 2, Col d, Line 10c) c.  5 C. Other Rental Loss (Page 2, Col d, Line 10d) d.  6 C. Other Portfolio Loss (Page 2, Col d, Line 10d) d.  6 C. Other Portfolio Loss (Page 2, Col d, Line 10d) f.  7 S. Section 1231 Loss (Page 2, Col d, Line 10d) f.  8 Section 179 Expense (Page 2, Col d, Line 10d) h.  8 Section 179 Expense (Page 2, Col d, Line 10d) j.  9 Portfolio Income Expenses (Page 2, Col d, Line 10d) j.  10. Total items of Losses and Deductions (Total lines 10a-10d) n.  10. Loss from 179 disposition (Page 2, Col d, Line 10d) n.  10. Loss from 179 disposition (Page 2, Col d, Line 10d) n.  10. Loss from 179 disposition (Page 2, Col d, Line 10d) n.  10. Loss from 179 disposition (Page 2, Col d, Line 10d) n.  10. Loss from 179 disposition (Page 2, Col d, Line 10d) n.	5.	Total increases i	in basis (combine l	ines 1 through 4)							5	86,646
8 Decrease for Non-Deductible Expenses/Credit Adjustments 9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8) 0. Items of Losses and Deductions (Allowed for the current year) a. Ordinary Loss (Page 2, Col d, Line 10a) b. b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b. c. Other Rental Loss (Page 2, Col d, Line 10c) d. d. Capital Loss (Page 2, Col d, Line 10d) d. e. Other Portfolio Loss (Page 2, Col d, Line 10d) f. g. Other Portfolio Loss (Page 2, Col d, Line 10d) f. g. Other Loss (Page 2, Col d, Line 10d) f. g. Other Loss (Page 2, Col d, Line 10d) h. c. Charitable Contributions (Page 2, Col d, Line 10d) h. i. Section 179 Expense (Page 2, Col d, Line 10h) h. ii. Section 179 Expense (Page 2, Col d, Line 10h) i. j. Portfolio Income Expenses (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) h. ii. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) i. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10h) ii. l. Interest Expense on Investment Debt (Page 2, Col d, Line 1	6.											
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)  10. Items of Losses and Deductions (Allowed for the current year)  a. Ordinary Loss  b. Real Estate Rental Loss  (Page 2, Col d, Line 10b)  c. Other Rental Loss  (Page 2, Col d, Line 10d)  d. Capital Loss  (Page 2, Col d, Line 10d)  d. Capital Loss  (Page 2, Col d, Line 10d)  f. Section 1231 Loss  (Page 2, Col d, Line 10d)  f. Section 1231 Loss  (Page 2, Col d, Line 10d)  h. Charitable Contributions  (Page 2, Col d, Line 10d)  i. Section 179 Expense  (Page 2, Col d, Line 10d)  j. Portfolio Income Expenses  (Page 2, Col d, Line 10d)  k. Other Deductions  (Page 2, Col d, Line 10d)  j. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Investment Debt  (Page 2, Col d, Line 10d)  i. Interest Expense on Invest	7.				e C above							
a. Ordinary Loss (Page 2, Col d, Line 10a) b. Real Estate Rental Loss (Page 2, Col d, Line 10b) c. Other Rental Loss (Page 2, Col d, Line 10c) c. Other Portfolio Loss (Page 2, Col d, Line 10d) d. e. Other Portfolio Loss (Page 2, Col d, Line 10d) f. Section 1231 Loss (Page 2, Col d, Line 10d) f. Section 1231 Loss (Page 2, Col d, Line 10d) f. Charitable Contributions (Page 2, Col d, Line 10d) f. Section 179 Expense (Page 2, Col d, Line 10h) f. Section 179 Expense (Page 2, Col d, Line 10j) j. Portfolio Income Expenses (Page 2, Col d, Line 10j) j. Portfolio Poductions (Page 2, Col d, Line 10h) k. Other Deductions (Page 2, Col d, Line 10l) I. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) n. Other decreases (Page 2, Col d, Line 10m) n. Other decreases (Page 2, Col d, Line 10m) Total items of Losses and Deductions (Total lines 10a-10o)	8								8			
a. Ordinary Loss (Page 2, Col d, Line 10a) 10 a. b. Real Estate Rental Loss (Page 2, Col d, Line 10b) b. c. Other Rental Loss (Page 2, Col d, Line 10c) c. d. Capital Loss (Page 2, Col d, Line 10d) d. e. Other Portfolio Loss (Page 2, Col d, Line 10e) e. f. Section 1231 Loss (Page 2, Col d, Line 10f) f. g. Other Loss (Page 2, Col d, Line 10g) g. h. Charitable Contributions (Page 2, Col d, Line 10h) h. i. Section 179 Expense (Page 2, Col d, Line 10l) i. j. Portfolio Income Expenses (Page 2, Col d, Line 10l) j. k. Other Deductions (Page 2, Col d, Line 10l) l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) l. m. Section 59(e) Expenditures (Page 2, Col d, Line 10n) m. Other decreases (Page 2, Col d, Line 10n) n. Class from 179 disposition (Page 2, Col d, Line 10o) o. Total items of Losses and Deductions (Total lines 10a-10o)											9	86,646
b. Real Estate Rental Loss	10.											
c. Other Rental Loss       (Page 2, Col d, Line 10c)       c.         d. Capital Loss       (Page 2, Col d, Line 10d)       d.         e. Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f. Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g. Other Loss       (Page 2, Col d, Line 10g)       g.         h. Charitable Contributions       (Page 2, Col d, Line 10h)       h.         i. Section 179 Expense       (Page 2, Col d, Line 10l)       i.         j. Portfolio Income Expenses       (Page 2, Col d, Line 10l)       j.         k. Other Deductions       (Page 2, Col d, Line 10k)       k.         l. Interest Expense on Investment Debt       (Page 2, Col d, Line 10m)       m.         n. Other decreases       (Page 2, Col d, Line 10n)       n.         o. Loss from 179 disposition       (Page 2, Col d, Line 10o)       o.         Total items of Losses and Deductions (Total lines 10a-10o)       10.		-				10						
d. Capital Loss       (Page 2, Col d, Line 10d)       d.         e. Other Portfolio Loss       (Page 2, Col d, Line 10e)       e.         f. Section 1231 Loss       (Page 2, Col d, Line 10f)       f.         g. Other Loss       (Page 2, Col d, Line 10g)       g.         h. Charitable Contributions       (Page 2, Col d, Line 10h)       h.         i. Section 179 Expense       (Page 2, Col d, Line 10i)       i.         j. Portfolio Income Expenses       (Page 2, Col d, Line 10j)       j.         k. Other Deductions       (Page 2, Col d, Line 10k)       k.         l. Interest Expense on Investment Debt       (Page 2, Col d, Line 10l)       l.         m. Section 59(e) Expenditures       (Page 2, Col d, Line 10m)       m.         n. Other decreases       (Page 2, Col d, Line 10o)       o.         c. Loss from 179 disposition       (Page 2, Col d, Line 10o)       o.         Total items of Losses and Deductions (Total lines 10a-10o)       10.												
e. Other Portfolio Loss f. Section 1231 Loss QPage 2, Col d, Line 10e) f. Section 1231 Loss QPage 2, Col d, Line 10f) g. Other Loss (Page 2, Col d, Line 10g) g. Line 10f) i. Section 179 Expense (Page 2, Col d, Line 10h) j. Portfolio Income Expenses (Page 2, Col d, Line 10h) j. Line 10f) k. Other Deductions (Page 2, Col d, Line 10h) k. Line 10f) line 10f line 10			Loss									
f. Section 1231 Loss (Page 2, Col d, Line 10f) f. g. Other Loss (Page 2, Col d, Line 10g) g. h. Charitable Contributions (Page 2, Col d, Line 10h) h. i. Section 179 Expense (Page 2, Col d, Line 10i) i. j. Portfolio Income Expenses (Page 2, Col d, Line 10j) j. k. Other Deductions (Page 2, Col d, Line 10l) k. l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) l. m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) m. n. Other decreases (Page 2, Col d, Line 10n) n. Co. Loss from 179 disposition (Page 2, Col d, Line 10o) o. Total items of Losses and Deductions (Total lines 10a-10o)												
g. Other Loss (Page 2, Col d, Line 10g) g												
h. Charitable Contributions (Page 2, Col d, Line 10h) h.  i. Section 179 Expense (Page 2, Col d, Line 10l) i.  j. Portfolio Income Expenses (Page 2, Col d, Line 10j) j.  k. Other Deductions (Page 2, Col d, Line 10k) k.  l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) l.  m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) m.  n. Other decreases (Page 2, Col d, Line 10n) n.  c. Loss from 179 disposition (Page 2, Col d, Line 10o) o.  Total items of Losses and Deductions (Total lines 10a-10o) 10.			Loss									
i. Section 179 Expense (Page 2, Col d, Line 10l) i				1	0							
j. Portfolio Income Expenses (Page 2, Col d, Line 10j) j. k. Other Deductions (Page 2, Col d, Line 10k) k.  I. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) l. m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) m.  n. Other decreases (Page 2, Col d, Line 10n) n.  c. Loss from 179 disposition (Page 2, Col d, Line 10o) o.  Total items of Losses and Deductions (Total lines 10a-10o) 10.				,			. —					
k. Other Deductions (Page 2, Col d, Line 10k) k.  l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l) l.  m. Section 59(e) Expenditures (Page 2, Col d, Line 10m) m.  n. Other decreases (Page 2, Col d, Line 10n) n.  c. Loss from 179 disposition (Page 2, Col d, Line 10o) c.  Total items of Losses and Deductions (Total lines 10a-10o) 10.												
I. Interest Expense on Investment Debt       (Page 2, Col d, Line 10l)       I.         m. Section 59(e) Expenditures       (Page 2, Col d, Line 10m)       m.         n. Other decreases       (Page 2, Col d, Line 10n)       n.         o. Loss from 179 disposition       (Page 2, Col d, Line 10o)       o.         Total items of Losses and Deductions (Total lines 10a-10o)       10.					-							
m.       Section 59(e) Expenditures       (Page 2, Col d, Line 10m)       m.         n.       Other decreases       (Page 2, Col d, Line 10n)       n.         o.       Loss from 179 disposition       (Page 2, Col d, Line 10o)       o.         Total items of Losses and Deductions (Total lines 10a-10o)       10.				,	,							
n. Other decreases (Page 2, Col d, Line 10n) n.  o. Loss from 179 disposition (Page 2, Col d, Line 10o) o.  Total items of Losses and Deductions (Total lines 10a-10o) 10.												
o. Loss from 179 disposition (Page 2, Col d, Line 10o) o  Total items of Losses and Deductions (Total lines 10a-10o) 10		, ,	•									
Total items of Losses and Deductions (Total lines 10a-10o)												
	Ο.				-g, 50. G, LIIIC 100)				10.			
	11.				Line 9-Line 10)						11.	86,646

# Explanation of Pre-CARES Act vs. Post-CARES Act For informational purposes and use by certain states (Do not file. Keep for your records)

		(Do not file. Keep for your records)	)	2	2021
lame(s) as sho	wn on return			Tax	ID Number
HAVESH :	B & MITALBA	AHEN PATEL		XXX	x-xx-xxx
ncome			Pre-CARES Act	Post-CARES A	Act Difference
	Wages, salaries	tips, etc.	103,400	103,40	00
	Taxable interest			-	
	Ordinary dividen	ds	248	24	18
	Taxable refunds				
	Alimony received	1			
	Business income	e or (loss)			
	Capital gain or (	oss)	73,210	73,21	.0
	Other gains or (I	osses)			
	Taxable IRA dis	tributions			
	Taxable pension	s and annuities			
	Schedule E inco	me/loss	314,680	314,68	30
	Farm income or	(loss)	-	-	
	Unemployment of	compensation			
		penefits			
	Net Operating L	oss (NOL)			
		siness losses - Form 461 (ELA)			
	Totals		491,538	491,53	88
Adjustm	ents		Pre-CARES Act	Post-CARES A	Act Difference
	Educator expens	ses			
	Employee busin	ess expenses			
	Health savings a	account deduction			
	Moving expense	s			
	Deductible part	of self-employment tax			
	Self-employed S	EP, SIMPLE, and qualified plans			
	Self-employed h	ealth insurance deduction			
	Penalty on early	withdrawal of savings			
	Alimony paid				
	IRA deduction				
	Student loan inte	erest deduction			
	Tuition and fees				
	Other adjustmen	ts			
	Charitable contri	butions if taking standard deduction		23	4 23
	Totals			23	4 23
Adjuste	d Gross Inc	ome	491,538	491,30	)4 (23

# Carryover Worksheet List of items that will carryover to the 2022 tax return (This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return Tax ID Number

Itemized Deductions	
	Carryover Amount
Contributions subject to 100% of AGI limitations	,
Contributions subject to 60% of AGI limitations	·
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations (30% capital gains appreciated property)	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2022 to flow to the Schedule A	
·	
State overpayment applied to next year	• • • —
·	
Office in home operating expenses	
· · · · · · · · · · · · · · · · · · ·	
Section 179 expense	g. Tax
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use Losses	• • • • • • • • • • • • • • • • • • • •
	a Toy
	g. Tax
	g. Tax L
	g. Tax
	g. Tax
Qualified REIT and PTP loss carryover	
QBI loss carryover	-
Nonrecaptured net section 1231 losses from WK_1231C AMT 5,518 Re Credits	g. Tax 5,51
Mortgage interest credit	
Credit for prior year minimum tax	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax
Credit for prior year minimum tax  Foreign Tax credit	g. Tax  nent 2 17,45 nent 4 103,85
Credit for prior year minimum tax  Foreign Tax credit	g. Tax  ment 2 17,45 ment 4 17,45 103,85 18,51
Credit for prior year minimum tax  Foreign Tax credit	g. Tax ment 2 17,45 ment 4 17,45 103,85 Douse
Credit for prior year minimum tax  Foreign Tax credit	g. Tax ment 2 17,45 ment 4 17,45 103,85 18,51 pouse pouse
Credit for prior year minimum tax  Foreign Tax credit	g. Tax ment 2 17,45 ment 4 17,45 103,85 Douse

### **Nonrecaptured Net Section 1231 Losses Carryover Worksheet**

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return xxx-xx-xxxx

BHAVESH B & MITALBAHEN PATEL

Year Carried	Nonrecaptured	Amount Used	Remaining
From	net Sec 1231 loss	In 2021	Carryover
2016	0		0
2017	0		0
2018	5,518		5,518
2019	0		0
2020	0		0
2021	0		0
Totals	5,518		5,518

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2022 tax return.) Code Sec. 1231(c)(1-2).

# TAX RETURN COMPARISON 2019 / 2020 / 2021

2021

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Identifying number

	2019	2020	2021	Difference 2020-2021
Filing Status		Married Joint	Married Joint	Difference 2020-2021
Number of Dependents	1	1	1	
Number of Dependents				
Income				
Wages, salaries, tips, etc	80,600	96,400	103,400	7,000
Taxable interest and dividends	529	279	248	(31
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	26,288	47,250	73,210	25,960
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	84,932	252,739	314,680	61,941
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	192,349	396,668	491,538	94,870
Adjusted Gross Income				•
Half of self-employment tax	1,424	1,654		(1,654
IRA deduction				,,,,,
Other adjustments				
Total Adjusted Gross Income	190,925	395,014	491,538	96,524
Deductions	170,722	3,0,122	172,000	50,021
Medical deductions				
State and local taxes				
Interest				
Contributions			234	234
Employee business expenses				
Standard or other deductions	24,400	24,800	25,100	300
Total deductions claimed	24,400	24,800	25,334	534
Qualified Business Income Deduction .	16,702	29,782	34,696	4,914
Tax and Credits	177.12			-,
Taxable Income	149,823	340,432	431,508	91,076
Tax	24,652	67,812	100,067	32,255
Credits	2,000	2,000		(2,000
Self-employment tax	2,847	3,308		(3,308
Other taxes	2,017	2,696	3,786	1,090
Total Tax	25,499	71,816	103,853	32,037
Payments	20,222	12,020		02,007
Withholdings	20,609	33,977	44,468	10,491
Estimated tax payments	20,000	30,72	11,100	
Earned income credit				
Other payments and credits				
Estimated tax penalty			687	687
Overpayment			387	007
Overpayment Applied				
Refund				
Balance Due	4,890	37,839	60,072	22,233
Marginal tax rate	22.00			3.00
Effective tax rate	16.00	19.92		3.00
LINCOLLYC LAX LATE	10.00	19.92	23.19	3.27

	ount Transaction	Summary	2021				
Name(s) as shown on return  BHAVESH B & MITALBAHEN	PATEL		Your ID Number  XXX-XX-XXX				
Account #1 Financial Institution Routing Transit Number Account Number Account Type	0025 checking	776					
Federal Main Form Federal Debit	(60,072)	Date of Debit	04-18-2022				
State Main Form(s) AL Debit	(9,621)	Date of Debit	04-18-2022				
Net Debit (69,693)							
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number							
This information is used to deposit your refu or you have closed the account, you are response.		lue. If you have provided incorrect	information,				
I have reviewed the above information and cert to use this account.	ify that this information is cor	rect and authorize ALPESH PA	ATEL CPA				
Your Signature	Date S	Spouse's Signature (If Married Filing \( \)	Jointly) Date				

Form **7203** 

# S Corporation Shareholder Stock and Debt Basis Limitations ► Attach to your tax return.

	nt of the Treasury evenue Service ► Go to www.irs.gov/Form7.	203 for instructions an	d the latest inform	nation.		Sequence No. 203
Name(s) s	hown on return			Identifying	number	
BHAVE	SH B PATEL			xxx-x	x-xxx	X
Name of S	6 corporation			Employer i	dentificati	on number
мвм О	1 INC				5622	
Stock b	lock (see instructions) ▶					
Part	Shareholder Stock Basis					
1	Stock basis at the beginning of the corporation's tax year				1	47,430
2	Basis from any capital contributions made or additional stock	k acquired during the tax	year		2	
3a	Ordinary business income (enter losses in Part III)		. 3a			
b	Net rental real estate income (enter losses in Part III) $$		. 3b	29,594		
С	Other net rental income (enter losses in Part III)		. 3c			
d	Interest income		. 3d		-	
е	Ordinary dividends		. 3e			
f	Royalties		. 3f			
g	Net capital gains (enter losses in Part III)		. 3g			
h	Net section 1231 gain (enter losses in Part III)		. 3h		-	
i	Other income (enter losses in Part III)					
j	Excess depletion adjustment				-	
	Tax-exempt income				-	
ı	Recapture of business credits					
	Other items that increase stock basis					
4	Add lines 3a through 3m				5	29,594
5	Stock basis before distributions. Add lines 1, 2, and 4  Distributions (available of distributions)				<del> </del>	77,024
6	Distributions (excluding dividend distributions) <b>Note</b> : If line 6 is larger than line 5, subtract line 5 from line				6	22,240
	,	o and report the result a	as a capital gain of			
7	Form 8949 and Schedule D. See instructions Stock basis after distributions. Subtract line 6 from line 5. If	the recult is zero or loss	ontor O ckin	·		
'	lines 8 through 14, and enter -0- on line 15				7	54,784
8a	Nondeductible expenses		Z 1 1			54,764
b	Depletion for oil and gas					
	Business credits (sections 50(c)(1) and (5))				1	
	Add lines 8a through 8c				9	
10	Stock basis before loss and deduction items. Subtract line 9					
	enter -0-, skip lines 11 through 14, and enter -0- on line 15				10	54,784
11	Allowable loss and deduction items. Enter the amount from				11	31,70
12	Debt basis restoration (see net increase in instructions for lin				12	
13	Other items that decrease stock basis				13	
14	Add lines 11, 12, and 13				14	
15	Stock basis at the end of the corporation's tax year. So					
	zero or less, enter -0-		<b></b> .		15	54,784
Part I	Shareholder Debt Basis					
	Section A—Amount of De	bt (If more than three	e debts, see instr	uctions.)		
		Debt 1	Debt 2	Debt 3		
	Description	Formal note	Formal note			Total
	Description	Open account	Open account	Open ac	count	rotai
		debt	debt	debt		
16	Loan balance at the beginning of the corporation's tax					
	year	•				
17	Additional loans (see instructions)	•				
18	Loan balance before repayment. Combine lines 16 and 17					
19	Principal portion of debt repayment (this line doesn't		,			,
200	include interest)	. ( )	(	) (	) (	)
20	Loan balance at the end of the corporation's tax year.					
	Combine lines 18 and 19	• 1		1		

Form **7203** (December 2021) Department of the Treasury

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

Attach to your tax return.

Attachment

► Go to www.irs.gov/Form7203 for instructions and the latest information Sequence No. 203 Internal Revenue Service Name(s) shown on return Identifying number MITALBAHEN PATEL xxx-xx-xxxx Name of S corporation Employer identification number MBM 01 INC 5622 Stock block (see instructions) ▶ Part I Shareholder Stock Basis Stock basis at the beginning of the corporation's tax year ....... 47,428 2 Basis from any capital contributions made or additional stock acquired during the tax year 3a 3b 29,593 Other net rental income (enter losses in Part III) 3с 3d Зе 3f 3g h Net section 1231 gain (enter losses in Part III) ....... 3i 3j Add lines 3a through 3m ....... 29,593 5 77,021 Distributions (excluding dividend distributions) 6 . . . 22,240 Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15 ...... 54,781 8a 8b 8c Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, 10 enter -0-, skip lines 11 through 14, and enter -0- on line 15 10 54,781 Allowable loss and deduction items. Enter the amount from line 47, column (c) 11 11 Debt basis restoration (see net increase in instructions for line 23) 13 Other items that decrease stock basis Add lines 11, 12, and 13 . . . . . . 14 14 Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-54,781 Part II **Shareholder Debt Basis** Section A—Amount of Debt (If more than three debts, see instructions.) Debt 1 Debt 2 Debt 3 Formal note Formal note Formal note Description Total Open account Open account Open account debt debt Loan balance at the beginning of the corporation's tax 17 Loan balance before repayment. Combine lines 16 and 17 Principal portion of debt repayment (this line doesn't 20 Loan balance at the end of the corporation's tax year. 

Form **7203** 

# S Corporation Shareholder Stock and Debt Basis Limitations

	ent of the Treasury Revenue Service	► Go to www.irs.gov/Form7203	3 for instructions a		mation.		Attachment Sequence No. 203			
	shown on return					ntifying number				
- (-,	SH B PATEL				xxx-x		×.			
	S corporation				Employer i					
	INC					6259	J			
	olock (see instruction	ons) ▶								
Part		Ider Stock Basis								
1		e beginning of the corporation's tax year .				1	163,508			
2		apital contributions made or additional stock a				2				
3a	Ordinary busines	s income (enter losses in Part III)		. 3a	65,488					
b	Net rental real es	state income (enter losses in Part III)		. 3b						
С	Other net rental in	ncome (enter losses in Part III)		. 3с						
d	Interest income			. 3d						
е	Ordinary dividend	ds		. Зе						
f	Royalties			. 3f						
g	Net capital gains	(enter losses in Part III)		. 3g						
h	Net section 1231	gain (enter losses in Part III)		. 3h						
i	Other income (er	nter losses in Part III)		. 3i						
j	Excess depletion	adjustment		. 3j						
k	Tax-exempt inco	me		. 3k						
I	Recapture of bus	siness credits								
m	Other items that i	increase stock basis		. 3m						
4		ugh 3m				4	65,488			
5		re distributions. Add lines 1, 2, and 4				5	228,996			
6		cluding dividend distributions)				6	10,000			
		larger than line 5, subtract line 5 from line 6 a	and report the result	as a capital gain or	1					
-		Schedule D. See instructions		a tan O alda	•					
7		distributions. Subtract line 6 from line 5. If the				-	212 226			
0.0		4, and enter -0- on line 15				7	218,996			
8a	Depletion for oil a	kpenses			343	-				
b c		and gas				-				
9		ugh 8c				9	343			
10		re loss and deduction items. Subtract line 9 fro				-				
10		es 11 through 14, and enter -0- on line 15				10	218,653			
11	-	nd deduction items. Enter the amount from line				11	210,033			
12		ration (see net increase in instructions for line				12				
13		decrease stock basis				13				
14		and 13				14				
15		he end of the corporation's tax year. Subt								
	zero or less, ente	er -0-				15	218,653			
Part I	II Sharehol	Ider Debt Basis								
		Section A—Amount of Debt	(If more than thre	e debts, see instr	uctions.)					
			Debt 1	Debt 2	Debt 3					
		Description	Formal note	Formal note	Formal n	ote	Total			
		2000 i piloti	Open account	Open account	Open ac	count	· otai			
			debt	debt	debt					
16	Loan balance at	the beginning of the corporation's tax								
	,									
17	Additional loans (	,								
18		fore repayment. Combine lines 16 and 17								
19		of debt repayment (this line doesn't		,			,			
20		the and of the comparation to the con-	( )	(	) (	) (	)			
20		the end of the corporation's tax year.								
	Compine lines 18	3 and 19	I	I	1					

Form **7203** 

# S Corporation Shareholder Stock and Debt Basis Limitations

	ent of the Treasury Levenue Service	► Go to www.irs.gov/Form720	3 for instructions a		mation.		Attachment Sequence No. 203
	shown on return				Identifying	number	004001101101
	SH B PATEL				-	x-xxxx	
	S corporation					dentification	
	2 LLC				1 7	5594	
_	olock (see instruction	ons) ▶					
Part		Ider Stock Basis					
1	Stock basis at the	e beginning of the corporation's tax year .				1	96,728
2		apital contributions made or additional stock a				2	
3a	Ordinary busines	ss income (enter losses in Part III)		. 3a	26,291		
b	Net rental real es	state income (enter losses in Part III)		. 3b			
С	Other net rental is	ncome (enter losses in Part III)		. Зс			
d	Interest income			. 3d			
е	Ordinary dividend	ds		. Зе			
f	Royalties			. 3f			
g	Net capital gains	(enter losses in Part III)		. 3g			
h	Net section 1231	gain (enter losses in Part III)		. 3h			
i	Other income (er	nter losses in Part III)		. 3i			
j	Excess depletion	adjustment		. 3j			
k		me					
I		siness credits					
m		increase stock basis					
4		ugh 3m				4	26,291
5		re distributions. Add lines 1, 2, and 4				5	123,019
6		cluding dividend distributions)				6	
		larger than line 5, subtract line 5 from line 6	and report the result	as a capital gain or	1		
-		Schedule D. See instructions		a satan O alda	•		
7		distributions. Subtract line 6 from line 5. If the				7	102.010
0.0		4, and enter -0- on line 15					123,019
8a	Depletion for oil a	kpenses				-	
b c	•					-	
9		(sections 50(c)(1) and (5))				9	
10		re loss and deduction items. Subtract line 9 fro				-	
10		es 11 through 14, and enter -0- on line 15				10	123,019
11	-	nd deduction items. Enter the amount from line				11	123,019
12		ration (see net increase in instructions for line				12	
13		decrease stock basis				13	
14		and 13				14	
15		he end of the corporation's tax year. Subt					
	zero or less, ente	er -0-				15	123,019
Part I	II Shareho	Ider Debt Basis					
		Section A—Amount of Debt	(If more than thre	e debts, see instr	uctions.)		
			Debt 1	Debt 2	Debt 3		
		Description	Formal note	Formal note	Formal n	ote	Total
		Description	Open account	Open account	Open ac	count	iotai
			debt	debt	debt		
16	Loan balance at	the beginning of the corporation's tax					
	,						
17	Additional loans (	,					
18		fore repayment. Combine lines 16 and 17					
19		of debt repayment (this line doesn't			.].		
			( )	(	) (	) (	)
20		the end of the corporation's tax year.					
	Combine lines 18	3 and 19	1	I	1		

Form **7203** 

# S Corporation Shareholder Stock and Debt Basis Limitations ► Attach to your tax return.

	nt of the Treasury evenue Service ► Go to www.irs.gov/Form720	3 for instructions a	nd the latest inforn	nation.		Sequence No. 203
Name(s) s	hown on return			Identifying	number	
BHAVE	SH B PATEL			xxx-x	x-xxx	x
Name of S	corporation			Employer id	dentificat	on number
ALABA	MA BEVERAGE INC				4709	
Stock b	lock (see instructions) ▶					
Part	Shareholder Stock Basis					
1	Stock basis at the beginning of the corporation's tax year .				1	471,128
2	Basis from any capital contributions made or additional stock a	acquired during the ta	x year		2	
3a	Ordinary business income (enter losses in Part III)		. 3a	69,639		
b	Net rental real estate income (enter losses in Part III)		. 3b			
С	Other net rental income (enter losses in Part III)		. 3c			
d	Interest income		. 3d			
е	Ordinary dividends		. 3e			
f	Royalties		. 3f			
g	Net capital gains (enter losses in Part III)		. 3g			
h	Net section 1231 gain (enter losses in Part III)		. 3h			
i	Other income (enter losses in Part III)		. 3i			
j	Excess depletion adjustment					
k	Tax-exempt income					
ı	Recapture of business credits					
m	Other items that increase stock basis				_	
4	Add lines 3a through 3m				4	69,639
5	Stock basis before distributions. Add lines 1, 2, and 4				5	540,767
6	Distributions (excluding dividend distributions)				6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6	and report the result	as a capital gain on			
7	Form 8949 and Schedule D. See instructions	o recult in zero or loss	antor O akin	•		
,	Stock basis after distributions. Subtract line 6 from line 5. If th lines 8 through 14, and enter -0- on line 15				7	E40 E6E
0.0	Nondeductible expenses			91		540,767
8a b	Depletion for oil and gas			91		
	Business credits (sections 50(c)(1) and (5))					
9	Add lines 8a through 8c				9	91
10	Stock basis before loss and deduction items. Subtract line 9 f				-	
	enter -0-, skip lines 11 through 14, and enter -0- on line 15				10	540,676
11	Allowable loss and deduction items. Enter the amount from lin				11	340,070
12	Debt basis restoration (see net increase in instructions for line				12	
13	Other items that decrease stock basis				13	
14	Add lines 11, 12, and 13				14	
15	Stock basis at the end of the corporation's tax year. Sub					
	zero or less, enter -0-				15	540,676
Part I						
	Section A—Amount of Deb	t (If more than thre	e debts, see instru	uctions.)		
		Debt 1	Debt 2	Debt 3		
	Description	Formal note	Formal note	Formal no	ote	Total
	Description	Open account	Open account	Open acc	ount	iotai
		debt	debt	debt		
16	Loan balance at the beginning of the corporation's tax					
	year					
17	Additional loans (see instructions)					
18	Loan balance before repayment. Combine lines 16 and 17					
19	Principal portion of debt repayment (this line doesn't					
	include interest)	( )	(	) (	)	( )
20	Loan balance at the end of the corporation's tax year.					
	Combine lines 18 and 19	1	I			

Form **7203** (December 2021) Department of the Treasury

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

Attach to your tax return. Attachment

► Go to www.irs.gov/Form7203 for instructions and the latest information Sequence No. 203 Internal Revenue Service Name(s) shown on return Identifying number BHAVESH B PATEL xxx-xx-xxxx Name of S corporation Employer identification number MBM 03 INC 3622 Stock block (see instructions) ▶ Part I Shareholder Stock Basis Stock basis at the beginning of the corporation's tax year ....... 48,000 2 Basis from any capital contributions made or additional stock acquired during the tax year 3a Ordinary business income (enter losses in Part III) ........ 3a 3b Other net rental income (enter losses in Part III) 3с 3d Зе 3f 3g h Net section 1231 gain (enter losses in Part III) ...... 3i 3j m Other items that increase stock basis ....... Add lines 3a through 3m ...... 5 48,000 6 . . . Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15 ...... 48,000 8a 8b 8c Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, 10 enter -0-, skip lines 11 through 14, and enter -0- on line 15 10 48,000 Allowable loss and deduction items. Enter the amount from line 47, column (c) 11 11 7,646 Debt basis restoration (see net increase in instructions for line 23) 13 Other items that decrease stock basis Add lines 11, 12, and 13 . . . . . . 14 14 7,646 Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-40,354 Part II **Shareholder Debt Basis** Section A—Amount of Debt (If more than three debts, see instructions.) Debt 1 Debt 2 Debt 3 Formal note Formal note Formal note Description Total Open account Open account Open account debt debt Loan balance at the beginning of the corporation's tax 17 Loan balance before repayment. Combine lines 16 and 17 Principal portion of debt repayment (this line doesn't 20 Loan balance at the end of the corporation's tax year. 

Form 7203 (12-2021) Page **2** 

Part	Snarenoider Debt Basis (continued)					
	S	ection B - Adjus	tments to Debt	t Basis		
	Description	De	ebt 1	Debt 2	Debt 3	Total
21	Debt basis at the beginning of the corporation's tax	year				
22	Enter the amount, if any, from line 17					
23	Debt basis restoration (see instructions)					
24	Debt basis before repayment, Combine lines 21, 22,	and 23				
25	Divide line 24 by line 18					
26	Nontaxable debt repayment. Multiply line 25 by line	19				
27	Debt basis before nondeductible expenses and losse	es.				
	Subtract line 26 from line 24					
28	Nondeductible expenses and oil and gas depletion					
	deductions in excess of stock basis					
29	Debt basis before losses and deductions. Subtract li	ine				
	28 from line 27. If the result is zero or less, enter -0-					
30	Allowable losses in excess of stock basis. Enter the					
	amount from line 47, column (d)					
31	Debt basis at the end of the corporation's tax year	ar.				
	Subtract line 30 from line 29. If the result is zero or					
	less, enter -0-					
		ection C - Gain	on Loan Repay	ment		
32	Repayment. Enter the amount from line 19					
33	Nontaxable repayments. Enter the amount from line	26 .				
34	Reportable gain. Subtract line 33 from line 32					
Part I	II Shareholder Allowable Loss and Ded	uction Items				
		(a) Current	(b) Carryover	(c) Allowable	(d) Allowable	(e) Carryover
	Description	year losses	amounts	loss from	loss from	amounts
	Description	and deductions	(column (e))	stock basis	debt basis	
			from the			
			previous year			
35	Ordinary business loss	7,646		7,646		
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	Total loss. Combine lines 35 through 46 for					
	each column. Enter the total loss in column (c)					
	on line 11 and enter the total loss in column					
	(d) on line 30	7,646		7,646		0

Form **7203** 

# S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

	ent of the Treasury Revenue Service	► Go to www.		3 for instructions a		est inform	ation.		Attachment Sequence No.	. 203
	shown on return			7101 111011 40110110 0	ina tho lat	001 111101111	Identifying	number		
	ESH B PATEL						xxx-x			
	S corporation								tion number	-
	N CURVE INC							3275		
	block (see instruct	ions) ►					'			
Part	I Shareho	Ider Stock Basis								
1	Stock basis at th	ne beginning of the corporati	on's tax year .					1		0
2	Basis from any o	apital contributions made or	additional stock a	cquired during the ta	ax year			2		10,484
3a	Ordinary busines	ss income (enter losses in F	art III)		. 3a		15,009			
b		state income (enter losses in								
С	Other net rental	income (enter losses in Part	: III)		. Зс					
d	Interest income				. 3d					
е	Ordinary dividen	ds			. Зе					
f	Royalties				. 3f					
g	Net capital gains	(enter losses in Part III) .			. 3g					
h	Net section 123	1 gain (enter losses in Part	II)		. 3h					
i	Other income (e	nter losses in Part III)			. 3i					
j	Excess depletion	n adjustment			. 3j					
k	Tax-exempt inco	me			. 3k			_		
I	Recapture of bu	siness credits			. 31					
m	Other items that	increase stock basis			. 3m					
4		ough 3m						4		15,009
5		re distributions. Add lines 1,						5		25,493
6	,	cluding dividend distributions	,					6		
		larger than line 5, subtract		and report the resul	as a capit	tal gain on				
_		Schedule D. See instructions								
7		r distributions. Subtract line								
		4, and enter -0- on line 15				1		7		25,493
8a		xpenses						-		
b	Depletion for oil	•						- 1		
С		(sections 50(c)(1) and (5))	_					- 1		
9		ough 8c						9		
10		ore loss and deduction items						40		05 400
44	•	es 11 through 14, and enter						10		25,493
11		nd deduction items. Enter th						11		
12		ration (see net increase in in						_		
13 14		decrease stock basis						13 14		
15		and 13						14		
13	zero or less, ent							15		25,493
Part		Ider Debt Basis					<u> </u>	10		23,133
			mount of Debt	(If more than three	e debts.	see instru	ctions.)			
				Debt 1	1	bt 2	Debt 3			
				Formal note	Form		Formal n			
		Description		Open account		n account	Open ac		Tota	al
				debt	debt		debt			
16	Loan balance at	the beginning of the corpora	ation's tax							
17	Additional loans	(see instructions)								
18	Loan balance be	efore repayment. Combine lir	nes 16 and 17							
19	Principal portion	of debt repayment (this line	doesn't							
	include interest)			(	(	)	(	)	(	)
20	Loan balance at	the end of the corporation's	tax year.							
	Combine lines 1	3 and 19								
For Pa	nerwork Reducti	on Act Notice see senara	te instructions.						Form 720	<b>13</b> (12-2021)

### **Recovery Rebate Credit Worksheet**

(keep for your records) 2021

Name(s)	as snown on return	Tax ID Number	
BHAV	ESH B & MITALBAHEN PATEL	xxx-xx-xxx	
1.	Can you be claimed as a dependent on another person's 2021 retum? If filing a joint retum, go to line 2.		
	X No. Go to line 2.		
	Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
2.	Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?		
	Yes. Go to line 6.		
	No. If you are filing a joint retum, go to line 3.  If you aren't filing a joint retum, go to line 5.		
3.	Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?		
	Yes. Your credit is not limited. Go to line 6.		
	No. Go to line 4.		
4.	Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?		
	Yes. Your credit is limited. Go to line 6.		
	No. Go to line 5.		
5.	Do you have any dependents listed in the <i>Dependents</i> section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including		
	extensions) or an adoption taxpayer identification number?  Yes. Enter zero on line 6 and go to line 7.		
	No. STOP You can't take the credit. Don't complete the rest of this worksheet and		
	don't enter any amount on line 30.		
6.	Enter:		
	<ul> <li>\$1,400 if single, head of household, married filing separately, or qualifying widow(er),</li> <li>\$1,400 if married filing jointly and you answered "Yes" to question 4, or</li> </ul>		
	• \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3	6. 2,80	0
7.	Multiply \$1,400 by the number of dependents listed in the <i>Dependents</i> section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021		
	retum (including extensions) or an adoption taxpayer identification number		_
8.	Add lines 6 and 7	8. 4,20	0
9.	Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?		
	<ul> <li>Single or Married filing separately—\$75,000</li> <li>Married filing jointly or qualifying widow(er)—\$150,000</li> </ul>		
	Head of household—\$112,500		
	Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10	9. 491,53	В
	No. Enter the amount from line 8 on line 12 and skip lines 10 and 11.		
10.	Is line 9 more than the amount shown below for your filing status?		
	<ul> <li>Single or married filing separately—\$80,000</li> <li>Married filing jointly or qualifying widow(er)—\$160,000</li> </ul>		
	Head of household—\$120,000		
	X Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
	No. Subtract line 9 from the amount shown above for your filing status	. 10.	
11.	Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least		
	2 places).		
	<ul> <li>Single or married filing separately—\$5,000</li> <li>Married filing jointly or qualifying widow(er)—\$10,000</li> </ul>		
	Head of household—\$7,500	. 11.	
12.	Multiply line 8 by line 11		_
13.	Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of		
	your spouses EIP 3. You may refer to Notice 1444-C or your tax account information at <u>IRS.gov/Account</u> for the amount to enter here	. 13.	
14.	Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0 If line 13 is more than line 12,	- · •-	-
	you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or		_
	1040-SR	. 14	0

## 2021 AL40 Filing Instructions BHAVESH B & MITALBAHEN PATEL

### Form filed:

AL40 and supplemental forms and schedules

### Filing method:

Your return will not be e-filed, nor the balance due debited automatically. Sign and date your return and check or money order. Mail them on or before the due date of the return to the address listed below.

### Due date:

04-18-2022

### Payment:

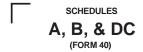
\$9,621.00

### Mail-to address:

Alabama Department of Revenue Alabama Income Tax P.O. Box 2401 Montgomery, AL 36140-0001

Individu	Alal	pama <b>2021</b> ome Tax Retum RT-YEAR RESIDENTS					
For the year Jan. 1	- Dec.	31, 2021, or other tax year:	:				
Beginning:		Ending:		1994 (SV (SV			araa ka ka
Your social security			Spouse's SSN if joint return  • XXX - XX - XXXX	IIII PAANKAMIINA		HERMAN	RA-USKA BAKA DANKIN BARIHI III
Primary's dec (mm/dd/yy)	orimary eased		Check if spouse is deceased Spouse's deceased date (mm/dd/yy)				
•BHAVES	Н	Initial B	●PATEL				
Spouse's first name     MITALB		Initial  N •	Last name ●PATEL				
Present home addr	ess (ni	imber and street or P.O. Bo	ox number)	► CHECK BOX II	F AMENDED RETURN •		
	441						
City, town or post of     Montgot		V	State ZIP code • AL • 36117 •	Check if address is outside U.S.	Foreign Country		
Filing Status/	10		3 ● \ \$1,500 Marrie		mplete Spouse SSN •		
Exemptions	2	= · ·	<u> </u>	• .	ving person). Complete Sche	dule HO	=
	5a		ax Withheld (from Schedule W-2, line 18	8, column G)	A - Alabama tax withheld		B - Income
	5k	Wages, salaries, tip	s, etc. (from Schedule W-2, line 18, col	umn I plus J):	5a • 8,897	5b •	103,400
Income	6	Interest and dividen	nd income (also attach Schedule B if over	er \$1,500)		6 •	248
and	7	Other income (from	page 2, Part I, line 9)			7 •	387,890
Adjustments	8	Total income. Add	amounts in the income column for line	5b through line 7		8 •	491,538
	9		o income (from page 2, Part II, line 16)			9 0	401 520
			come. Subtract line 9 from line 8			10 🗢	491,538
Deductions	11	Box a or b MUST be					
	٦		itemize deductions, and enter amoun				
		_	do not itemize deductions, and enter's	i		-	
If claiming a deduc- tion on line 12, you	40	a      Itemized		eduction	11 • 12,394	-	
must attach page	►1Z	Federal tax deduction		OUR FORM W 2(C)	12 • 103,853		
1,2 and Schedule 1 of your Federal Re-	12		IE FEDERAL TAX WITHHELD FROM Y on (from line 1, 2, 3, or 4)	` '	12 • 103,853 13 • 3,000	-	
turn, if applicable.			ion (from page 2, Part III, line 2)	1	14 • 300	-	
			Add lines 11, 12, 13, and 14	,		15 0	119,547
			Subtract line 15 from line 10			16 9	371,991
			Enter amt. from tax table or check if from			17 •	18,518
Tax	18		. Check box if computing tax using Schedule			18 •	18,518
				<del></del>		19 •	0
W-2G, and/or 109	9 20		Campaign Fund. You may make a volu				
here. Attach Sche ule W-2 to return.	:d-	Alabama Democrati		•		20a 🗢	
	ŀ	Alabama Republica	n Party \$1 \$2 \$\overline{X}\$ none			20b ●	
	21	Total tax liability a	and voluntary contribution. Add lines		<u></u>	21 •	18,518
	22	Alabama income to	ax withheld (from column A, line 5a).		22 • 8,897		
			payments/Automatic Extension Payment		23 •	]	
	24	Amended Returns (	Only - Previous payments (see instruction	ons)	24 🗢	]	
Payments	25	Refundable Credit	s. Enter the amount from Schedule OC	, Section F, line F4	25 😑	]	
	26	Payments from Sche	edule CP, Section B, Line 1		26 •	]	
	27		dd lines 22, 23, 24, 25, and 26			27 •	8,897
	28	Amended Returns (	Only - Previous refund (see instructions)	)		28 🗢	
	29		yments. Subtract line 28 from line 27.			29 🗢	8,897
AMOUNT	30		line 29, subtract line 29 from line 21, and enter				0 601
YOU OWE			ng with Form 40V, loose in the mailing er	· ·		30 鱼	9,621
		,	nedule ATP, Part II, line 3) (see instructi		31 •	001-	
OVERPAID		•	nan line 21, subtract line 21 from line 29	ſ		32 鱼	
			be applied to your 2022 estimated tax		33 •	-	
Donations			eck-offs from Schedule DC, line 2		34 🗢	+	
DEELIND	35		OU. (CAUTION: You must sign this retu			25	
REFUND			than zero, subtract lines 31, 33 and 34 from			35	
		For Direct Deposit, (	check here   ■ and complete Part V,	raye z.			1024
							1027

— ,	Form 40 (2021)	Page 2
PART I	1 Alimony received	1   •
IAKII	2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2 •
	3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3 • 73,210
	4a Total IRA distributions 4b Taxable amount (see instructions)	4b •
Other	5a Total pensions and annuities 5b Taxable amount (see instructions)	
Income	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6 • 314,680
(See	7 Farm income or (loss) (attach Federal Schedule F)	7 •
instructions)	8 Other income (state nature and source - see instructions)	8 •
	9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9 • 387,890
PART II	1a Your IRA deduction	1a •
	<b>b</b> Spouse's IRA deduction	1b •
	2 Payments to a Keogh retirement plan and self-employment SEP deduction	2 •
	3 Penalty on early withdrawal of savings	3 •
	4 Alimony paid. Recipient's last name SSN ●	4 •
	5 Adoption expenses	5 🗢
Adjustmen		
to Income	City State ZIP	6 •
(See	7 Self-employed health insurance deduction	7 •
instructions)	8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8 🗢
	9 Health insurance deduction for small employer employee (see instructions)	9 •
	10 Costs to retrofit or upgrade home to resist wind or flood damage	10 0
	11 Deposits to a catastrophe savings account	11 •
	12 Contributions to a health savings account	12 🗢
	13 Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) .	13 •
	14 Firefighter's Insurance Premium	14 9
	15 Contributions to an Achieving a Better Life Experience (ABLE) savings account	15 •
	16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16 •
PART III	1 Total number of dependents from Schedule DS, line 1b	1 • 1
Dependent		2 • 300
PART IV	in the instructions.) Enter amount here and on page 1, line 14  1 Residency Check only one box▶ ●▼ Full Year Part Year From 2021 through	2021.
	2 Did you file an Alabama income tax return for the year 2020? • Yes • No If no, state reason	2021.
General	DI FACIDE LI C	36116
Informatio	Your Spouse's MUSKAN 2631 INC Montgomery	36108
All Taxpayers		508 as reported on your
Must Complete	2021 Federal Individual Income Tax Return.	<u> </u>
This	5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state	e tax refund)? ● Yes● X No
Section.	If yes, enter source(s) and amount(s) below: (other than state income tax refund)	
(See	Source • Amour	nt •
instructions)	Source • Amour	nt •
PART V	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)	<u>'</u>
Direct	1 Routing Number: 2 Type: Checking Savings 3 Account Number:	
Deposit	4 Is this refund going to or through an account that is located outside of the United States?	
Duitena	DOB Iss date	Exp date
Drivers License In	DOB Iss date	mm/dd/yyyy) XX / XX / XXXX Exp date
License in	(mm/dd/yyyy)    XX/XX/XXXX Spouse state XX DL# XXXXXXX (mm/dd/yyyy)    XX/XX/XXXX (mm/dd/yyyy)    XX/XX/XXXX (mm/dd/yyyy)	mm/dd/yyyy) •XX/XX/XXXX
	I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  I department of Revenue to discuss my return and accompanying schedules and statements, and to the best of my knowledge.  I department of the Department of Revenue to discuss my return and accompanying schedules and statements, and to the best of my knowledge.	ne and helief they are true correct and
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Sign Here	Your Signature Date Daytime Telephone Number Your Occupation	
In Black In Keep a copy		
of this return	Spouse's Signature (if joint return, BOTH must sign)  Date  Daytime Telephone Number  Spouse's Occupat	cion
for your records.	Durante Circulus	FINE
.500103.	Preparer's Signature Date Check if Self-employed Preparer's SSN or PTIN	E.I. Number
Paid	Firm's Name (or yours ALPESH PATEL CPA  Firm's Name (or yours ALPESH PATEL CPA  Daytime Desprise PATEL CPA  Daytime Pate (or yours ALPESH PATEL CPA)  Paytime Daytime Pate (or yours ALPESH PATEL CPA)	$\frac{27-0624922}{07004}$
Preparer's Use Only		Code 0 / 0 0 4
Jac Jilly	Address 271 US 46 W STE E201 Fairfield NJ	





Alabama Department of Revenue Schedule A - Itemized Deductions **2021** 

### (Schedules B and DC are on separate form) ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown	on For	rm 40				Υοι	ır soo	cial security num	ber
BHAVESH E	3 &	MITALBAHEN PATEL				XX	X-	XX-XXXX	
differ. Please see in	struct	rou may claim for the year 2021 are similar to the itemized deductions cl ions before completing this schedule. PART-YEAR RESIDENTS: A re		•					
only those deduction	is acti	ually paid while a resident of Alabama.							
		CAUTION: Do not include expenses reimbursed or paid by others.							
Medical and	1	Medical and dental expenses	1		00	-			
Dental Expenses	2	Enter amount from Form 40, line 10 2 00	-						
	3	Multiply the amount on line 2 by 4% (.04). Enter the result			00	1		0	
	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0		1 076	• • •	4	•	0	00
	5	Real estate taxes	5	1,276	00	-			
T V D-14	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	7,911	00				
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7		00	-			
	8	Other taxes. (List - include personal property taxes.)		318	00				
		PERSONAL PROPERTY TAX	8		00		•	0 505	00
	9	Add the amounts on lines 5 through 8. Enter the total here	10a	2,655	00	9	+	9,505	00
		Home mortgage interest and points reported to you on Federal Form 1098	IUa	2,055	00	-			
Interest You Paid	ь	Home mortgage interest not reported to you on Federal Form 1098. (If paid to							
		an individual, show that person's name and address.)							
NOTE: Personal			10b		00				
interest is not	11	Qualified mortgage insurance premiuns	11		00				
deductible.	12		12		00	1			
deductible.	13	Points not reported to you on Form 1098	13		00				
	14					14		2,655	00
	14	CAUTION: If you made a charitable contribution and received a benefit in return				14	Ť	2,033	- 00
		see instructions.	'						
Gifts to Charity	15	Contributions by cash or check	15	234	00				
Onto to Ondinty	16			231	00				
	17	Carryover from prior year	17		00				
	18	Add the amounts on lines 15 through 17. Enter the total here	$\overline{}$		00	18	•	234	00
		Enter the loss from Federal Form 4684, either A line 15, or B line 16			00	10	<u> </u>	231	00
Casualty and		Enter 10% of your Adjusted Gross Inc. (Form 40, line 10) if box B is checked,	Tou		-00				
Theft Loss	~	otherwise enter zero	19b		00				
(Attach Form 4684)	С	Subtract line 19b from line 19a. If zero or less, enter -0				19c	•	0	00
	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.	Ť				$\vdash$		
		(You MUST attach Federal Form 2106 if required. See instructions.)							
Job Expenses			20		00				
and Most Other	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type							
Miscellaneous		and amount. ▶							
Deductions		SAFE DEPOSIT RENTAL	21	100	00				
	22	Add the amounts on lines 20 and 21. Enter the total	22	100	00				
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	9,831	00				
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0				24	•	0	00
	25	Other (from list in the instructions). List type and amount. ▶							
Other					_				
Miscellaneous									
Deductions					_				
						25	•		00
Qualified Long-		CAUTION: Do not include medical premiums.	_		_				
Term Care Ins.									
Premiums	26	Enter amount here				26	•		00
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here.	Then	1					
Deductions		enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions				27	•	12,394	00
Schedule A (Form	40) 20	021							1024





# ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION Additional Taxes & Penalties

2021

NAME(S) A	S SHOWN ON THE TAX RETURN	CIAL S	ECURITY NU	MBER
BHAVE	SH B & MITALBAHEN PATEL XX	XX-X	XX-XXX	
PART I	Additional Taxes			
IAINII	1 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box	. 1	•	0
	2 Catastrophe savings tax (see instructions)			
	3 Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19			
PART II	Penalties			
	1 Estimated Tax Penalty (see instructions)	1	•	
	2 First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	. 2	•	
	3 Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	. 3	•	

D&E
(FORM 40)



# Alabama Department of Revenue Schedule D - Net Profit or Loss

2021

(Schedule E is on separate form)

ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E
Name(s) as shown on Form 40

Name(s) as shown on Form 40

BHAVESH B & MITALBAHEN PATEL

XXX-XXXX

XXXX

### Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc. (a) Net Profit or (Loss) Cost or Other Basis Date Sold Date Amount Received Depreciation Allowable Since Kind of Property (Cols. d & e Improvements Acquired Acquisition less Cols. f & g) FedCode-W AMERITRADE 299,758 235 226,783 73,210 VARIOUS 12-31-2021 00 7<u>3</u>, 1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 . . . . . . . . . . 00

Schedule D (Form 40) 2021 1024





2021

(FORM 40)

Schedule E (Form 40) 2021

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

		FOR	M 40. ► SEE INST	ΓRU	CTIONS FO	OR S	CHE	DUL	E E (FORM 40).	_				
	e(s) shown on return												rity number	•
	HAVESH B & MITALBAHEN 1									XΣ	(X-)	XX-X	XXX	
P	ART I Income or Loss From Rental Real Note: If you are operating under a Federal Emp			ort in	come and expe	enses	from yo	ur bu	siness of renting perso.	nal p	roperty	on Sched	ule C or C-L	Z.
1	Show the kind and location of each Rental R	Real E	Estate Property:			2	For	each	n rental real estate	e pr	operty	/	Yes	No
_									line 1, did you or	,		- 1		
Α									uring the tax year to s for more than th				١ .	
В									s, <b>or</b>	.0 9	·outo	0		
_									f the total days re	ntec	d at fa	ıir E	3	
С									value?					
					Prope	rtios				1		To	tals	
Inco	ome:		Α		ГТОРЕ		•	Т	С		(Add		ns A, B,	and C)
3	Rents received	3		00	_		00	0		00	3		, _,	00
4	Royalties received	4		00			00	0	(	00	4			00
Exp	enses:													
5	Advertising	5		00			00	0		00				
6	Auto and travel	6		00			00	0		00				
7	Cleaning and maintenance	7		00			00	0		00				
8	Commissions	8		00		4	00	1		00				
9	Insurance	9		00			00			00				
10	Legal and other professional fees	10		00		7	00	$\rightarrow$		00				
11	Management fees	11		00		_	00	-		00				
12	Mortgage interest	12		00			00			00	12			00
13	Other interest	13		00		-	00			00				
14	Repairs	14		00			00	-		00				
15	Supplies	15		00		-	00	_		00				
16	Taxes	16		00			00	_		00				
17 18	Utilities	17		00			00	_		00				
10	Other (list)	10		00			00	-		00				
				00			00	_		00				
				00			00	-		00				
		$\nabla$		00			00	_		00				
19	Add lines 5 through 18	19		00			00	0	(	00	19			00
20	Depreciation expense or depletion	20		00			00	0	(	00	20			00
21	Total expenses. Add lines 19 and 20	21		00			00	0	(	00				
22	Income or (loss). Subtract line 21 from line 3 (rents) or													
	line 4 (royalties)	22		00			00	o	(	00				
23	Total Real Estate and Royalty income or (loss				rom line 22	T		the r	esult here		23			00
P	ART II Income from Partnerships, S Corpora	tions	Estates and Trusts		(h)	artnership	Estate	Cor	(i) Employer			(j)		
	(g) Name and Address					ershi	or Trust	Corporation	Identificatio				Amount	
						٦	rust	ğ	Number					
VITT	SKAN 2631 LLC				Check One									
	ntgomery, AL 36108					X			04	. 9.2	3		26,17	7.0 00
	M 01 INC					21			0 1				30,1	0 00
_	ntgomery, AL 36117							X	56	22	2	:	29,59	4 00
	M 01 INC							Ī	30				- ,	
_	ntgomery, AL 36117				-			X	56	22	2		29,59	3 00
	SHI INC													
Moi	ntgomery, AL 36109							X	62	59	)		55,48	8 00
24	TOTAL INCOME FROM PARTNERSHIPS, S COR	POR	ATIONS, ESTATES, A	ND	TRUSTS. Ad	ld the	amou	nts in	column (j). Enter th	ne				
	total here and include on line 25 below									•	24	1:	50,84	15 00
						_							- 0 0	
	TOTAL INCOME OR (LOSS). Combine lines	s 23 a	and 24. Enter the to	otal I	here and or	For	m 40,	pag	ge 2, Part I, line 6	<b>•</b>	25	1.	50,84	
Sch	edule E (Form 40) 2021													1024





2021

(FORM 40)

 $(From\ Rental\ Real\ Estate,\ Royalties,\ Partnerships,\ S\ Corporations,\ Estates,\ Trusts,\ REMICs,\ etc.)$ 

	e(s) shown on return		RM 40. ► SEE INSTE	<b>₹</b> Ū(	CHONS FO	)K 5	CHE	DUL	E E (FORM 40).	Ī		social se	,		_
	HAVESH B & MITALBAHEN  Income or Loss From Rental Rea  Note: If you are operating under a Federal Enr.	l Esta	te and Royalties	rt inv	come and even	uneae f	rom vo	ur hu	sings of ropting pars			XX-X			
1	Show the kind and location of each Rental I					2			n rental real esta					Yes	No
Α							use	it du	line 1, did you o ıring the tax year	for	perso	nál	А		
В									s for more than t s, <b>or</b>	he g	reate	r or:			
_									f the total days re	ente	d at fa	air	В		
			1					ental	value?				С		
Inco	ome:		A		Prope E			Т	С	_	(Ad		<b>otal</b> nns	s A, B, and	d C)
3	Rents received	3	(	00			00	0		00	3				00
4	Royalties received	4	(	00			00	)		00	4				00
Exp	enses:														
5	Advertising	5	(	00			00	0		00					
6	Auto and travel	6		00			00	0		00					
7	Cleaning and maintenance	7		00			00	0		00					
8	Commissions	8	(	00			00	0		00					
9	Insurance	9		00			00	0		00					
10	Legal and other professional fees	10		00			00	0		00					
11	Management fees	11		00			00	)		00					
12	Mortgage interest	12		00			00	0		00	12				00
13	Other interest	13		00			00	О		00					
14	Repairs	14		00			00	0		00					
15	Supplies	15		00			00	0		00					
16	Taxes	16		00			00	0		00					
17	Utilities	17		00			00	0		00					
18	Other (list) ►	18		00			00	0		00					
				00			00	0		00					
				00	7		00	0		00					
				00			00	0		00					
				00			00	0		00					
19	Add lines 5 through 18	19		00			00	0		00	19				00
20	Depreciation expense or depletion	20		00			00	0		00	20				00
21	Total expenses. Add lines 19 and 20	21		00			00	0		00					
22	Income or (loss). Subtract line 21 from line 3 (rents) or														
	line 4 (royalties)	22	(	00			00	0		00					
23	Total Real Estate and Royalty income or (loss	hA (a	d columns A B and (	C fr	om line 22 :	and e	enter	the r	esult here		23				00
	ART II Income from Partnerships, S Corpora				(h)	U	Estate	S	(i)	-		(j)			1
						artnership	ate o	Corporation	Employe						
	(g) Name and Address					šhip	or Trus	ratio	Identificati Number				A	mount	
					Check One		ıst	Š							
MBI	M 02 LLC														
Moi	ntgomery, AL 36117							X	5.	594	4		26	,291	00
	ABAMA BEVERAGE INC														
Moi	ntgomery, AL 36117							X	4	709	9		69	,639	00
20:	19 FOUR PLUS INC														
	ntgomery, AL 36110							Х	8.2	136	5		6	757	00
	IDAY LIQUOR INC														
	ntgomery, AL 36105							X	14	486	5		15	,416	00
	TOTAL INCOME FROM PARTNERSHIPS, S COR	RPOR	ATIONS, ESTATES. AN	ND T	TRUSTS. Ad	d the	amou	1						,	1
_	total here and include on line 25 below										24	1	18	3,103	00
25	TOTAL INCOME OR (LOSS). Combine line	s 23	and 24. Enter the tot	al h	nere and on	For	m 40,	pag	e 2, Part I, line	3 ▶	25	1	.18	3,103	00
Sch	edule E (Form 40) 2021														1024





2021

(FORM 40)

Schedule E (Form 40) 2021

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

		FOR	M 40. ► SEE INS	TRU	CTIONS FO	OR S	CHE	DUL	E E (FORM 40).	_				
	e(s) shown on return												urity numbe	,
	HAVESH B & MITALBAHEN									XΣ	(X-X)	XX-X	XXX	
P	ART I Income or Loss From Rental Real Note: If you are operating under a Federal Em,			oort in	come and expe	enses	from yo	our bus	siness of renting perso	nal p	roperty	on Sched	lule C or C-l	EZ.
1	Show the kind and location of each Rental F	Real E	Estate Property:			2	For	each	n rental real estate	e pr	operty	/	Yes	No
_			, ,						line 1, did you or	,		- 1		
Α									ring the tax year s for more than th				Δ.	
В									s, <b>or</b>	.0 9	· outo			
_									f the total days re	ntec	d at fa	ir 📙	3	
С									value?					
					Prope	rtion				$\top$			ctals	
Inco	ome:		Α		ГТОРЕ		•	Т	С		(Add		ns A, B,	and C)
3	Rents received	3		00	_		00	0		00	3			00
4	Royalties received	4		00			00	0	(	00	4			00
Exp	enses:													
5	Advertising	5		00			00	0		00				
6	Auto and travel	6		00			00	0		00				
7	Cleaning and maintenance	7		00			00	0		00				
8	Commissions	8		00		4	0	0	0	00				
9	Insurance	9		00			0			00				
10	Legal and other professional fees	10		00			0	$\rightarrow$		00				
11	Management fees	11		00		_	00			00				
12	Mortgage interest	12		00	,		00			00	12			00
13	Other interest	13		00			00			00				
14	Repairs	14		00			00	_		00				
15	Supplies	15		00		-	00	_		00				
16	Taxes	16		00			00	_		00				
17	Utilities	17		00			00	_		00				
18	Other (list) ►	10		00			00	_		00				
				00			00	_		00				
				00			00	_		00				
		$\overline{\mathcal{T}}$		00			0(	_		00				
19	Add lines 5 through 18	19		00			00	_		00	19			00
20	Depreciation expense or depletion	20		00			00	_		00	20			00
21	Total expenses. Add lines 19 and 20	21		00			00	0	(	00				
22	Income or (loss). Subtract line 21 from line 3 (rents) or													
	line 4 (royalties)	22		00			00	0	(	00				
		_												
23	Total Real Estate and Royalty income or (loss	). Ad	d columns A, B, and	d C f	rom line 22	and e		the r	esult here		23			00
P	ART II Income from Partnerships, S Corpora	tions	, Estates and Trusts		(h)	artn	Estate	Col	(i) Employer			(j)		
	(g) Name and Address					artnership	e or	Corporation	Identification				Amount	
						₽.	or Trust	tion	Number					
	MIIZII O TNG				Check One		<u> </u>							
_	MUKH 2 INC							v	F 6	0 5	-		15 27	00
	lacauga, AL 35150 MUKH INC							X	56	95	,		15,32	29 00
_	lacauga, AL 35151							X	68	0.3	,		17,84	15 00
	KUKH 3 INC							27	0.0	0 2	-		_ / <b>,</b> 0 -	2 00
	lacauga, AL 35150							X	28	02	2		5.19	5 00
	M 03 INC								20		-		J , ± ,	00
	ntgomery, AL 36117							X	36	22	2		(7,64	16 00
	TOTAL INCOME FROM PARTNERSHIPS, S COR	POR	ATIONS, ESTATES, A	AND	TRUSTS. Ad	ld the	amou						, 5	
	total here and include on line 25 below										24		30,72	23 00
_														
25	TOTAL INCOME OR (LOSS). Combine line	s 23 a	and 24. Enter the to	otal l	here and or	For	m 40	pag	je 2, Part I, line 6	•	25		30,72	23 00
Sch	edule E (Form 40) 2021													1024





2021

(FORM 40)

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

		FOR	M 40. ► SEE INST	ΓRU	CTIONS FO	OR S	CHE	DUL	E E (FORM 40).	_					
	e(s) shown on return													/ number	
_B	<u>HAVESH B &amp; MITALBAHEN P</u>									X.	<u> XX-</u>	XX-	XX.	XX	
P	ART I Income or Loss From Rental Real E Note: If you are operating under a Federal Emplo			ort in	come and expe	enses	from yo	our bu	usiness of renting pers	onal <sub>l</sub>	property	y on Sch	nedule	C or C-EZ.	
1	Show the kind and location of each Rental Re	eal E	state Property:			2	For	eac	h rental real esta	te p	ropert	ty		Yes	No
Α									n line 1, did you o						
_									uring the tax year es for more than t				Α		
В									/s, <b>or</b>		,				
_									of the total days re	ente	ed at fa	air	В		
С									l value?						
_					D		_						С		
Inc	ome:	-	A		Prope		5	$\top$	С		(Δς		Tota	i <b>s</b> s A, B, an	4 C/
3	Rents received	3	A	00		•	0	n		00	(AC		HIIIS	A, D, an	00
4	Royalties received	4		00			0	-		00	4	_			00
_	enses:	4		00			- 0	-		00	*	_			100
5	Advertising	5		00			0	0		00					
6	Auto and travel	6		00			0	4		00					
7	Cleaning and maintenance	7		00			0			00					
8	Commissions	8		00			0	_		00					
9	Insurance	9		00		_	0	0		00					
10	<del>_</del>	10		00			0	0		00					
11		11		00			0	0		00					
12	Mortgage interest	12		00			0	0		00	12				00
13	Other interest	13		00			0	0		00					
14	Repairs	14		00			0	0		00					
15	Supplies	15		00			0	0		00					
16	Taxes	16		00			0	0		00					
17	Utilities	17		00			0	0		00					
18	Other (list) ►	18		00			0	0		00					
				00			0	0		00					
				00			0	-		00					
				00			0	-		00					
				00			0	-		00					
19		19	J	00			0	-		00	19				00
20		20		00			0	-		00	20				00
21	· ·	21		00			0	0		00					
22	Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	20								00					
	line 4 (royalties)	22		00			0	υl		00					
23	Total Real Estate and Royalty income or (loss).	. Add	columns A. B. and	I C f	rom line 22	and	enter	the	result here		23				00
	ART II Income from Partnerships, S Corporati				(h)	7	Estate	S				(j)			
						artnership	ate o	Corporation	Employe						
	(g) Name and Address					hip	or Trust	atio	Identificati Number				,	Amount	
					Check One		St								
_	AIN CURVE INC														
Mo:	ntgomery, AL 36117						_	X	32	27.	5		15	5,009	00
_															
								1				<del> </del>			00
_															
_						$\vdash$	+	$\vdash$				-	—		00
_															00
24	TOTAL INCOME EDOM PARTNERSUIRS & CORR	OB 4	TIONS ESTATES A	MD	TDIIQTO A-	ld the	oma	Into:	n column (i) Enter-	the	_	<del></del>			00
24	TOTAL INCOME FROM PARTNERSHIPS, S CORP total here and include on line 25 below						arnou	ıı ILS II	n column (j). Enter	u ie	24		1 [	5,009	00
	total note and include on line 25 pelow		· · · · · · · · · · · · · · · · · · ·	• •		• •	• • •		· · · · · · · · ·	_		$\vdash$		,,,,,,	100
25	TOTAL INCOME OR (LOSS). Combine lines	23 a	nd 24. Enter the to	otal	here and or	n For	m 40	, pag	ge 2. Part I. line 6	3 ▶	25		1,	5,009	00
	edule E (Form 40) 2021														1024





# Alabama Department of Revenue Dependents Schedule

NAME(S) AS SHOWN ON TAX RETURN

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER

XXX-XX-XXXX

XXX-XX-XXXXX

### Schedule DS - Dependents Schedule

See instructions for definition of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate return), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
		• XXX-XX-XXXX	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
<b>1b</b> Total number of dependents claims Form 40, Page 2, Part III, line 1 or	ed above. Enter total here and on Form 40NR, Page 2, Part V, line 1 · · ·			o• 1

1024





PAGE 2

NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

BHAVESH B & MITALBAHEN PATEL

PRIMARY SOCIAL SECURITY NUMBER

XXX-XX-XXXX

SPOUSE SOCIAL SECURITY NUMBER

XXX-XX-XXX

Schedule HOF - Head of Family Schedule	
Complete the following information:	
Enter the dependent/qualifying person's name here:	_
Dependents/qualifying person's Social Security Number:	_
What is the dependent's/qualifying person's relationship to you:	_
Do you rent or own the home maintained for the dependent/qualifying person?	Rent Own
Are you married, divorced or legally separated?	☐ Yes ☐ No
If you answered yes, please provide the following information:	
Date of Marriage?	
Date of Divorce?	
Date of Legal Separation?	
Did the dependent(s)/qualifying person(s) reside with you in your home?	☐ Yes ☐ No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	☐ Yes ☐ No

1024

SCHEDULE



(FORM 40, 40A, or 40NR)

Alabama Department of Revenue

Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

SPOUSE'S SOCIAL SECURITY NO. PRIMARY'S SOCIAL SECURITY NO. NAME(S) AS SHOWN ON TAX RETURN BHAVESH B & MITALB?

		ſ
		-
XX-XXX		Ι
X-XXX		9
	1	
	1	
XXXX		Ь
-77-		
YYY		ш
		٥
7		ပ
LEAHEN FALE		В
11 T.		
ا الا		_
<u>п</u>		٧
4 V E U E		
ВП		

					,								
	∢	m	ပ	٥	ш	ш	O			I		-	7
		Employer's		Schedule		Alabama							
	Employee's Social		Statutory C/C-EZ	C/C-EZ	State	Employer's	Alabama State	tate		Federal Wages	Alal	Alabama State Wages	Additional Taxable Wages -
	Security Number	(EIN)	Employee	Filed?	Code	Code State ID Number	Income Tax Withheld	ithheld	<u>B</u>	(Box 1 of Form W-2)	(B)	(Box 16 of Form W-2)	Other States
_	•XXXXXXXXXX	•XXXXXXXXXX			•AL	•AL •R009129318	• 2,	2,145	0	32,400	0	32,400	0
2	•XXXXXXXXXX	•XXXXXXXXXX			•AL	•AL   •R009991145	0	1,385	0	000'6	0	000'6	0
က	•XXXXXXXXXX	•XXXXXXXXX			•AL	•AL •R009927468	•	1,197	•	14,000	•	14,000	•
4	•XXXXXXXXXX	•XXXXXXXXXX		•	•AL	•AL •R010040923	•	1,114	•	9,600	•	9,600	•
2	5 SXXXXXXXXX	•XXXXXXXXXX			•AL	•AL   •R010467913	•	1,563	0	16,400	0	16,400	0
9	8 SXXXXXXXXX 9	•XXXXXXXXX		•	•AL	•AL   •R010127749   •	0	395	0	12,000	0	12,000	0
_	7 SXXXXXXXXX	*XXXXXXXXX	•		•AL	●R010678701		1,098	•	10,000	•	10,000	0
ω			•				•		•		•		•
6	•	•	•	0	0	•	0		•		•		9
10	•	0	0	0	0	0	0		0		0		0
=	0	0	0	0	0	0	0		0		0		0
12	9	•	•				•		•		•		
13	•				•	•	•		•		•		•
14	0	•	•	_ 0	0	0	0		0		0		0
15	0	0	0	0	0	0	0		0		0		0
=	16 TOTAL ALABAMA TAX WITHHELD FROM W-	ITHHELD FROM W-28. Total	lines 1-15, C	olumn Gar	d enter th	2s. Total lines 1-15, Column G and enter the amount here	8	8,897					
=	17 ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld	D FROM 1099s AND W-2Gs.	Enter the tot	al Alabama	Income T	ax Withheld							
	from all Form 1099s and Form W-2Gs received.	ırm W-2Gs received. See instr	See instructions on where to report the income from	nere to repo	rt the inco	me from							
	these statements		•	•	:		0						
18	TOTAL WAGES AND TOTAL ALABAMA TAX	AL ALABAMA TAX WITHHE	WITHHELD FROM W-2s, 1099s, AND W-2Gs.	-2s, 1099s	AND W-	2Gs.							
	See instructions	See instructions			:	:	. 8	8,897	•	103,400	•	103,400	•

# THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

AL-COMP	Three-year State	Гах Return Compar	rison	2021
Name(s) as shown on retum  BHAVESH B & MITALBA	HEN PATEL			Taxpayer ID Number XXX-XX-XXX
State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status		MFJ	MFJ	
Gross Income	191,851	396,668	491,538	94,870
Additions				
Subtractions				
Exemptions	· ·	3,300	3,300	
Standard Deduction				
Itemized Deduction	,	10,686	12,394	1,708
Deductions		68,508	103,853	35,345
Taxable Income		314,174	371,991	57,817
Actual State Income		314,174	371,991	57,817
State Income Tax		15,627	18,518	2,891
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld		6,332	8,897	2,565
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund		0.005	0 601	206
Balance Due	2,777	9,295	9,621	326
Marginal tax rate		5.000000	5.000000	0.01000
Effective tax rate	4.950000	4.970000	4.980000	0.010000

ALWK_A5	State / Local tax payments made after 12/31/2021 that will be deductible on 2022 Federal Schedule A	2021
Name(s) as shown on return BHAVESH B &	MITALBAHEN PATEL	Your Social Security Number  XXX – XX – XXXX
A1. 4th quarter e A2. Amount paid A3. Total payme B. Adjustments mad B1. Interest & Po B2. Contribution		<b>A</b> . 9,621
B3. Other Tax pa B4. Total adjustr	ayments (Use Tax, property tax, tangible tax, etc)	B C9,621

	ALINCWK	Federal Income Tax Deduction Worksheet		2021
Nan	ne(s) as shown on return		You	r social security number
BI	HAVESH B &	MITALBAHEN PATEL	XX	XXXX-XXXX
1 2 3 4	Net Investment Inco Federal Tax. Add lir a Earned Income Enter the amoun b Additional Chile Form 1040-SR, c c American Oppo Enter the amoun d Credits from Fo	t from line 27 of Form 1040/Form 1040-SR	. 2	100,067 3,786 103,853
5		nd d	. 5	
		e 4 of Form 40NR. If amount is negative enter zero	6	103,853

## FORM **AL8453**

#### ALABAMA DEPARTMENT OF REVENUE

#### Individual Income Tax Declaration for Electronic Filing

2021

For the year January 1 - December 31, 2021

Your first name and initia	al		Last n	ame			Your	social security number
BHAVESH B								XX-XXXX
If a joint return, spouse's	first r	name and initial	Last n	ame		8	Spouse's s	soc. sec. no. if joint return
MITALBAHE								XX-XXXX
Home address (number	and s	reet). If a P.O. Box, see instruction	ons.		Apt. no.	<u> </u>	Teleph	none number (optional)
						L		
City, town or post office,	state,							
Montgomer Part I	У,	AL 36117						
Tax Return Information	1	Alabama taxable incom	ne (Form 40, line 16 o	or Form 40NR, line 18)			1	371,991
(Whole dollars only.)	2	Total tax liability (Form	40, line 21) or Net ta	x due (Form 40NR, line 2			2	18,518
	3	Total payments (Form 4	0, line 27 or Form 40	ONR, line 26)			3	8,897
	4	Refund (Form 40, line 3	35 or Form 40NR, line	e 33)			4	
	5	Amount you owe (Form	40, line 30 or Form	40NR, line 29)			5	9,621
Part II				0.05				
Refund	1	Routing number:	0	0 2 5				
and	2	Account number:		0 7 7	6	-		
Payment	3	Type of account:		gs gs				
Information	4	Type of transaction:	_	☑ Direct Debit	\ ·			
	5	☐ Paper Check (Chec	ck this box to have yo	our refund issued by a pa	per check.)			
Declaration of Taxpayer (Sign only after Part I is completed.)		of Revenue to disclose to my E of my return.	ERO described below, any i	nying schedules and statements, information concerning the disbut of Revenue to discuss my re-	rsement of the refund reques	ted or any problen	ns encour	
Sign	<b>N</b>							1
Here				03-25-2022	·			03-25-2022
		Your signature		Date	Spouse's signature. If a jo	int return, BOTH r	nust sign.	Date
Part IV		declare that I have reviewed the	above taxpayer's Alabama	individual income tax return and	that the entries on this form	are complete and	correctly	represented based on
Declaration of Electronic Return	:	all information of which I have an Filing of Individual Income Tax Re- computer system and software to software to create my client's retu- the paid preparer, under penalt knowledge and belief, they are	eturns (Tax Year 2021), and prepare and transmit my c urn and to the electronic tran ies of perjury, I declare th	d the Alabama Handbook for Ele lient's return electronically, I con nsmission of my client's tax retur nat I have examined this return	ctronic Filers of Individual Inc sent to the disclosure of all in n to the <b>Alabama Departme</b>	ome Tax Returns formation pertaining to of Revenue, as	(Tax Yea ng to my u applicab	r 2021). By using a use of the system and le by law. <b>If I am also</b>
Originator (ERO) and Paid		ERO's Use Only						
Preparer		ERO's			Date	Check if also		Preparer's PTIN
(See instructions.)		signature			03-25-2022	paid preparer	X	XXXXXXXX
,		Firm's name (or yours	ALPESH PATEL	CPA			E.I. No	. 27-0624922
		if self-employed) and address	271 US 46 W S	STE E201; Fairfi	eld, NJ		ZIP Co	de 07004
		Paid Preparer's Us	se Only					
		Under penalties of perjury, I d belief, they are true, correct, a		ed this return and accompany	ng schedules and stateme	nts, and to the be	est of my	knowledge and
		Preparer's signature			Date	Check if self-employed	<sub>4</sub> $\square$	Preparer's PTIN
		Firm's name (or yours				1	E.I. No	
		if self-employed) and address					ZIP Co	
		and addition					00	• •

Form AL8453 2021

1024

#### DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

#### **Exhibit 3 - Criminal Background Check**

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

### FORM B: BACKGROUND CHECK APPLICANT VERIFICATION Kush Medicinal LLC

Kush Medicinal LLC	Dispensary
Business License Applicant Name	License Type
	entified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., er, and individual with an economic interest in the Applicant). Attach
NAME	ROLE (select all that apply)
Rinaben Rakesh Patel	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
Toral Suryakant Patel	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
Mitalbahen Ramjibhai Patel	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
Sergio de Valdez Barraza-Ingstrom	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
Adam Michael Dalton	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
N/A	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
N/A	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
N/A	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
N/A	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
N/A	Owner Shareholder Director Board Member Individual with Economic Interest in Applicant
necessary) are all of the individuals identified b to the Applicant. The undersigned further ve	by verifies that the individuals listed hereinabove (and attached, as by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect erifies that each individual listed hereinabove (and attached, as round check from the Alabama Law Enforcement Agency (ALEA) and FBI.  Chief Operating Officer - Kush Medicinal LLC
Printed Name of Verifying Individual	 Title of Verifying Individual
Toral Suryakant Patel Digitally signed by Toral Suryakant Patel Date: 2022.12.22 13:22:14-08'00'	
Signature of Verifying Individual	Verification Date
J J	

shareholder, director, board member, and individual with a complete a separate form.  Kush Medicinal LLC	Dispensary
Business License Applicant Name Rinaben Rakesh Patel	License Type
Individual's Name	
Individual's Role (select all that apply): Owner Sha	areholder Director Board Membe
Individual with	n Economic Interest in Applicant
Verification	
The undersigned, as identified above, hereby verifies all o	f the following:
<ul> <li>That the individual's role(s) in the Applicant's business 20-2A-55(b), Code of Alabama 1975 (as amended).</li> </ul>	s is one or more of the roles identified by §
<ul> <li>That the individual shall, as required by § 20-2A-55( submit to a state and national criminal background cl by the Alabama Law Enforcement Agency.</li> </ul>	
<ul> <li>That the individual has submitted its completed stat form (ALEA SBI Form 46), and all other items required</li> </ul>	
<ul> <li>That the individual has submitted its national crimin History Summary Request Form), and all other items r</li> </ul>	
<ul> <li>That the individual, on his/her state and national back and the FBI, as applicable, to release any and all crimir the Alabama Medical Cannabis Commission.</li> </ul>	
<ul> <li>That the individual will promptly respond to any reque Medical Cannabis Commission regarding the process criminal background checks.</li> </ul>	
<ul> <li>That the individual has confirmed that his/her name Applicant, on the Background Check Applicant Verifica</li> </ul>	
R - R - Pol tel Signature of Verifying Individual	5 December 2022
Signature of Verifying Individual	Verification Date

Comple Kush N	older, director, board member, and individual with ete a separate form. Medicinal LLC	Dispensary
Busines Toral S	ess License Applicant Name Suryakant Patel	License Type
Individ	dual's Name	
Individ	dual's Role (select all that apply): Owner SI	nareholder Director Board Membo
	Verification	
The un	dersigned, as identified above, hereby verifies all	of the following:
• Tha	at the individual's role(s) in the Applicant's busine -2A-55(b), Code of Alabama 1975 (as amended).	ess is one or more of the roles identified by §
sub	at the individual shall, as required by § 20-2A-55 omit to a state and national criminal background the Alabama Law Enforcement Agency.	5(b), Code of Alabama 1975 (as amended), check, to be conducted and/or coordinated
• Tha	at the individual has submitted its completed st m (ALEA SBI Form 46), and all other items require	ate criminal background check application ed therewith, to ALEA
• Tha	at the individual has submitted its national crim story Summary Request Form), and all other items	ninal background check form (FBI Identity required therewith, to the FBI.
and	at the individual, on his/her state and national bac I the FBI, as applicable, to release any and all crim Alabama Medical Cannabis Commission.	ekground check forms, has authorized ALEA inal history information of the individual to
Med	at the individual will promptly respond to any requing the process that the process is a commission regarding the process is a commission regarding the process is a commission of the commissio	nest from ALEA, the FBI, and/or the Alabama ssing of the individual's state and national
• Tha	at the individual has confirmed that his/her nar plicant, on the Background Check Applicant Verifi	ne and role(s) have been included, by the cation Form.
	Monabatel	1 December 2022
	Signature of Verifying Individual	Verification Date

Each individual identified by § 20-2A-55(b), Code of Alabashareholder, director, board member, and individual with a complete a separate form.  Kush Medicinal LLC	ama 1975 (as amended) (i.e., each owner, in economic interest in the Applicant) must Dispensary
Business License Applicant Name Mitalbahen Ramjibhai Patel	License Type
Individual's Name	
Individual's Role (select all that apply): www.cowner Sha	reholder Director Board Membe
<u>Verification</u>	
The undersigned, as identified above, hereby verifies all of	the following.
<ul> <li>That the individual's role(s) in the Applicant's business 20-2A-55(b), Code of Alabama 1975 (as amended).</li> <li>That the individual shall, as required by § 20-2A-55(b)</li> </ul>	
submit to a state and national criminal background ch by the Alabama Law Enforcement Agency.	
<ul> <li>That the individual has submitted its completed state form (ALEA SBI Form 46), and all other items required</li> </ul>	
<ul> <li>That the individual has submitted its national crimin History Summary Request Form), and all other items re</li> </ul>	
<ul> <li>That the individual, on his/her state and national backg and the FBI, as applicable, to release any and all crimina the Alabama Medical Cannabis Commission.</li> </ul>	
<ul> <li>That the individual will promptly respond to any reques Medical Cannabis Commission regarding the processing criminal background checks.</li> </ul>	t from ALEA, the FBI, and/or the Alabama ng of the individual's state and national
<ul> <li>That the individual has confirmed that his/her name Applicant, on the Background Check Applicant Verificat</li> </ul>	
m.R.Pates	1 December 2022
Signature of Verifying Individual	Verification Date

Each individual identified by § 20-2A-55(b), Code of Alabo shareholder, director, board member, and individual with a complete a separate form.	
Kush Medicinal LLC	Dispensary
Business License Applicant Name	License Type
Sergio de Valdez Barraza-Ingstrom	
Individual's Name	
Individual's Role (select all that apply): 🗸 Owner 🔲 Sha	reholder Director Board Member
Individual with	Economic Interest in Applicant
<u>Verification</u>	
The undersigned, as identified above, hereby verifies all of	the following:
<ul> <li>That the individual's role(s) in the Applicant's business 20-2A-55(b), Code of Alabama 1975 (as amended).</li> </ul>	s is one or more of the roles identified by §
<ul> <li>That the individual shall, as required by § 20-2A-55( submit to a state and national criminal background ch by the Alabama Law Enforcement Agency.</li> </ul>	
<ul> <li>That the individual has submitted its completed stat form (ALEA SBI Form 46), and all other items required</li> </ul>	
<ul> <li>That the individual has submitted its national crimin History Summary Request Form), and all other items r</li> </ul>	•
<ul> <li>That the individual, on his/her state and national back and the FBI, as applicable, to release any and all crimin the Alabama Medical Cannabis Commission.</li> </ul>	•
<ul> <li>That the individual will promptly respond to any reque Medical Cannabis Commission regarding the process criminal background checks.</li> </ul>	
<ul> <li>That the individual has confirmed that his/her name Applicant, on the Background Check Applicant Verificant</li> </ul>	•
Sergio de Valdez Barraza-Ingström	16 December 2022
Signature of Verifying Individual	Verification Date

Each individual identified by § 20-2A-55(b), Code of A shareholder, director, board member, and individual win complete a separate form.	
Kush Medicinal LLC	Dispensary
Business License Applicant Name	License Type
Adam Michael Dalton	
Individual's Name	
Individual's Role (select all that apply): 🗸 Owner	Shareholder Director Board Member
Individual v	with Economic Interest in Applicant
Verificatio	o <u>n</u>
The undersigned, as identified above, hereby verifies a	
	Ü
<ul> <li>That the individual's role(s) in the Applicant's busin 20-2A-55(b), Code of Alabama 1975 (as amended).</li> </ul>	
<ul> <li>That the individual shall, as required by § 20-2A- submit to a state and national criminal background by the Alabama Law Enforcement Agency.</li> </ul>	
<ul> <li>That the individual has submitted its completed form (ALEA SBI Form 46), and all other items requ</li> </ul>	
<ul> <li>That the individual has submitted its national critical History Summary Request Form), and all other item</li> </ul>	·
<ul> <li>That the individual, on his/her state and national b and the FBI, as applicable, to release any and all cri the Alabama Medical Cannabis Commission.</li> </ul>	•
<ul> <li>That the individual will promptly respond to any re- Medical Cannabis Commission regarding the pro- criminal background checks.</li> </ul>	•
<ul> <li>That the individual has confirmed that his/her n Applicant, on the Background Check Applicant Veri</li> </ul>	
ADam Wichael DAlton	16 Dec 2022
Signature of Verifying Individual	Verification Date

#### **Redaction Grounds and Authority**

Per the United States District Court of the Northern District of Alabama, found on the website (<a href="https://www.alnd.uscourts.gov/proper-redaction-techniques">https://www.alnd.uscourts.gov/proper-redaction-techniques</a>) accessed on 12/30/2022, Federal Rule of Civil Procedure 5-2, for example, restricts the filing (either e-filing or manual filing) of certain personal data to:

- Last 4 digits of a social-security or taxpayer ID number;
- Year of an individual's birth (not month or day);
- Minor's initials;
- Last 4 digits of a financial-account number.

Other types of information appropriate for redaction include:

- Medical information;
- Trade secrets;
- Sensitive security information;
- Other forms of unique identifiers, such as home addresses.
- Any security plans.

#### **Exhibit 4 - Demonstration of Sufficient Capital**

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

License Type: Dispensary

#### **Verification of Sufficient Capital - Contact Person**

TO:

Alabama Medical Cannabis Commission (AMCC)

P. O. Box 309585

Montgomery, Alabama 36130

To whom it may concern at the AMCC,

My name is Toral Patel and I am the contact person for Kush Medicianal LLC, which is applying for a Dispensary license from the AMCC. Per the review conducted on 27 Dec 2022 by licensed CPA, Chris Hargett of American Tax Service in Montgomery, AL, the total assets held by Kush Medicinal LLC owners were approximately Five Million dollars Two Hundred and Fifty Thousand dollars and 00/100 (\$5,250,000.00).

Furthermore, Kush Medicinal LLC has executed an LOI with Multiverse Capital for up to \$10,000,000 (ten million dollars), of passive source debt-based convertible note funding to assist with the operational expenses of the Company as well as assisting the Company with sourcing and securing up to an additional \$20,000,000 (twenty million dollars) of debt-based funding that would be secured against and utilized for the real estate purchase, lease, development, and capital expenditures of the Company.

Therefore, I am writing to verify that Kush Medicinal LLC is financially capable of both opening and operating a Medical Cannabis Dispensary business based on the available funding the team has access to. Please do not hesitate to reach out with any questions.

Best,

Toral S. Patel

COO - Kush Medicinal LLC

551-580-3647 // toralpatel19@yahoo.com

License Type: Dispensary License Type: Dispensary

#### Verification of Sufficient Capital - Responsible Person

TO:

Alabama Medical Cannabis Commission (AMCC)

P.O. Box 309585

Montgomery, Alabama 36130

To whom it may concern at the AMCC,

My name is Rinaben Patel and I am the CEO and a responsible person for Kush Medicianal LLC, which is applying for a Dispensary license from the AMCC. Per the review conducted on 27 Dec 2022 by licensed CPA, Chris Hargett of American Tax Service in Montgomery, AL, the total assets held by Kush Medicinal LLC owners were approximately Five Million dollars Two Hundred and Fifty Thousand dollars and 00/100 (\$5,250,000.00).

Furthermore, Kush Medicinal LLC has executed an LOI with Multiverse Capital for up to \$10,000,000 (ten million dollars), of passive source debt-based convertible note funding to assist with the operational expenses of the Company as well as assisting the Company with sourcing and securing up to an additional \$20,000,000 (twenty million dollars) of debt-based funding that would be secured against and utilized for the real estate purchase, lease, development, and capital expenditures of the Company.

Therefore, I am writing to verify that Kush Medicinal LLC is financially capable of both opening and operating a Medical Cannabis Dispensary business based on the available funding the team has access to. Please do not hesitate to reach out with any questions.

Best.

Rinaben R. Patel

R. R. Patel

CEO - Kush Medicinal LLC

334-546-8901 // aminreena01@gmail.com

#### 3409 Atlanta Highway Montgomery AL 36109



joyceams@hotmail.com 334 265-9722

To whom it May Concern

Please accept this letter on behalf of my clients Rinaben Patel and Mital Patel (Clients), as proof of financial capability to open and operate a Medical Cannabis Dispensary business establishment in the State of Alabama. The following documents were reviewed to determine financial capability of my clients as members of KUSH Medicinal LLC

- Regions Bank Account Statement Dated 12/01/2022
- Wells Fargo Account Statement dated 12/01/2022
- MI Finance, IRA and Gold (Clients)
- Real Estate Property statements (Both Personal and Business) dated 12/15/2022
- Home value Personal Attestation and Mortgage Loan Statement dated 12/15/2022
- Business P and L and Balance Sheets (Prepared by ATS)
- Multiple Business Value Attestation (Clients)
- Home Value Personal Attestation (Clients)
- Valley National Bank Account Statement 12/15/2022
- Wells Fargo Account Statement 12/15/2022
- Mutual Fund and Stock Statement 12/26/2022
- Commercial Real Estate Property Value Attestation (Clients)

Based on the review of the above documents provided by my clients on behalf of KUSH Medicinal LLC the total assets value were approximately Five Million dollars Two Hundred and Fifty Thousand dollars and 00/100 (\$5,250,000.00) KUSH Medicinal LLC is financially capable to both open and operate a Medical Cannabis Dispensary business based on the available funding they currently have access to.

Please do not hesitate to contact me at (334)399-0503 or email ats3409@gmail.com.

Thank you,

**Chris Hargett** 

# MULTIVERSE CAPITAL™

Multiverse Capital 1001 Bannock Street, Suite 419 Denver, CO 80204

Email: <u>nic@multiversecap.com</u>

29 December 2022

Rinaben Patel Chief Executive Officer Kush Medicinal LLC

Email:

Dear Rinaben Patel and the Kush Medicinal, LLC Team,

Multiverse Capital is pleased to present the following non-binding Letter of Intent and Interest to Invest ("LOI") in Kush Medicinal, LLC. (the "Company"), an applying business entity in Alabama that intends to apply for, win, and operate a medical cannabis retail dispensary business. Based on our preliminary review of the Company's initial investor pitch deck and financial model provided, along with information received during meetings with the Company, we are providing this letter to express our intent to invest in the Company in the amount of up to \$10,000,000 (ten million dollars), of passive source debt-based convertible note funding to assist with the operational expenses of the Company as well assisting the Company with sourcing and securing up to an additional \$20,000,000 (twenty million dollars) of debt-based funding that would be secured against and utilized for the real estate purchase, lease, development, and capital expenditures of the Company subject to the conditions contained herein.

This Letter of Intent to Invest is based on the following conditions being met:

- 1. The Company is awarded a Dispensary License by the State of Alabama Department of Agriculture ("Department"), for which a determination by the Department is anticipated to be on July 10, 2023, subject to further extensions if needed.
- 2. Completion of, and satisfaction with, a complete business, financial and legal due diligence review of the Company.

3. Negotiation and execution of an agreeable Term Sheet, Unit/Share Purchase Agreement, and Shareholder Agreement on or before the License award.

Further, this LOI is confidential and represents a preliminary indication of interest, and does not constitute a contract, commitment, undertaking, exclusive funding relationship, or other binding obligation or limitation.

Respectfully Yours,

22

Nic Easley
Managing Director
Multiverse Capital
nic@multiversecap.com
1-720-556-2991

2/29/22, 4:19 PM	Bank of America   Online Banking   Stater		
	Online Banking	License Type: Dispensary	
Adv Relationship Banking - 9464 Account & routing numbers			
\$105,026.80 Available balance (as of today)			
Show full summary			

#### **Statements & Documents**

Activity Statements & Docs Info & Services

What documents are available?

Enable screen reader-formatted PDFs

#### **Most Recent**



#### View All

#### Select a year

2022

**Expand all** 

Statements



#### **Request Statements**

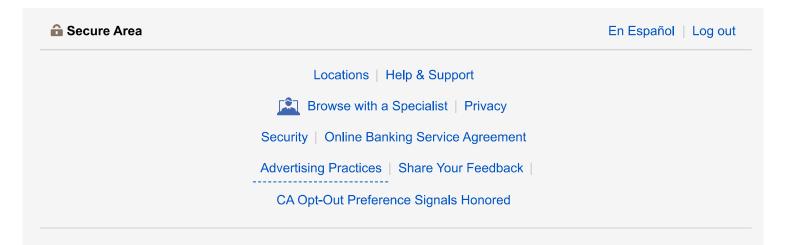
Get older statements for eligible accounts.

#### Manage your Paperless Settings

Get safe, secure statements right in your desktop

Tax statements can only be downloaded because they contain your Tax Identification Number (TIN), Social Security Number (SSN) and/or full account number.

To view statements online in PDF format, you will need Adobe Reader software 6.0 or higher. If you don't have Adobe Reader installed on your computer, you can download Adobe Reader now for free.



**Investing involves risk**. It's possible to lose money by investing in securities. You should review any planned financial transactions that may have tax or legal implications with your personal tax or legal advisor.

Merrill Lynch, Pierce, Fenner & Smith Incorporated (also referred to as "MLPF&S" or "Merrill") makes available certain investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation ("BofA Corp."). MLPF&S is a registered broker-dealer, registered investment adviser, Member SIPC and a wholly owned subsidiary of BofA Corp.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of BofA Corp.

License Type: Dispensary Banking, mortgage, automobile loans and home equity products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of BofA Corp. Bank of America, N.A. Equal Housing Lender. Credit and collateral are subject to approval. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice.

Investment products are provided by MLPF&S and:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
Are Not Deposits	Are Not Insured By Any Federal Government Agency	Are Not a Condition to Any Banking Service or Activity

Bank of America, N.A. Member FDIC. Equal Housing Lender 📵

© 2022 Bank of America Corporation. All rights reserved.



P.O. Box 15284 Wilmington, DE 19850

TORAL S PATEL
ASHISH M AMIN
PISCATAWAY, NJ 08854-3597

BANK OF AMERICA

#### Preferred Rewards

#### **Customer service information**

1.888.888.RWDS (1.888.888.7937)En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.P.O. Box 25118Tampa, FL 33622-5118

4

Please see the Important Messages - Please Read section of your statement for important details that could impact you.

# Your Adv Relationship Banking Preferred Rewards Platinum Honors

for November 18, 2022 to December 19, 2022

TORAL S PATEL ASHISH M AMIN

#### **Account summary**

Ending balance on December 19, 2022	\$5.075.57
Service fees	-0.00
Checks	-535.00
Withdrawals and other subtractions	-13,051.33
Deposits and other additions	10,406.68
Beginning balance on November 18, 2022	\$8,255.22

Annual Percentage Yield Earned this statement period: 0.01%. Interest Paid Year To Date: \$1.03.

Account number: 9464

#### IMPORTANT INFORMATION:

#### BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

© 2022 Bank of America Corporation

Bank of America, N.A. Member FDIC and



**Equal Housing Lender** 



TORAL S PATEL | Account # 9464 | November 18, 2022 to December 19, 2022

Exclusively for BofA cardholders: 10% off skate rentals and Express Skate at Bank of America Winter Village at Bryant Park. Start planning the fun at wintervillage.org

You will receive a 10% discount on eligible Skate Rental and/or Express Skate entry fee when you use any Bank of America® issued debit or credit card as your form of payment to pay for your purchase at checkout. Offer valid between October 28, 2022 and March 5, 2023. Offer only valid on orders up to \$500. Customers must enter their credit card number, card expiration and CVV directly on the payment page at checkout to qualify for this offer. Not valid on previous purchases or at any other location or website. No cash back. Bryant Park Corporation also reserves the right to change the terms and conditions applicable to discount codes at any time. Void where prohibited. Fulfillment of this offer is the sole responsibility of Bryant Park Corporation LLC.

#### Deposits and other additions

Date	Description	Amount
11/28/22	VENMO DES:CASHOUT ID:1023751129353 INDN:TORAL PATEL CO ID:5264681992 PPD	2,405.62
12/02/22	Zelle Transfer Conf# eshh5ulkf; ADVANCED PHYSICAL THERAPY AND REHAB LLC	5,000.00
12/09/22	Zelle Transfer Conf# e000QHviq; Advanced Therapy and Rehab LLC	1.00
12/13/22	Zelle Transfer Conf# gctjiki61; ADVANCED PHYSICAL THERAPY AND REHAB LLC	3,000.00
12/19/22	Interest Earned	0.06

**Total deposits and other additions** 

\$10,406.68

#### Withdrawals and other subtractions

Date	Description	Amount
11/18/22	AMERICAN EXPRESS DES:ACH PMT   ID:W2680   INDN:TORAL S PATEL   CO ID:1133133497   WEB	-1,759.67
11/29/22	VENMO DES:PAYMENT ID:1023779307055 INDN:TORAL PATEL CO ID:3264681992 WEB	-117.00
12/01/22	Online Banking transfer to CHK 2814 Confirmation# 1489839425	-2,000.00
12/01/22	GUARDIAN/BERKSH DES:INS. PREM. ID:383844 INDN:TORAL PATEL CO ID:1041083480 PPD	-320.65
12/01/22	LEARNING CAPITAL DES:TUITION ID:XX014QMHAT4980 INDN:PATEL,TORAL CO ID:3411786634 PPD	-260.00

continued on the next page



#### Do you follow us on social media?

Connect with us on **Facebook** and **Twitter** for timely information and to learn more about how to reach your financial goals.





When you use the QRC feature certain information is collected from your mobile device for business purposes. SSM-05-22-0100.C | 4718133



#### Withdrawals and other subtractions - continued

Date	Description	Amount
12/01/22	THE GUARDIAN DES:INSUR PREM ID:4547919 INDN:PATEL TORAL CO ID:9555845001 PPD	-45.49
12/05/22	Online Banking transfer to CHK 2814 Confirmation# 1325677331	-1,000.00
12/07/22	AMERICAN EXPRESS DES:ACH PMT   ID:W6744   INDN:TORAL S PATEL   CO ID:1133133497   WEB	-2,488.20
12/07/22	VENMO DES:PAYMENT ID:1023935525495 INDN:TORAL PATEL CO ID:3264681992 WEB	-101.00
12/08/22	TARGET CARD SRVC DES:BILL PAY ID:000000006471926 INDN:4T PA0000000TEL T CO ID:TXXXXXXXXX WEB	-883.49
12/08/22	NORDSTROM DES:PAYMENT ID:043000093223636 INDN:PATEL TORAL CO ID:9044022131 WEB	-63.49
12/12/22	VENMO DES:PAYMENT ID:1024017475343 INDN:TORAL PATEL CO ID:3264681992 WEB	-237.00
12/14/22	VENMO DES:PAYMENT ID:1024096322567 INDN:TORAL PATEL CO ID:3264681992 WEB	-3,600.00
12/16/22	VENMO DES:PAYMENT ID:1024134306881 INDN:TORAL PATEL CO ID:3264681992 WEB	-175.34

#### **Total withdrawals and other subtractions**

-\$13,051.33

#### Checks

Date	Check #	Amount	Date	Check #	Amount
12/08/22	103	-485.00	11/21/22	276*	-50.00
			Total ched	:ks	-\$535.00
			Total # of	checks	2

<sup>\*</sup> There is a gap in sequential check numbers

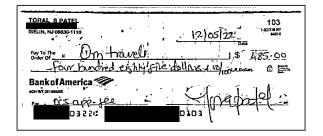
Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.



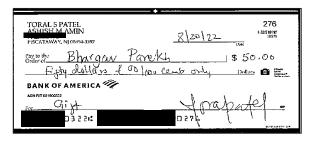
TORAL S PATEL | Account # 9464 | November 18, 2022 to December 19, 2022

**Check images** 

Account number: 9464 Check number: 103 | Amount: \$485.00



Check number: 276 | Amount: \$50.00



#### **Important Messages - Please Read**

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Good news - to help you avoid missing scheduled payments, we may continue processing those payments you have set up with a debit card after the card expires.

Debit cards expiring on or after February 14, 2023 that are used for recurring, installment or subscription payments, may continue to have payments processed after the card expires. Even if you do not activate your new debit card or provide merchants with the new expiration date, your previously authorized payments may still be processed.

Do not worry, you can still cancel scheduled payments by contacting the merchants directly. If there are merchants you have provided your card number to, our Mobile Banking (Footnote 1) app and Erica®, your virtual financial assistant (Footnote 2) can provide you with a list if you ask "Where are my debit cards stored?".

(Footnote 1) Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

(Footnote 2) In your Bank of America Mobile App, Erica, is only available in the English language. The feature requires that you download the latest version of the Mobile Banking app and is only available in the Mobile Banking app for select iOS and Android devices. Message and data rates may apply.

#### **Exhibit 5 - Financial Statements**

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# **5.1: Balance Sheet Report -**Kush Medicinal LLC Dispensary Company

Assets	F	iscal Year 1	F	iscal Year 2	Fiscal Year 3			
Current Assets								
Cash	\$	1,970,323	\$	758,767	\$	447,992		
Investments		-		-		-		
Accounts Receivable		372,000		786,264		1,179,396		
Notes Receivable		_		_		-		
Inventory		-		-		-		
Other Current Assets		-		-		-		
Total Current Assets	\$	2,342,323	\$	1,545,031	\$	1,627,388		
Plant & Equipment								
Land	\$	-	\$	-	\$	-		
Buildings		557,000		557,000		557,000		
Building/Leasehold Improvements		-		-		-		
Machinery & Equipment		-		-		-		
Office Equipment		-		-		-		
Automobiles		-		-		-		
Accumulated Depreciation		(11,900)		(26,184)		(40,468)		
Total Net Plant & Equipment	\$	545,100	\$	530,816	\$	516,532		
Other Assets	\$	_	\$	_	\$			
Total Assets		\$2,887,423		\$2,075,847		\$2,143,920		
Liabilities & Owners' Equity								
Current Liabilities								
Short Term Debt		_		_		_		
Accounts Payable		203,055		329,774		450,426		
Other Payables		-		-		-		
Accrued Lia Accrued Liabilities	\$	-	\$	-	\$	-		
Total Current Liabilities		\$203,055		\$329,774		\$450,426		
Long Term Debt	\$		\$	_	\$	_		
Total Liabilities		\$203,055		\$329,774		\$450,426		
Owner/Stockholder Equity								
Common Stock		6,000,000		6,000,000		6,000,000		
Retained Earnings		(3,315,632)		(4,253,927)		(4,306,506)		
Dividends I Dividends Payable	\$	-	\$	-	\$	-		
Total Owners' Equity	\$	2,684,368	\$	1,746,073	\$	1,693,494		
<b>Total Liabilities &amp; Equity</b>		\$2,887,423		\$2,075,847		\$2,143,920		

#### **Balance Sheet Report Cont.**

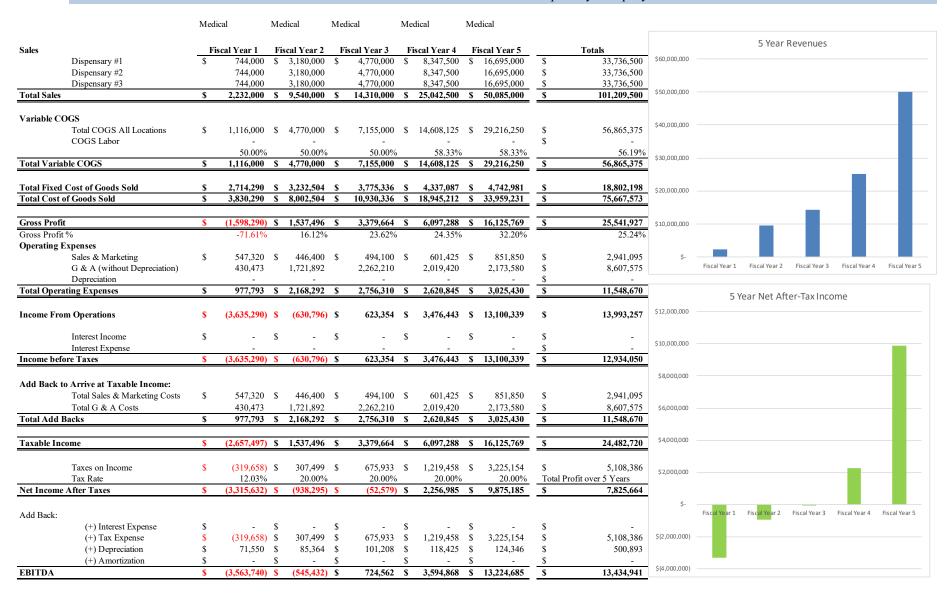
Fis	scal Year 4		Fiscal Year 5
\$	2,168,511	\$	10,616,706
	- 2,058,288		- 4,116,575
	2,036,266		4,110,575
	-		_
	-		-
\$	4,226,799	\$	14,733,281
\$	_	\$	_
Ψ	557,000	Ψ	557,000
	-		-
	-		-
	-		-
	- (54.750)		-
•	(54,750)	•	(69,032)
\$	502,250	\$	487,968
\$		\$	
Ф	\$4,729,049	Ф	\$15,221,249
	\$ <del>4</del> ,729,049		\$13,221,249
	-		-
	778,570		1,395,585
\$	-	\$	-
<b>D</b>	\$778,570	Þ	\$1,395,585
	\$778,370		\$1,393,363
\$	_	\$	
	\$778,570		\$1,395,585
	( 000 000		( 000 000
	6,000,000 (2,049,521)		6,000,000 7,825,664
\$	(4,077,341)	\$	7,023,004
\$	3,950,479	\$	13,825,664
¥	2,220,117	Ψ	12,022,001
	\$4,729,049		\$15,221,249

#### 5.2: Profit and Loss Report (Budget Years 1-5 by Year) -Kush Medicinal LLC Dispensary Company

Sales	I	Fiscal Year 1	Fi	iscal Year 2	F	iscal Year 3	Fi	iscal Year 4	F	iscal Year 5	5	Year Total
Dispensary #1	\$	744,000	\$	3,180,000	\$	4,770,000	\$	8,347,500	\$	16,695,000	\$	33,736,500
Dispensary #2		744,000		3,180,000		4,770,000		8,347,500		16,695,000	\$	33,736,500
Dispensary #3		744,000		3,180,000		4,770,000		8,347,500		16,695,000	\$	33,736,500
Dispensary #4		_		-		-		-		-	\$	-
Dispensary #5		-		-		-		-		-	\$	-
Total Sales	\$	2,232,000	\$	9,540,000	\$	14,310,000	\$	25,042,500	\$	50,085,000	\$	101,209,500
Variable COGS												
Total COGS All Locations	\$	1,116,000	\$	4,770,000	\$	7,155,000	\$	14,608,125	\$	29,216,250	\$	56,865,375
COGS Labor	•	-,,	*	-	-	-	*	-	-		\$	-
Total Variable COGS	\$	1,116,000	\$	4,770,000	\$	7,155,000	\$	14,608,125	\$	29,216,250	\$	56,865,375
% of Total Sales		50.00%		50.00%		50.00%		58.33%		58.33%		
Fixed COGS												
Direct Labor - Dispensary	\$	715,500	\$	853,652	\$	1,012,096	\$	1,184,250	\$	1,243,463	\$	5,008,961
Depreciation		11,900		14,284		14,284		14,282		14,282	\$	69,032
Workers Compensation Ins.		71,550		85,364		101,208		118,425		124,346	\$	500,893
Payroll Taxes and Benefits (28% Burden)		200,340		239,024		283,388		331,590		348,170	\$	1,402,512
Legal Fees		143,000		72,000		72,000		72,000		72,000	\$	431,000
Licenses and Permits		150,000		150,000		150,000		150,000		150,000	\$	750,000
Property Management Lease		288,000		576,000		864,000		1,152,000		1,440,000	\$	4,320,000
OPEX - Dispensary		1,134,000		1,242,180		1,278,360		1,314,540		1,350,720	\$	6,319,800
Total Fixed Cost of Goods Sold	\$	2,714,290	\$	3,232,504	\$	3,775,336	\$	4,337,087	\$	4,742,981	\$	18,802,198
% of Total Sales		121.61%		33.88%		26.38%		17.32%		9.47%		
<b>Total Cost of Goods Sold</b>	\$	3,830,290	\$	8,002,504	\$	10,930,336	\$	18,945,212	\$	33,959,231	\$	75,667,573
Gross Profit	<b>\$</b>	(1,598,290)	\$	1,537,496	\$	3,379,664	\$	6,097,288	\$	16,125,769	\$	25,541,927
% of Total Sales		-71.61%		16.12%		23.62%		24.35%		32.20%		, ,
Operating Expenses												
Marketing	\$	216,000	\$	144,000	\$	144,000	\$	144,000	\$	144,000	\$	792,000
Consulting	•	72,000		_		-		-			\$	72,000
Sales Commissions		22,320		95,400		143,100		250,425		500,850	\$	1,012,095
		,		,		,			5 -	Financial Sta	atem	

								L	icense Type	Disp	ensary
Web Site Development		33,000	18,000		18,000		18,000		18,000	\$	105,000
Hosting/IT Infrastructure Costs		9,000	9,000		9,000		9,000		9,000	\$	45,000
Events		51,000	36,000		36,000		36,000		36,000	\$	195,000
Sales Expenses		144,000	144,000		144,000		144,000		144,000	\$	720,000
<b>Total Sales &amp; Marketing Costs</b>	\$	547,320	\$ 446,400	\$	494,100	\$	601,425	\$	851,850	\$	2,941,095
% of Total Sales		24.52%	4.68%		3.45%		2.40%		1.70%		
General & Administrative											
Executive Salaries	\$	560,004	\$ 588,000	\$	617,400	\$	648,270	\$	680,684	\$	3,094,358
Non-Exec Salaries		326,004	421,052		727,100		464,208		487,418	\$	2,425,782
Insurance		195,000	185,400		190,800		196,200		201,600	\$	969,000
Depreciation		-	-		-		-		-	\$	-
Workers Compensation Ins.		88,596	100,904		134,450		111,248		116,810	\$	552,008
Payroll Taxes and Benefits (28% Burden)		248,076	282,536		376,460		311,494		327,068	\$	1,545,634
Property Lease		72,000	144,000		216,000		288,000		360,000	\$	1,080,000
Total G & A Costs	\$	1,489,680	\$ 1,721,892	\$	2,262,210	\$	2,019,420	\$	2,173,580	\$	9,666,782
% of Total Sales		66.74%	18.05%		15.81%		8.06%		4.34%		
<b>Total Operating Expenses</b>	\$	2,037,000	\$ 2,168,292	\$	2,756,310	\$	2,620,845	\$	3,025,430	\$	12,607,877
% of Total Sales		91.26%	22.73%		19.26%		10.47%		6.04%		
<b>Income From Operations</b>	\$	(3,635,290)	\$ (630,796)	\$	623,354	\$	3,476,443	\$	13,100,339	\$	12,934,050
% of Total Sales		-162.87%	-6.61%		4.36%		13.88%		26.16%		
Interest Income	\$	-	\$ -	\$	-	\$	-	\$	-		
Interest Expense		-	-		-		-				
Income before Taxes	\$	(3,635,290)	\$ (630,796)	\$	623,354	\$	3,476,443	\$	13,100,339	\$	12,934,050
Add Back to Arrive at Taxable Income:											
Total Sales & Marketing Costs	\$	547,320	\$ 446,400	\$	494,100	\$	601,425	\$	851,850	\$	2,941,095
Total G & A Costs	·	1,489,680	1,721,892	·	2,262,210	·	2,019,420		2,173,580	\$	9,666,782
Total Add Backs	\$	2,037,000	\$ 2,168,292	\$	2,756,310	\$	2,620,845	\$	3,025,430	\$	12,607,877
Taxable Income	\$	(1,598,290)	\$ 1,537,496	\$	3,379,664	\$	6,097,288	\$	16,125,769	\$	25,541,927
Taxes on Income	\$	(319,658)	\$ 307,499	\$	675,933	\$	1,219,458	\$	3,225,154	\$	5,108,386
Net Income After Taxes	\$	(3,315,632)	\$ (938,295)	\$	(52,579)	\$	2,256,985	\$	9,875,185	\$	7,825,664
% of Total Sales		-148.55%	-9.84%		-0.37%		9.01%		19.72%		

Kush Medicinal LLC Dispensary Company



29-Dec-22	5.2: Profit and Loss Report (Income Statement Years 1 - 5 Cont.) -  Kush Medicinal LLC Dispensary Company												License Type: Dispensary			
			% of Total			% of Total		% of Total		% of Total		% of Total				5 Year Revenue
6.1	Fis	cal Year 1	Sales	Fisc	cal Year 2	Sales	Fiscal Year 3	Sales	Fiscal Year 4	Sales	Fiscal Year 5	Sales	_	5 Year Totals	\$3.000.000	
Sales  Lease Income Dispensary	e	600,000	100.009/		1.080.000	100.00%	\$ 1,620,00	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%		8.050.650		
Total Sales	<u>s</u>	600,000	100.00%		1,080,000	100.00%	\$ 1,620,00			100.00%	\$ 2,639,250	100.00%	<u>s</u>	8,050,650	\$2,500,000	
		,			,,		, , , , , ,		, , ,		,,,,,,		_	-,,		_
Cost of Goods Sold			0.000/			0.000/	•	0.000/		0.000/		0.000/			\$2,000,000	
All Products COGS COGS Labor	\$	-	0.00%	\$	-	0.00% 0.00%	S -	0.00%	s -	0.00%	\$ -	0.00%	\$	-	\$1,500,000	_
Total Cost of Goods Sold	S .		0.00%	\$		0.00%	s -	0.00%	\$ -	0.00%	s -	0.00%	- S	<del></del>	\$1,500,000	
													_		\$1,000,000	
Gross Profit	\$	600,000	100.00%	\$	1,080,000	100.00%	\$ 1,620,00	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$	8,050,650		
Operating Expenses															\$500,000	
Sales & Marketing	S	35,900	5.98%	s	8,660	0.80%	\$ 8,90	4 0.55%	\$ 9,156	0.43%	\$ 9,408	0.36%	s	72,028		
G & A (without Depreciation)	\$	406,352	67.73%	\$	404,072	37.41%	\$ 407,77			19.49%	415,428	15.74%	\$	2,045,182	3-	Fiscal Year 1 Fiscal Year 2 Fiscal Year 3 Fiscal Year 4 Fiscal Year 5
Depreciation	\$	252,432	42.07%	\$	383,672	35.53%	\$ 383,67	2 23.68%	\$ 383,672	18.17%	383,672	14.54%	\$	1,787,120		
Total Operating Expenses	\$	694,684	115.78%	\$	796,404	73.74%	\$ 800,34	3 49.40%	\$ 804,386	38.10%	\$ 808,508	30.63%	\$	3,904,330		5 Year Net After Tax Income
Income From Operations	S	(94,684)	-15.78%	\$	283,596	26.26%	\$ 819,65	2 50.60%	\$ 1,307,014	61.90%	\$ 1,830,742	69.37%	\$	4,146,320		
Interest Income	\$	- '	0.00%	\$	-			0.00%		0.00%	\$ -	0.00%	\$	-	\$1,200,00	00
Employee Bonus Plan	\$	-	0.00%	\$	81,528	7.55%				3.86%	81,527	3.09%	\$	326,110	\$1,000.00	
Income Before Taxes and Profit Sharing	\$	(94,684)	-15.78%	\$	202,068	18.71%	\$ 738,12	45.56%	\$ 1,225,487	58.04%	\$ 1,749,215	66.28%	\$	3,820,210	\$1,000,00	
Taxes on Income	\$	-	0.00%	\$	75,776	7.02%				21.77%		24.85%	\$	1,468,087	\$800.00	20
Tax Rate		0.00%			37.50%		37.50	%	37.50%		37.50%			38.43%		
Profit Sharing			0.00%		_	0.00%	_	0.00%		0.00%	_	0.00%			\$ 60 0, 00	00
Net Income After Taxes	S	(94,684)	0.00%	s	126,292	0.00%	s 461,32			0.00%		0.00%	S	2,352,123		
		, ,,,,,			.,=-	0.007		3,000,10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.007,0	Ť	.,,,,,,,,,	\$ 40 0, 00	00
Add Back:															\$200,00	20
(+) Interest Expense	\$	-		\$	81,528		\$ 81,52		\$ 81,527		\$ 81,527		\$	326,110	\$200,00	
(+) Tax Expense	\$	-	0.00%		75,776	7.02%				21.77%	\$ 655,956		\$	1,468,087	s	
(+) Depreciation	\$	252,432	42.07%	\$	383,672	35.53%	\$ 383,67	2 23.68%	\$ 383,672	18.17%	\$ 383,672		\$	1,787,120	,	
(+) Amortization	\$	-		\$	-		S -		\$ -		\$ -		\$	-	\$(200,00	
EBITDA	\$	157,748	42.07%	\$	667,268	42.54%	\$ 1,203,32	40.77%	\$ 1,690,686	39.94%	\$ 2,214,414		\$	5,933,440		Fiscal Year 1 Fiscal Year 2 Fiscal Year 3 Fiscal Year 4 Fiscal Year 5

Employee Bonus Plan

#	Name	Address
1 Location 1		2104 West Point Pkwy
2 Location 2		2500 Central Pkwy
3 Location 3		TBD
		Total

	Facility Costs (DI) Summary														
Lan	d / Property	-Construction		Direct		FF&E	Contingency								
\$	430,000	\$	164,540	\$	262,399	\$	204,500	\$	63,144						
\$	895,000	\$	167,100	\$	441,014	\$	377,500	\$	118,561						
\$	600,000	\$	170,350	\$	416,196	\$	386,076	\$	97,262						
\$	1,925,000	\$	501,990	\$	1,119,609	\$	968,076	\$	278,968						

Total
\$ 1,124,583
\$ 1,999,175
\$ 1,669,885
\$ 4,793,643

# **5.2: Profit and Loss Report (Income Statement Years 2-3 by Quarter)** - License Type: Dispensary Kush Medicinal LLC Dispensary Company

						ſ	% of Total							I			% of Total
Sales	O1-Yr2	O2-Yr2	O3-Yr2		O4-Yr2	Fiscal Year 2	% of Total Sales	Q1-Yr3		Q2-Yr3	0	3-Yr3	<b>Q4-Y</b> 1	.2	Ficeal	l Year 3	% of Total
Dispensary #1	\$ 795,000		\$ 795,00	00 \$	795,000	\$ 3,180,000	33.33%	\$ 1.192.		3 1,192,500	<u> </u>	1,192,500		2,500		.770.000	22.22%
Dispensary #2	795,000	795,000	795,00		795,000	\$ 3,180,000	33.33%	1,192,		1,192,500		1,192,500				3,347,500	38.89%
Dispensary #3	795,000	795,000	795,00		795,000	\$ 3,180,000	33.33%	1,192,		1,192,500		1,192,500		,		3,347,500	38.89%
Dispensary #3	775,000	775,000	775,00	,,	775,000	\$ 5,160,000	0.00%	1,172,	-	1,172,500		-	1,17		\$	-	0.00%
	_	_	_		-	\$ -	0.00%		_	_		_		_	\$	_	0.00%
Total Sales	\$ 2,385,000	\$ 2,385,000	\$ 2,385,00	00 \$	2,385,000	\$ 9,540,000	100.00%	\$ 3,577,	500 5	3,577,500	\$	3,577,500	\$ 3,57	,500	\$ 21	,465,000	100.00%
Cost of Goods Sold																	
Total COGS All Locations	\$ 1,192,500	\$ 1,192,500	\$ 1,192,50	00 \$	1,192,500	\$ 4,770,000	50.00%	\$ 1,788,	750 \$	1,788,750	\$	1,788,750	\$ 1,78	3,750	\$ 7	,155,000	33.33%
COGS Labor																	
Total Variable COGS	\$ 1,192,500	\$ 1,192,500	\$ 1,192,50	00 \$	1,192,500	\$ 4,770,000	50.00%	\$ 1,788,	750 5	1,788,750	\$	1,788,750	\$ 1,78	3,750	\$ 7	,155,000	33.33%
% of Total Sales	50.00%	50.00%	50.00		50.00%	50.00%			00%	50.00%		50.00%		0.00%		33.33%	
Total Fixed Cost of Goods Sold	\$ 808,126	\$ 808,126	\$ 808,12	26 \$	808,126	\$ 3,232,504	33.88%	\$ 943,	334 5	943,834	\$	943,834	\$ 94.	3,834	\$ 3	3,775,336	17.59%
Total Cost of Goods Sold	\$ 2,000,626	\$ 2,000,626	\$ 2,000,62	26 \$	2,000,626	\$ 8,002,504	83.88%	\$ 2,732,	584 5	2,732,584	\$	2,732,584	\$ 2,732	2,584	\$ 10	,930,336	50.92%
Gross Profit	\$ 384,374	\$ 384,374	\$ 384,3	74 S	384,374	\$ 1,537,496	16.12%	\$ 844.	916 5	844,916	\$	844,916	\$ 84	,916	S 10	.534,664	49.08%
% of Total Sales	16.12%	16.12%			16.12%	16.12%			52%	23.62%		23.62%		3.62%		49.08%	
Operating Expenses																	
Sales & Marketing	\$ 111,600	\$ 111,600	\$ 111,60	00 \$	111,600	\$ 446,400	4.68%	s 123.	525 9	123,525	\$	123,525	\$ 12°	3,525	\$	494,100	2.30%
G & A (without Depreciation)	409,132	409,132	409,13		409,132	\$ 1,636,528	17.15%	441,		441,927	Ψ	638,574		,	•	2,161,002	10.07%
Depreciation	21,341	21,341	21,34		21,341	\$ 85,364	0.89%	25,		25,302		25,302		*	\$	101,208	0.47%
Total Operating Expenses	\$ 542,073				542,073	\$ 2,168,292	22.73%		754 5		\$	787,401		,401	\$ 2	2,756,310	12.84%
% of Total Sales	22.73%	22.73%	22.73		22.73%	22.73%			51%	16.51%		22.01%		2.01%		12.84%	
Income From Operations	\$ (157,699)	\$ (157,699)	\$ (157,69	9) \$	(157,699)	\$ (630,796)	-6.61%	\$ 254.	162 5	5 254,162	\$	57,515	\$ 5'	,515	S 7	7.778.354	36.24%
% of Total Sales	-6.61%	-6.61%	-6.6		-6.61%	-6.61%			10%	7.10%		1.61%		.61%		36.24%	
Interest Income	s -	s -	s -	\$	_	\$ -	0.00%	S	- 9		s		\$	_	\$	_	0.00%
Interest Expense	<b>.</b>	-	J -	Ф	-	s -	0.00%	J.	- 4	-	Ф	-			\$	-	0.00%
Income before Taxes	\$ (157,699)	\$ (157,699)	\$ (157,69	2 (9)	(157,699)	\$ (630,796)	-6.61%	\$ 254,	162 5	254,162	\$	57,515	\$ 5'		Ψ	,778,354	36.24%
Income belore Taxes	\$ (137,022)	(137,077)	\$ (137,0)	, <u> </u>	(137,077)	(030,770)	-0.0170	ÿ 254,	102	234,102	Ψ	37,313	9 5	,515	9 /	,770,034	30.24 /0
Add Back to Arrive at Taxable Income:																	
Total Sales & Marketing Costs	\$ 111,600	\$ 111,600	\$ 111,60	00 \$	111,600	\$ 446,400	0.00%	\$ 123,	525 \$	123,525	\$	123,525	\$ 12:	3,525	\$	494,100	0.00%
Total G & A Costs	430,473	430,473	430.47	13	430,473	\$ 1,721,892	17.15%	467.	229	467,229		663,876	66	.876	S 2	,262,210	10.07%
Total Add Backs	\$ 542,073	/	\$ 542,07		542,073	\$ 2,168,292	22.73%		754 \$	, .	\$	787,401		,401		,756,310	
Taxable Income:	\$ 384,374	\$ 384,374	\$ 384.3	74 S	384,374	\$ 1,537,496	16.12%	\$ 844.	916 5	844,916	S	844,916	\$ 84	,916	<b>S</b> 3	379,664	15.74%
					,-/-	,,		,	4	,	-			,		,- ·- ,- · ·	
Taxes on Income	\$ 76,875	\$ 76,875	\$ 76.87	75 \$	76,874	\$ 307,499	3.22%	\$ 168.	983 \$	168,983	\$	168,983	\$ 165	3,984	\$	675,933	3.15%
Tarte of freeing	20%	20%		)%	20%	\$ 307,477	3.22/0		20%	20%		20%	ψ 100		\$	073,733	5.1570
Net Income After Taxes	\$ (234,574)	\$ (234,574)			(234,573)	\$ (938,295)	-9.84%		179 5		\$	(111,468)	<b>\$</b> (11)	.469)	•	.102,421	33.09%
% of Total Sales	-9.84%	-9.84%	. ( - )-		-9.84%	-9.84%	2.0170		38%	2.38%	Ψ	-3.12%		3.12%	- /	33.09%	22.07 /0

#### 5.2: Profit and Loss Report (Income Statement Year 1 by Month) -

Kush Medicinal LLC Dispensary Company

																						% of Total
Sales		Jul-23	Aug-23		Sep-23	Oct-23	]	Nov-23	D	ec-23	Jan-24		Feb-24	M	Iar-24	Apr-24		May-24			Fiscal Year 1	Sales
Dispensary #1	\$	-	\$ -	\$	- \$	-	\$	-	\$	- \$	124,000	\$	124,000	\$	124,000 \$	124,00	0 \$	124,000	\$	124,000	\$ 744,000	33.33%
Dispensary #2		-	-		-	-		-		-	124,000		124,000		124,000	124,00	0	124,000		124,000	\$ 744,000	33.33%
Dispensary #3		-	-		-	-		-		-	124,000		124,000		124,000	124,00	0	124,000		124,000	\$ 744,000	33.33%
		-	-		-	-		-		-	-		-		-	-		-		-	\$ -	0.00%
		-	-		-	-		-		-	-		-		-	-		-		-	\$ -	0.00%
Total Sales	\$	-	<b>S</b> -	\$	- \$	-	\$	-	\$	- \$	372,000	\$	372,000	\$	372,000 \$	372,00	0 \$	372,000	\$	372,000	\$ 2,232,000	100.00%
Cost of Goods Sold																						
Total COGS All Locations COGS Labor	\$	-	\$ -	\$	- \$	-	\$	-	\$	- \$	186,000	\$	186,000	\$	186,000 \$	186,00	0 \$	186,000	\$	186,000	\$ 1,116,000 \$	50.00% 0.00%
Total Variable COGS	S	-	s -	S	- s		S		s	- S	186,000	s	186,000	•	186,000 S	186,00	0 6	186,000	S	186,000	\$ 1.116,000	50.00%
	J		-		Ψ				_			_	/	J				/	_		- , -,	30.00 /0
% of Total Sales		0.00%	0.009	<b>%</b> 0	0.00%	0.00%	0	0.00%		0.00%	50.00%	D	50.00%		50.00%	50.00	<b>%</b> 0	50.00%		50.00%	50.00%	
Total Fixed Cost of Goods Sold	\$	285,883	\$ 221,121	1 \$	221,359 \$	221,597	\$	221,835	\$	221,835 \$	220,110	\$	220,110	\$	220,110 \$	220,11	0 \$	220,110	\$	220,110	\$ 2,714,290	121.61%
T. (10. (10. 10.1)	•	207.002	6 221.12		221,359 \$	221,597	•	221 025	6	221,835 \$	406,110	•	406 110	Φ.	406 110 . 6	407.11	0 0	407 110	•	407.110	\$ 3,830,290	171.61%
Total Cost of Goods Sold	\$	285,883	\$ 221,121	1 \$	221,359 \$	221,597	\$	221,835	\$	221,835 \$	400,110	3	406,110	Э	406,110 \$	406,11	U 3	406,110	\$	400,110	\$ 3,830,290	1/1.01%
Gross Profit	S	(285,883)	\$ (221,121	1) \$	(221,359) \$	(221,597	) \$	(221,835)	\$	(221,835) \$	(34,110)	) <b>\$</b>	(34,110)	\$	(34,110) \$	(34,11	0) \$	(34,110)	S	(34,110)	\$ (1,598,290)	-71.61%
% of Total Sales		0.00%	0.009	%	0.00%	0.00%	ó	0.00%		0.00%	-9.17%	ó	-9.17%		-9.17%	-9.17	%	-9.17%		-9.17%	-71.61%	
Operating Expenses																						
Sales & Marketing	\$	137,250	\$ 35,250	) \$	35,250 \$	35,250	\$	35,250	\$	35,250 \$	38,970	\$	38,970	\$	38,970 \$	38,97	0 \$	38,970	\$	38,970	\$ 547,320	24.52%
G & A (without Depreciation)		98,645	98,645	5	98,645	98,645		98,645		98,645	116,245		116,245		116,245	116,24	5	116,245		- , -	\$ 1,289,340	57.77%
Depreciation		16,870	16,870		16,870	16,870		16,870		16,870	16,520		16,520		16,520	16,52		16,520		16,520	\$ 200,340	8.98%
<b>Total Operating Expenses</b>	\$	252,765	\$ 150,765	5 \$	150,765 \$	150,765	\$	150,765	\$	150,765 \$	171,735	\$	171,735	\$	171,735 \$	171,73	5 \$	171,735	\$	171,735	\$ 2,037,000	91.26%
% of Total Sales		0.00%	0.009	%	0.00%	0.00%	ó	0.00%		0.00%	46.17%	ó	46.17%		46.17%	46.17	%	46.17%		46.17%	91.26%	
Income From Operations	S	(538,648)	\$ (371,880	6) <b>S</b>	(372,124) \$	(372,362	) S	(372,600)	8	(372,600) \$	(205,845)	) S	(205,845)	s	(205,845) \$	(205,84	5) \$	(205,845)	<b>S</b> (	(205,845)	\$ (3,635,290)	-162.87%
% of Total Sales	<u> </u>	0.00%	0.009	_	0.00%	0.00%		0.00%		0.00%	-55.33%		-55.33%	Ψ	-55.33%	-55.33		-55.33%		-55.33%	-162.87%	10210770
70 of Total Bales		0.0070	0.00	, 0	0.0070	0.007		0.0070		0.0070	33.337		55.5570		33.3370	55.55	70	33.3370		33.3370	102.0770	
Interest Income	\$	-	\$ -	\$	- \$	_	\$	-	\$	- \$	_	\$	_	S	- S	_	\$	-	\$	-	\$ -	0.00%
Interest Expense		-	_		_ `	_		-		_	-		_			-		_		-	\$ -	0.00%
Income before Taxes	\$	(538,648)	\$ (371,880	6) \$	(372,124) \$	(372,362	) \$	(372,600)	\$	(372,600) \$	(205,845)	) \$	(205,845)	\$	(205,845) \$	(205,84	5) \$	(205,845)	\$ (	(205,845)	\$ (3,635,290)	-162.87%
															` ' '							-
Add Back to Arrive at Taxable Income:																						
Total Sales & Marketing Costs	\$	137,250	\$ 35,250	) <b>\$</b>	35,250 \$	35,250	\$	35,250	\$	35,250 \$	38,970	\$	38,970	S	38,970 \$	38,97	0 \$	38,970	\$	38,970	\$ 547,320	24.52%
Total G & A Costs		115,515	115,515	5	115,515	115,515		115,515		115,515	132,765		132,765		132,765	132,76	5	132,765		132,765	\$ 1,489,680	66.74%
Total Add Backs	\$	'	\$ 150,765		150,765 \$	'			\$	150,765 \$	171,735	\$	171,735	\$	171,735 \$	171,73		171,735			\$ 2,037,000	91.26%
Taxable Income:	\$	(285,883)	\$ (221,121	1) \$	(221,359) \$	(221,597	<b>) \$</b>	(221,835)	\$	(221,835) \$	(34,110)	<b>\$</b>	(34,110)	\$	(34,110) \$	(34,11	0) \$	(34,110)	\$	(34,110)	\$ (1,598,290)	
T .	6		0	•	•				•			•		6			•			(210.650)	0 (210 (50)	14.2207
Taxes on Income	\$		\$ -	\$	- \$		\$	- 0%	\$	- \$	- 0%	\$	- 00/	\$	- \$ 0%	-	\$	- 0%		(319,658)		-14.32%
Net Income After Taxes	•	(538,648)	\$ (371.88c		0% (372,124) \$	(372,362		(372,600)		0% (372,600) \$	(205,845)		(205,845)	e e	(205,845) \$	(205,84		(205,845)		937% 113.813	\$ 0 \$ (3.315,632)	-148.55%
	\$	())	(- )	, .	(- ) ) -	(- )	, -	(- ))		(- ))	( / /	, -	( ) )	3	( ) ) -	( )-	-, -	( ) )		- ,	- (-)) )	-148.55%
% of Total Sales		0.00%	0.009	<b>%</b> 0	0.00%	0.00%	0	0.00%		0.00%	-55.33%	D	-55.33%		-55.33%	-55.33	<b>%</b> 0	-55.33%		30.59%	-148.55%	

License Type: Dispensary

# **5.3: Statement of Cash Flow (Cash Flow Years 1 - 5) -** Kush Medicinal LLC Company

Sources of Cash:	F	iscal Year 1	I	Fiscal Year 2	Fiscal Year 3
Operations During the Year					
Net Income After Taxes	\$	(3,315,632)	\$	(938,295)	\$ (52,579)
Add items not decreasing cash					
Depreciation	\$	200,340	\$	85,364	\$ 101,208
Increase in Accounts Payable	\$	203,055	\$	126,719	\$ 120,652
Increase in Other Payables	\$	-	\$	-	\$ -
Increase in Accrued Liabilities	\$	-	\$	-	\$ -
Deduct items not increasing cash					
Increase in Accounts Receivable	\$	372,000	\$	414,264	\$ 393,132
Increase in Inventory	\$	-	\$	-	\$ -
Cash from Operations		(\$3,284,237)		(\$1,140,476)	(\$223,851)
Financing & Other Sale of Stock	\$	6,000,000	\$	-	\$ -
Cash / Operations & Financing		\$2,715,763		(\$1,140,476)	(\$223,851)
Applications of Cash					
Payment of Dividends	\$	-	\$	-	\$ -
Purchases of Fixed Assets	\$	557,000	\$	-	\$ -
Increase/(Decrease) in Cash		\$2,158,763		(\$1,140,476)	(\$223,851)
Change in Cash Balance					
Ending Cash Balance	\$	1,970,323	\$	758,767	\$ 447,992
Beginning Cash Balance	\$	-	\$	1,970,323	\$ 758,767
Increase/(Decrease) in Cash	\$	1,970,323	\$	(1,211,556)	\$ (310,775)

## Cash Flow Year 1-5 Cont.

Fis	cal Year 4		Fiscal Year 5
\$	2,256,985	\$	9,875,185
¢.		Φ	
\$	220 144	\$	- (17.015
\$	328,144	\$	617,015
\$	-	\$	-
\$	-	\$	-
\$	878,892	\$	2,058,287
\$	-	\$	2,030,207
Ψ	\$1,706,237	Ψ	\$8,433,913
	· / /		. , , , ,
\$	-	\$	-
	\$1,706,237		\$8,433,913
\$	-	\$	-
\$	-	\$	-
	\$1,706,237		\$8,433,913
\$	2,168,511	\$	10,616,706
\$	447,992	\$	2,168,511
\$	1,720,519	\$	8,448,195

# 5.3: Statement of Cash Flow (Cash Flow Years 2-3 by Quarter) - Kush Medicinal LLC Dispensary Company

Sources of Cash:	Q1-Yr2		Q2-Yr2	Q3-Yr2		Q4-Yr2	F	iscal Year 2
Operations During the Year								
Net Income After Taxes	\$ (234,574)	\$	(234,574)	\$ (234,574)	\$	(234,573)	\$	(938,295)
Add items not decreasing cash								
Depreciation	\$ 21,341	\$	21,341	\$ 21,341	\$	21,341	<b>\$</b>	85,364
Increase in Accounts Payable	126,719		-	-		-	<b>\$</b>	126,719
Increase in Other Payables	-		-	-		-	<b>\$</b>	-
Increase in Accrued Liabilities	-		-	-		-	\$	-
Deduct items not increasing cash								
Increase in Accounts Receivable	\$ 414,264	\$	-	\$ -	\$	-	\$	414,264
Increase in Inventory	-		-	-		-	\$	-
Cash from Operations	\$ (500,778)	\$	(213,233)	\$ (213,233)	\$	(213,232)	\$	(1,140,476)
Financing & Other								
Sale of Stock	\$ -	\$	-	\$ -	\$	-	\$	-
Proceeds from Short Term Loans	-		-	-		-	\$	-
Proceeds from Long Term Loans	-		-	-		-	\$	-
Sale of Investments	-		-	-		-	\$	-
Collection of Notes Receivable	-		-	-		-	\$	-
Reduction of Other Current Assets	-		-	-		-	\$	-
Reduction of Other Assets	-		-	-		-	\$	-
Cash / Operations & Financing	\$ (500,778)	<b>\$</b>	(213,233)	\$ (213,233)	<b>\$</b>	(213,232)	\$	(1,140,476)
Applications of Cash								
Payment of Dividends	\$ -	\$	-	\$ -	\$	-	<b>\$</b>	-
Purchases of Fixed Assets	-		-	-		-	\$	-
Repayment of Short Term Loans	-		-	-		-	\$	-
Repayment of Long Term Loans	-		-	-		-	\$	-
Purchase of Investments	-		-	-		-	\$	-
Increase in Notes Receivable	-		-	-		-	\$	-
Increase in Other Current Assets	-		-	-		-	\$	-
Increase in Other Assets	 			-			\$	_
Increase/(Decrease) in Cash	\$ (500,778)	<b>\$</b>	(213,233)	\$ (213,233)	\$	(213,232)	\$	(1,140,476)

Change in Cash Balance					
Ending Cash Balance	\$ 1,451,775 \$	1,220,772 \$	989,769 \$	758,767	\$ 758,767
Beginning Cash Balance	\$ 1,970,323 \$	1,451,775 \$	1,220,772 \$	989,769	\$ 1,970,323
Increase/(Decrease) in Cash	\$ (518,548) \$	(231,003) \$	(231,003) \$	(231,002) \$	§ (1,211,556)

## Cash Flow Years 2-3 by Quarter Cont.

	Q1-Yr3		Q2-Yr3		Q3-Yr3		Q4-Yr3	Fi	scal Year 3
\$	85,179	\$	85,179	\$	(111,468)	\$	(111,469)	\$	(52,579)
\$	25,302	\$	25,302	\$	25,302	\$	25,302	\$	101,208
	120,652		-		-		-	\$	120,652
	-		-		-		-	\$	-
	-		-		-		-	\$	-
\$	393,132	\$	-	\$	-	\$	_	\$	393,132
·	-	·	-	·	-		-	\$	-
\$	(161,999)	\$	110,481	\$	(86,166)	\$	(86,167)	\$	(223,851)
\$	-	\$	-	\$	-	\$	-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	
\$	(161,999)	\$	110,481	\$	(86,166)	<b>\$</b>	(86,167)	\$	(223,851)
\$	_	\$	-	\$	-	\$	-	\$	_
	-		-		-		-	\$	-
	-		-		-		-	\$	_
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	-		-		-		-	\$	-
	_		<u>-</u>		<u>-</u>		<u>-</u>	\$	<u>-</u> _
\$	(161,999)	\$	110,481	\$	(86,166)	\$	(86,167)	\$	(223,851)

### Exhibit 6 - Tax Plan

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

The company's verified tax plan demonstrates an understanding of and plans for compliance with all applicable tax laws, including but not limited to providing all information required for purposes of the taxes levied by **Chapter 2A of Title 20, Code of Alabama 1975** (as amended), and payment of the same.

Information Required for Purposes of Taxes Levied by Chapter 2A of Title 20 Code of **Alabama 1975:** As part of a legitimate business, the company must follow state and federal regulations in paying taxes. In the case of the state of Alabama, the state tax is considered a privilege tax under Code 20-2A-80 under the Code of Alabama, 1975. The company understands that cannabis was written into the state tax code, how taxes will be calculated and collected, and how to report their taxes. Beginning on January 1st of 2022, the state of Alabama, per 20-21-80-(a), declared that all taxes would apply to medical cannabis along with a nine percent sales tax on the gross proceeds of all medical cannabis sold. A taxpayer's net worth in Alabama will be determined by apportioning the taxpayer's net worth computed under **Section 40-14A-23** in the same manner as prescribed for apportioning income during the determination period for purposes of the income tax levied by **Chapter 18 of Title 40**, or how the revenue would be apportioned if the taxpayer were subject to the income tax. Per 20-21-80(b)(2), Tax due will be calculated in the same manner and rate as prescribed in **Section 40-14A-22** to determine the annual privilege tax levied by **Chapter 14A** of **Title 40**. The company will file an annual return no later than the corresponding federal income tax return, which is required to be filed under federal law, and the return will be due no later than two and a half months after licensing to do business in Alabama per 20-21-80(b)(3). If necessary, the company may file for an extension, and in following **20-21-80(b)(4)**, the department of revenue may grant a reasonable extension for filing returns; however, no extension will be longer than six months. Furthermore, the company understands, according to **20-21-80(b)(5)**, The privilege tax will be reported on forms and in the format prescribed by the department of revenue. Any failure to receive a form will not prevent a business from paying any tax, penalty, or interest otherwise due.

The tax due will constitute an admitted liability for that amount. The Department of Revenue may compute additional tax, penalty, and interest against a taxpayer under this provision. Additionally, while this is a new program, it is understood that the Department of Revenue may add any additional rules to this section as outlined under **20-21-80(c)**. **Accounting and Tax Plan: Per 583-x-8-.03(8),** at the time required by law, the company or another company employee acting under the supervision of the company will allocate the appropriate sum for the satisfaction of taxes as may be levied against the sale. The Chief Financial Officer (CFO) will have monthly, quarterly, and annual accounting checklists to verify accounting and tax reporting and remitting are done correctly and on time. The CFO will ensure all accounting entries are performed accurately and promptly. All accounting will be done per Generally Accepted Accounting Principles by adopting Quickbooks Online (QO) as our accounting platform. All cash will be deposited in our bank account, chosen upon licensure. We will avoid paying expenses in cash whenever possible. All sales transactions will have an invoice generated by the accounting system by importing each sales order created using a standard template that automatically calculates sales tax. The invoice process allows for the proper segregation of duties between the Sales, Accounting, and Operations teams. All of the taxes and withholdings for Social Security, Medicare, Federal Unemployment Tax (FUTA), State Unemployment Tax (SUTA), Employee Retirement Programs, Worker's Compensation, and Employee Health, Dental, Vision, and Life Insurance policies, as well as 401k matching retirement plans, will be calculated and accounted. Kush Medicinal LLC has established compliance measures with our chosen bank to ensure proper accounting and tax processes. Per 583-x-8-.05(2)(c)(4), the company's verified licensing history, cannabis industry history, and tax history regarding itself or any affiliate will conform with paragraphs 3.d., 3.e., and 3.f. of Rule 538-x-3-.05 of Chapter 3 of these Rules.

#### Plan to Comply with and Mitigate the Effects of 26 U.S.C. s.280E

Under **26 U.S.C. s.280E**: (280E), no deduction or credit shall be allowed for any amount paid or incurred during the taxable year in carrying on any trade or business if such work or business (or the activities which comprise such trade or business) consists of trafficking in controlled substances, within the meaning of Schedule I and II of the Controlled Substances Act (CSA), which is prohibited by Federal law or the law of any State in which

such trade or business is conducted. Under Federal law, cannabis remains classified as a Schedule I controlled substance under the CSA, **21 U.S.C. §§ 801 et seq.** Section 280E denies cannabis businesses certain deductions and credits. However, cannabis businesses may claim the cost of goods sold (COGS) as an offset to income. COGS for Kush Medicinal LLC will include inventory costs as defined by **Treas. Regs Sec. 1.471-11(b)(1)**: Costs are considered production costs to the extent that they are incident to and necessary for production or manufacturing operations or processes. These inventory costs include materials, labor, and some indirect costs. Specifically, subtracting indirect costs as COGS include utilities, rent, indirect labor and production wages, and indirect materials and supplies. Indirect costs excluded from COGS include marketing, selling, and administrative expenses. Our taxes will be filed and paid promptly, and our financial statements will be reviewed monthly to ensure we consistently and adequately classify reasonable costs as COGS.

Federal Tax Withholding Compliance Overview: Kush Medicinal LLC will comply with all federal tax withholding guidelines and is required to withhold federal income tax from the wages of employees for both Social Security (6.2%) and Medicare taxes (1.45%) as required by law. Kush Medicinal LLC will implement an established payroll system that applies to the cannabis industry. We will work with the payroll system to determine whether the wage bracket or percentage method is preferable to ensure compliance with federal law. They will confirm each employee fills out a Form W-4 annually. Additionally, the Accounting team will provide employees with W-2 forms to explain the compensation paid and the tax withheld at the end of the year. As part of payroll procedures, Kush Medicinal LLC will calculate and remit taxes electronically to the state based on the pay periods planned for the 15th and end of the month. We will utilize a timesheet system for hourly employees. All payroll payments will be made from our registered bank account and agreed to the tax withholding accounts within our general ledger. Since Kush Medicinal LLC is an LLC, the CFO will ensure the accounting system accurately captures and reports the information required to create an accurate and complete tax return. The CFO will coordinate tax returns, including the Schedule K-1s (Form 1065s), with Kush Medicinal LLC's accountant.

#### State of Alabama Tax Withholding Compliance Overview

As part of our payroll procedures, Kush Medicinal LLC will calculate and remit taxes electronically to the state based on the pay periods, which are planned bi-weekly. We will utilize a timesheet system for hourly employees. Employees' time-logged payments and HR tracking and tax compliance, including; withholdings for State and Federal Unemployment Taxes (SUTA and FUTA), employee retirement programs, worker's compensation, and employee health insurance, will all be tracked both physically as well as digitally on external machine hard drives that are backed up in real-time and encrypted on cloud-based storage.

Cash Handling Procedures: Per 583-x-8-.05(3)(h), the company will provide the following plan for handling money and allocating and remitting taxes as required by any local, state, or federal agency. Responsible and accountable cash handling procedures are essential to the proper functioning of any business, especially in compliance with all tax codes. Violations are grievous offenses and will not be tolerated. Cash will not be permitted as a purchasing option at the manufacturing facility. Following stringent procedures, the closing dispensary sales team will return products, display products, and cash drawers to management once the retail staff has completed a count of the products and cash received. Once the final customer leaves, drawers in the registers will be rolled back to \$200 using the following cash counting method; Penny rolls>nickel rolls>dime rolls>quarter rolls>loose pennies>loose nickels>loose dimes> loose quarters> loose silver/gold dollar coins, one dollar bills>five dollar bills>ten dollar bills>20 dollar bills>50 dollar bills>100 dollar bills. When totals surpass \$200, the remaining amount will be removed from the draw, and exactly \$200 will be left in the register.

#### Conclusion

Our team, processes, systems, and internal controls will be designed and developed to ensure accurate accounting and compliance. The company's concrete and thorough plan for precise accounting and compliance will be in place for local, state, and federal taxes. By fully complying with all accounting-related requirements and regulations, Kush Medicinal LLC will meaningfully contribute to local and state tax bases, thereby supporting community development and service provision.

#### **Redaction Grounds and Authority**

Per the United States District Court of the Northern District of Alabama, found on the website (<a href="https://www.alnd.uscourts.gov/proper-redaction-techniques">https://www.alnd.uscourts.gov/proper-redaction-techniques</a>) accessed on 12/30/2022, Federal Rule of Civil Procedure 5-2, for example, restricts the filing (either e-filing or manual filing) of certain personal data to:

- Last 4 digits of a social-security or taxpayer ID number;
- Year of an individual's birth (not month or day);
- Minor's initials:
- Last 4 digits of a financial-account number.

Other types of information appropriate for redaction include:

- Medical information;
- Trade secrets;
- Sensitive security information;
- Other forms of unique identifiers, such as home addresses.
- Any security plans.

#### **Exhibit 7 - Business Formation Documents**

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

License Type: Dispensary

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the <u>Code of Alabama 1975</u>, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1.	The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation
	"L.L.C." or "LLC," and comply with <i>Code of Alabama</i> , Section 10A-1-5.06. You may use Professional or
	Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:

Kush Medicinal LLC

- 2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.
- 3. The name of the registered agent (only one agent): United States Corporation Agents, Inc.

Street (**no PO Boxes**) address of registered office (must be located in Alabama):

600 Boulevard South SW Suite 1043 Huntsville, AL 35802

\*COUNTY of above address:

MADISON

Mailing address in Alabama of registered office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama Sec. Of State

001-048-881 DLL Date 11/11/2022

Time 06:29:00
File \$100.00
County \$100.00

Total \$200.00

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

	company is effective immediately on the date received by the office of the Secretary ision or at the delayed filing date (cannot be prior to the filing date) specified in						
	with Section 10A-5A-1.04(c)  company is effective immediately on the date received by the office of the Secretary ision or at the delayed filing date (cannot be prior to the filing date) specified in						
Non-Profit LLC complying	company is effective immediately on the date received by the office of the Secretary ision or at the delayed filing date (cannot be prior to the filing date) specified in						
	ision or at the delayed filing date (cannot be prior to the filing date) specified in						
of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12  The undersigned specify 11 / 11 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the tin of filing to be 6 : 29 • AM or OPM. (cannot be noon or midnight – 12:00)							
Attached are any other mattachments with the filing).	ers the members determine to include herein (if this item is checked there must be						
11 / 11 / 2022	Cheyenne Moseley						
Date (MM/DD/YYYY)	Signature as required by 10A-5A-2.04						
	Assistant Secretary						
	Typed title (organizer or attorney-in-fact)						

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

## **Additional Details**

Organizers-

Organizer Street Address Mailing Address

Legalzoom.com, Inc. 101 N Brand 11th Fl
Glendale, CA 91203

101 N Brand 11th Fl
Glendale, CA 91203 John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

#### **Kush Medicinal LLC**

This name reservation is for the exclusive use of Legalzoom.com, 9900 Spectrum Drive, Austin, TX 78717 for a period of one year beginning November 11, 2022 and expiring November 11, 2023



RES056509

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

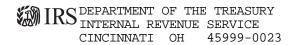
November 11, 2022

Date

X 7. Menill

John H. Merrill

**Secretary of State** 



Date of this notice: 11-14-2022

Employer Identification Number:

0713

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:

1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

KUSH MEDICINAL LLC
RINABEN R PATEL SOLE MBR
MONTGOMERY, AL 36117

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 0713. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is KUSH. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

999999999

CP 575 G

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 11-14-2022

( ) - EMPLOYER IDENTIFICATION NUMBER: 0713

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

KUSH MEDICINAL LLC
RINABEN R PATEL SOLE MBR
MONTGOMERY, AL 36117

#### **Limited Liability Company Agreement**

#### Kush Medicinal LLC, an Alabama Limited Liability Company

THIS LIMITED LIABILITY COMPANY AGREEMENT of Kush Medicinal LLC (the "Company") is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

- A. The Members have formed the Company as an Alabama limited liability company under the Alabama Limited Liability Company Law of 2014. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the state of Alabama. The Members hereby adopt and approve the articles of organization of the Company filed with the Judge of Probate in the county where the Company is located and the Alabama Secretary of State.
- B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

#### **ARTICLE 1: DEFINITIONS**

Capitalized terms used in this Agreement have the meanings specified in this Article 1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the Alabama Limited Liability Company Law of 2014.

"Agreement" means this Limited Liability Company Agreement of the Company, as may be amended from time to time.

"Capital Account" means, with respect to any Member, an account consisting of such Member's Capital Contribution, (1) increased by such Member's allocated share of income and gain, (2) decreased by such Member's share of losses and deductions,

- (3) decreased by any distributions made by the Company to such Member, and
- (4) otherwise adjusted as required in accordance with applicable tax laws.

"Capital Contribution" means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

"Exhibit" means a document attached to this Agreement labeled as "Exhibit A," "Exhibit B," and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

"Member" means each Person who acquires Membership Interest pursuant to this Agreement. The Members are listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement. Each Member has the rights and obligations specified in this Agreement.

"Membership Interest" means the entire ownership interest of a Member in the Company at any particular time, including the right to any and all benefits to which a Member may be entitled as provided in this Agreement and under the Alabama Limited Liability Company Law of 2014, together with the obligations of the Member to comply with all of the terms and provisions of this Agreement.

"Ownership Interest" means the Percentage Interest or Units, as applicable, based on the manner in which relative ownership of the Company is divided.

"Percentage Interest" means the percentage of ownership in the Company that, with respect to each Member, entitles the Member to a Membership Interest and is expressed as either:

- A. If ownership in the Company is expressed in terms of percentage, the percentage set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement; or
- B. If ownership in the Company is expressed in Units, the ratio, expressed as a percentage, of:
  - (1) the number of Units owned by the Member (expressed as "MU" in the equation below) divided by
  - (2) the total number of Units owned by all of the Members of the Company (expressed as "TU" in the equation below).

    Percentage Interest =  $\frac{MU}{TU}$

"Person" means an individual (natural person), partnership, limited partnership, trust, estate, association, corporation, limited liability company, or other entity, whether domestic or foreign.

"Units" mean, if ownership in the Company is expressed in Units, units of ownership in the Company, that, with respect to each Member, entitles the Member to a Membership Interest which, if applicable, is expressed as the number of Units set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement.

## ARTICLE 2: CAPITAL CONTRIBUTIONS, ADDITIONAL MEMBERS, CAPITAL ACCOUNTS AND LIMITED LIABILITY

- 2.1 **Initial Capital Contributions**. The names of all Members and each of their respective addresses, initial Capital Contributions, and Ownership Interests must be set forth on Exhibit A. Each Member has made or agrees to make the initial Capital Contribution set forth next to such Member's name on Exhibit A to become a Member of the Company.
- 2.2 **Subsequent Capital Contributions**. Members are not obligated to make additional Capital Contributions unless unanimously agreed by all the Members. If subsequent Capital Contributions are unanimously agreed by all the Members in a consent in writing, the Members may make such additional Capital Contributions on a pro rata basis in accordance with each Member's respective Percentage Interest or as otherwise unanimously agreed by the Members.

#### 2.3 Additional Members.

- A. With the exception of a transfer of interest (1) governed by Article 7 of this Agreement or (2) otherwise expressly authorized by this Agreement, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.
- B. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable. Membership Interests of new Members will be allocated according to the terms of this Agreement.
- 2.4 **Capital Accounts**. Individual Capital Accounts must be maintained for each Member, unless (a) there is only one Member of the Company and (b) the Company is exempt according to applicable tax laws. Capital Accounts must be maintained in accordance with all applicable tax laws.

- 2.5 **Interest**. No interest will be paid by the Company or otherwise on Capital Contributions or on the balance of a Member's Capital Account.
- 2.6 Limited Liability; No Authority. A Member will not be bound by, or be personally liable for, the expenses, liabilities, debts, contracts, or obligations of the Company, except as otherwise provided in this Agreement or as required by the Alabama Limited Liability Company Law of 2014. Unless expressly provided in this Agreement, no Member, acting alone, has any authority to undertake or assume any obligation, debt, or responsibility, or otherwise act on behalf of, the Company or any other Member.

#### ARTICLE 3: ALLOCATIONS AND DISTRIBUTIONS

- 3.1 **Allocations**. Unless otherwise agreed to by the unanimous consent of the Members any income, gain, loss, deduction, or credit of the Company will be allocated for accounting and tax purposes on a pro rata basis in proportion to the respective Percentage Interest held by each Member and in compliance with applicable tax laws.
- 3.2 **Distributions**. The Company will have the right to make distributions of cash and property to the Members on a pro rata basis in proportion to the respective Percentage Interest held by each Member. The timing and amount of distributions will be determined by the Members in accordance with the Alabama Limited Liability Company Law of 2014.
- 3.3 **Limitations on Distributions**. The Company must not make a distribution to a Member if, after giving effect to the distribution:
- A. The Company would be unable to pay its debts as they become due in the usual course of business; or
- B. The fair value of the Company's total assets would be less than the sum of its total liabilities plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights upon dissolution of Members, if any, whose preferential rights are superior to those of the Members receiving the distribution.

#### ARTICLE 4: MANAGEMENT

#### 4.1 Management.

- A. **Generally**. Subject to the terms of this Agreement and the Alabama Limited Liability Company Law of 2014, the business and affairs of the Company will be managed by the Members.
- B. Approval and Action. Unless greater or other authorization is required pursuant to this Agreement or under the Alabama Limited Liability Company Law of 2014 for the Company to engage in an activity or transaction, all activities or transactions must be approved by the Members, to constitute the act of the Company or serve to bind the Company. With such approval, the signature of any Members authorized to sign on behalf of the Company is sufficient to bind the Company with respect to the matter or matters so approved. Without such approval, no Members acting alone may bind the Company to any agreement with or obligation to any third party or represent or claim to have the ability to so bind the Company.
- C. **Certain Decisions Requiring Greater Authorization**. Notwithstanding clause B above, the following matters require unanimous approval of the Members in a consent in writing to constitute an act of the Company:
  - (i) A material change in the purposes or the nature of the Company's business;
  - (ii) With the exception of a transfer of interest governed by Article 7 of this Agreement, the admission of a new Member or a change in any Member's Membership Interest, Ownership Interest, Percentage Interest, or Voting Interest in any manner other than in accordance with this Agreement;
  - (iii) The merger of the Company with any other entity or the sale of all or substantially all of the Company's assets; and
  - (iv) The amendment of this Agreement.
- 4.2 **Officers**. The Members are authorized to appoint one or more officers from time to time. The officers will have the titles, the authority, exercise the powers, and perform the duties that the Members determine from time to time. Each officer will continue to perform and hold office until such time as (a) the officer's successor is chosen and appointed by the Members; or (b) the officer is dismissed or terminated by the Members, which termination will be subject to applicable law and, if an effective

employment agreement exists between the officer and the Company, the employment agreement. Subject to applicable law and the employment agreement (if any), each officer will serve at the direction of Members, and may be terminated, at any time and for any reason, by the Members.

#### ARTICLE 5: ACCOUNTS AND ACCOUNTING

- 5.1 **Accounts**. The Company must maintain complete accounting records of the Company's business, including a full and accurate record of each Company transaction. The records must be kept at the Company's principal executive office and must be open to inspection and copying by Members during normal business hours upon reasonable notice by the Members wishing to inspect or copy the records or their authorized representatives, for purposes reasonably related to the Membership Interest of such Members. The costs of inspection and copying will be borne by the respective Member.
- 5.2 **Records**. The Members will keep or cause the Company to keep the following business records.
  - (i) An up to date list of the Members, each of their respective full legal names, last known business or residence address, Capital Contributions, the amount and terms of any agreed upon future Capital Contributions, and Ownership Interests, and Voting Interests;
  - (ii) A copy of the Company's federal, state, and local tax information and income tax returns and reports, if any, for the six most recent taxable years;
  - (iii) A copy of the articles of organization of the Company, as may be amended from time to time ("Articles of Organization"); and
  - (iv) An original signed copy, which may include counterpart signatures, of this Agreement, and any amendments to this Agreement, signed by all then-current Members.
- 5.3 **Income Tax Returns.** Within 45 days after the end of each taxable year, the Company will use its best efforts to send each of the Members all information necessary for the Members to complete their federal and state tax information, returns, and reports and a copy of the Company's federal, state, and local tax information or income tax returns and reports for such year.

- 5.4 **Subchapter S Election**. The Company may, upon unanimous consent of the Members, elect to be treated for income tax purposes as an S Corporation. This designation may be changed as permitted under the Internal Revenue Code Section 1362(d) and applicable Regulations.
- 5.5 **Tax Matters Member**. Anytime the Company is required to designate or select a tax matters partner or partnership representative, pursuant to Section 6223 of the Internal Revenue Code and any regulations issued by the Internal Revenue Service, the Members must designate one of the Members as the tax matters partner or partnership representative of the Company and keep such designation in effect at all times.
- 5.6 **Banking**. All funds of the Company must be deposited in one or more bank accounts in the name of the Company with one or more recognized financial institutions. The Members are authorized to establish such accounts and complete, sign, and deliver any banking resolutions reasonably required by the respective financial institutions in order to establish an account.

#### ARTICLE 6: MEMBERSHIP - VOTING AND MEETINGS

- 6.1 **Members and Voting Rights**. The Members have the right and power to vote on all matters with respect to which the Articles of Organization, this Agreement, or the Alabama Limited Liability Company Law of 2014 requires or permits. Unless otherwise stated in this Agreement (for example, in Section 4.1(c)) or required under the Alabama Limited Liability Company Law of 2014, the vote of the Members holding at least a majority of the Voting Interest of the Company is required to approve or carry out an action of the members.
- 6.2 **Meetings of Members**. Annual, regular, or special meetings of the Members are not required but may be held at such time and place as the Members deem necessary or desirable for the reasonable management of the Company. Meetings may be called by any Member or Members, holding 10% or more of the Membership Interests, for the purpose of addressing any matters on which the Members may vote. A written notice setting forth the date, time, and location of a meeting must be sent at least ten (10) days but no more than sixty (60) days before the date of the meeting to each Member entitled to vote at the meeting. A Member may waive notice of a meeting by sending a signed waiver to the Company's principal executive office or as otherwise provided in the Alabama Limited Liability Company Law of 2014. In any instance in which the approval of the Members is required under this Agreement, such approval may be obtained in any manner permitted by the Alabama Limited Liability Company Law of 2014, including by conference call or similar communications equipment. Any

action that could be taken at a meeting may be approved by a consent in writing that describes the action to be taken and is signed by Members holding the minimum Voting Interest required to approve the action. If any action is taken without a meeting and without unanimous written consent of the Members, notice of such action must be sent to each Member that did not consent to the action.

#### ARTICLE 7: WITHDRAWAL AND TRANSFERS OF MEMBERSHIP INTERESTS

- 7.1 **Withdrawal**. Members may withdraw from the Company prior to the dissolution and winding up of the Company (a) by transferring or assigning all of their respective Membership Interests pursuant to Section 7.2 below, or (b) if all of the Members unanimously agree in a written consent. Subject to the provisions of Article 3, a Member that withdraws pursuant to this Section 7.1 will be entitled to a distribution from the Company in an amount equal to such Member's Capital Account.
- 7.2 **Restrictions on Transfer; Admission of Transfere**. A Member may transfer Membership Interests to any other Person without the consent of any other Member. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A Person that acquires Membership Interests in accordance with this Section 7.2 will be admitted as a Member of the Company only after the requirements of Section 2.3(b) are complied with in full.

#### **ARTICLE 8: DISSOLUTION**

- 8.1 **Dissolution.** The Company will be dissolved upon the first to occur of the following events:
  - (i) The unanimous agreement of all Members in a consent in writing to dissolve the Company;
  - (ii) Entry of a decree of judicial dissolution under Section 10-12-38 of the Alabama Limited Liability Company Act;
  - (iii) At any time that there are no Members, unless and provided that the Company is not otherwise required to be dissolved and wound up, within 90 days after the occurrence of the event that terminated the continued membership of the last remaining Member, the legal representative of the last remaining Member agrees in writing to continue the Company and (i) to become a Member; or (ii) to the extent that the last remaining Member assigned its interest in the

- Company, to cause the Member's assignee to become a Member of the Company, effective as of the occurrence of the event that terminated the continued membership of the last remaining Member;
- (iv) The sale or transfer of all or substantially all of the Company's assets;
- (v) A merger or consolidation of the Company with one or more entities in which the Company is not the surviving entity.
- 8.2 **No Automatic Dissolution Upon Certain Events**. Unless otherwise set forth in this Agreement or required by applicable law, the death, incapacity, disassociation, bankruptcy, or withdrawal of a Member will not automatically cause a dissolution of the Company.

#### **ARTICLE 9: INDEMNIFICATION**

- 9.1 **Indemnification**. The Company has the power to defend, indemnify, and hold harmless any Person who was or is a party, or who is threatened to be made a party, to any Proceeding (as that term is defined below) by reason of the fact that such Person was or is a Member, officer, employee, representative, or other agent of the Company, or was or is serving at the request of the Company as a director, Governor, officer, employee, representative or other agent of another limited liability company, corporation, partnership, joint venture, trust, or other enterprise (each such Person is referred to as a "Company Agent"), against Expenses (as that term is defined below), judgments, fines, settlements, and other amounts (collectively, "Damages") to the maximum extent now or hereafter permitted under Alabama law. "Proceeding," as used in this Article 9, means any threatened, pending, or completed action, proceeding, individual claim or matter within a proceeding, whether civil, criminal, administrative, or investigative. "Expenses," as used in this Article 9, includes, without limitation, court costs, reasonable attorney and expert fees, and any expenses incurred relating to establishing a right to indemnification, if any, under this Article 9.
- 9.2 **Mandatory.** The Company must defend, indemnify and hold harmless a Company Agent in connection with a Proceeding in which such Company Agent is involved if, and to the extent, Alabama law requires that a limited liability company indemnify a Company Agent in connection with a Proceeding.
- 9.3 **Expenses Paid by the Company Prior to Final Disposition**. Expenses of each Company Agent indemnified or held harmless under this Agreement that are

actually and reasonably incurred in connection with the defense or settlement of a Proceeding may be paid by the Company in advance of the final disposition of a Proceeding if authorized by a vote of the Members that are not seeking indemnification holding a majority of the Voting Interests (excluding the Voting Interest of the Company Agent seeking indemnification). Before the Company makes any such payment of Expenses, the Company Agent seeking indemnification must deliver a written undertaking to the Company stating that such Company Agent will repay the applicable Expenses to the Company unless it is ultimately determined that the Company Agent is entitled or required to be indemnified and held harmless by the Company (as set forth in Sections 9.1 or 9.2 above or as otherwise required by applicable law).

#### **ARTICLE 10: GENERAL PROVISIONS**

- 10.1 **Notice**. (a) Any notices (including requests, demands, or other communications) to be sent by one party to another party in connection with this Agreement must be in writing and delivered personally, by reputable overnight courier, or by certified mail (or equivalent service offered by the postal service from time to time) to the following addresses or as otherwise notified in accordance with this Section: (i) if to the Company, notices must be sent to the Company's principal executive office; and (ii) if to a Member, notices must be sent to the Member's last known address for notice on record. (b) Any party to this Agreement may change its notice address by sending written notice of such change to the Company in the manner specified above. Notice will be deemed to have been duly given as follows: (i) upon delivery, if delivered personally or by reputable overnight carrier or (ii) five days after the date of posting if sent by certified mail.
- 10.2 Entire Agreement; Amendment. This Agreement along with the Articles of Organization (together, the "Organizational Documents"), constitute the entire agreement among the Members and replace and supersede all prior written and oral understandings and agreements with respect to the subject matter of this Agreement, except as otherwise required by the Alabama Limited Liability Company Law of 2014. There are no representations, agreements, arrangements, or undertakings, oral or written, between or among the Members relating to the subject matter of this Agreement that are not fully expressed in the Organizational Documents. This Agreement may not be modified or amended in any respect, except in a writing signed by all of the Members, except as otherwise required or permitted by the Alabama Limited Liability Company Law of 2014.
- 10.3 **Governing Law; Severability**. This Agreement will be construed and enforced in accordance with the laws of the state of Alabama. If any provision of this

Agreement is held to be unenforceable by a court of competent jurisdiction for any reason whatsoever, (i) the validity, legality, and enforceability of the remaining provisions of this Agreement (including without limitation, all portions of any provisions containing any such unenforceable provision that are not themselves unenforceable) will not in any way be affected or impaired thereby, and (ii) to the fullest extent possible, the unenforceable provision will be deemed modified and replaced by a provision that approximates the intent and economic effect of the unenforceable provision and the Agreement will be deemed amended accordingly.

- 10.4 **Further Action**. Each Member agrees to perform all further acts and execute, acknowledge, and deliver any documents which may be reasonably necessary, appropriate, or desirable to carry out the provisions of this Agreement.
- 10.5 **No Third Party Beneficiary**. This Agreement is made solely for the benefit of the parties to this Agreement and their respective permitted successors and assigns, and no other Person or entity will have or acquire any right by virtue of this Agreement. This Agreement will be binding on and inure to the benefit of the parties and their heirs, personal representatives, and permitted successors and assigns.
- 10.6 **Incorporation by Reference**. The recitals and each appendix, exhibit, schedule, and other document attached to or referred to in this Agreement are hereby incorporated into this Agreement by reference.
- 10.7 **Counterparts**. This Agreement may be executed in any number of counterparts with the same effect as if all of the Members signed the same copy. All counterparts will be construed together and will constitute one agreement.

[Remainder Intentionally Left Blank.]

**IN WITNESS WHEREOF**, the parties have executed or caused to be executed this Limited Liability Company Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated:	12/29/2022	Design of the
_		Docusigned by:  Kinaben Patel  BEE3682EF3BB408
		Signature of Rinaben R. Patel
		DocuSigned by:
		Mitalbaluen Patel 5E98AC75619F4D1
		Signature of Mitalbahen R. Patel
		DocuSigned by:
		toral Patel
		Signature of Toral S. Patel
		DocuSigned by:  4C8850ACB0204CA
		Signature of Sergio D. Barraza Ingstrom
		Docusigned by:  Adam M Palton

-E360697083064F9...

Signature of Adam M. Dalton

## EXHIBIT A MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members	Capital	Percentage
Rinaben R. Patel Address:	Contribution	Interest 43.0%
Montgomery, AL 36117		
Mitalbahen R. Patel Address:		51.0%
Montgomery, AL 36117		
Toral S. Patel Address:		5.0%
Piscataway, NJ 08854		
Sergio D. Barraza Ingstrom Address:		0.5%
Tucson, AZ 85711		
Adam M. Dalton Address:		0.5%
Tucson, AZ 36117		

License	Type:	Dispensary	7
---------	-------	------------	---

#### **Exhibit 8 - Business License and Authorization of Local Authorities**

#### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

**8.1:** Certified copies of the Applicant's business license are not applicable to the company at the time of the application. Therefore, no certified copies of the company's business license are attached as a part of this exhibit.

**8.2:** Attached below are the resolution(s) or ordinance(s) by local jurisdiction(s) (County or Municipality, as appropriate) approving the company's business presence in each applicable local jurisdiction:



Steven L. Reed Mayor Charles W. Jinright – President Cornelius "CC" Calhoun – Pres. Pro Tem Clay Melnnis Brantley W. Lyons Glen O. Pruitt Jr.

Marche Johnson

December 19, 2022

Rinaben Patel Kush Medicinal LLC 8107 Wynlakes Blvd. Montgomery, AL 36117

**RE:** Central Parkway

Parcel No: 10 06 23 4 007 001.004

Dear Sir or Madam:

This is to advise you that the property located on the east side of Central Parkway, approximately 250 ft. south of Young Barn Road is in a B-3 (Commercial) Zoning District, which allows a medical cannabis dispensary.

There are no variances, special exceptions or open zoning violations on file.

The City is providing this information solely as a courtesy and the person requesting such information should independently confirm the information contained, herein. The City assumes no liability or responsibility for any misstatements or inaccuracies contained. If we can be of any further assistance, please do not hesitate to contact me at (334)625-2722.

Sincerely,

Thomas M. Tyson, Jr.

Land Use Control Administrator

/jmh

#### **ORDINANCE NO. 63-2021**

## AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS DISPENSARY WITHIN THE CORPORATE LIMITS OF THE CITY OF MONTGOMERY

WHEREAS, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the Act); and

WHEREAS, the Act provides for the medical use of marijuana for patients with a qualifying medical condition and a valid medical cannabis card; and

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to heavily regulates dispensary operation, (See, §§20-2A-50 – 20-2A-68, <u>Code of Alabama</u>), thus addressing any health, safety or welfare concerns for the citizens of the City of Montgomery; and

WHEREAS, the location of a dispensary within the corporate limits of the City of Montgomery will bring the potential of hundreds of new employment opportunities for the citizens of the City of Montgomery; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Montgomery, thus increasing revenue.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MONTGOMERY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Montgomery subject to any applicable zoning restrictions the City of Montgomery may adopt pursuant to §20-2A-51(c)(3).

ADOPTED this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 2021.

STEVEN L. REED, MAYOR

**ATTEST:** 

BRENDA GALE BLALOCK, CITY CLERK

63-2021

## ORDINANCE NO. <u>O28-22</u>

# AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES

**WHEREAS,** in the 2021 Legislative Session, the Alabama Legislature passed Act No. 21-450 (the "Act") legalizing and creating a regulatory framework for medical cannabis; and

WHEREAS, the Alabama Legislature made a number of findings of fact, including:

"Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."

"There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under the supervision of a physician licensed in this state."

"Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relieve to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to regulate dispensary operations, thus addressing any health, safety or welfare concerns for the citizens of the City of Opelika; and

WHEREAS, the Act requires the governing body of any municipality by ordinance to authorize the operation of the dispensing sites within the corporate limits of the municipality; and

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Opelika, thus increasing revenue; and

**WHEREAS**, the City of Opelika wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Opelika to assure its citizens can receive the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the City Council (the "Council") of the City of Opelika, Alabama (the "City") that, in accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act No. 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Opelika subject to the provisions of Act No. 21-450, any relevant provisions of the *Code of Ordinances* of the City of Opelika and any applicable zoning restrictions the City of Opelika may adopt pursuant to §20-2A-51(c)(3), *Code of Alabama*.

**BE IT FURTHER ORDAINED,** that any business license or sales tax revenue generated by medical cannabis dispensaries authorized by this Ordinance shall be deposited to the general fund.

**BE IT FURTHER ORDAINED,** that this Ordinance shall become effective immediately upon its adoption, approval and publication as required by law.

**BE IT FURTHER ORDAINED,** that the City Clerk of the City of Opelika, Alabama is hereby authorized and directed to cause this Ordinance to be published one (1) time in a newspaper of general circulation published in the City of Opelika, Lee County, Alabama.

ADOPTED AND APPROVED this the 4th day of OCTOBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE CITY OF OPELIKA, ALABAMA

ATTEST:

TRANSMITTED TO MAYOR on this the 54 day of OCTOBER

ACTION BY MAYOR

APPROVED this the 54 day of OCTOBER

# **Exhibit 9 - Business Plan**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer		
Printed Name of Verifying Individual	Title of Verifying Individual		
Toral Patel	28 December 2022		
Signature of Verifying Individual	Verification Date		

#### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

Leveraging Kush Medicinal LLC's executive management team's collective experience across the cannabis industry supply chain, Kush Medicinal LLC stands out from other competitors in the industry with our management team's extensive experience successfully developing similar facilities in other regulated cannabis markets and access to capital required to build the facility. Behind every great brand is talent, experience, and drive, which must be skillfully managed and leveraged to the company's and staff's advantage. Kush Medicinal LLC's obligation to support those close to the facility starts by offering a living wage, appropriate training, and firm policies and procedures to guide them toward success. They are dedicated to providing the resources necessary to nurture skilled employees with endless growth opportunities. Non-management employees will learn how to perform every role in the facility that is not security-related. From checking in visitors and filling hand sanitizer stations to performing an inventory count: every person on the floor will be knowledgeable, passionate, and aware of every product.

#### **Scope of Business: Retail Cannabis Facility**

Kush Medicinal LLC will operate a technologically advanced, uniquely engineered, and efficient high-volume retail cannabis operation that will sell cannabis products to the Alabama market as permitted by applicable laws and regulations. Products will be sold through a traditional brick-and-mortar store and curbside and delivery services if permitted. The brand's mission statement is centered around a commitment to quality. They will acquire the most popular products through strategic partnerships with cultivation and manufacturing brands that align with its standards. They will invest in hiring a passionate and knowledgeable team by offering technical training and a living wage, which promotes productivity and attention to detail. Customers will have access to an intuitive online menu online with real-time updated inventory and descriptions and photographs of the products. Clients will also have the option of connecting with staff in person or through a chat feature on the website. Pricing tiers will be diverse, allowing the

company to serve the entire community.

9.1 Business Structure and Plan for Adherence to Applicable Corporate Conventions

The Company was formed as an Alabama limited liability company in 2022 for the purpose of applying for and acquiring a medical cannabis dispensary license, allowing the Company to operate and manage a dispensary. The Company intends to apply for a medical cannabis dispensary license to the State of Alabama by December 30th, 2022.

The Company's primary principal is Rinaben Patel. All fundamental decisions regarding the management, control and governance of the Company's business affairs will be made by its Managers outlined in our operating agreement/by-laws. Day-to-day administration and operation of the Company will be handled by the Company's executive officers, once they have been appointed by the Board of Directors/Managers. The Board will have the power and authority to manage, and direct the management of, the business, affairs and operations of the Company, including (i) the authority to issue debt or equity securities, (ii) admit new members of the Company, (iii) to delegate certain powers and decision-making authority. As outlined in the operating agreement, Kush Medicinal will follow all corporate conventions in order to run a medical cannabis dispensary per the rules of the State of Alabama.

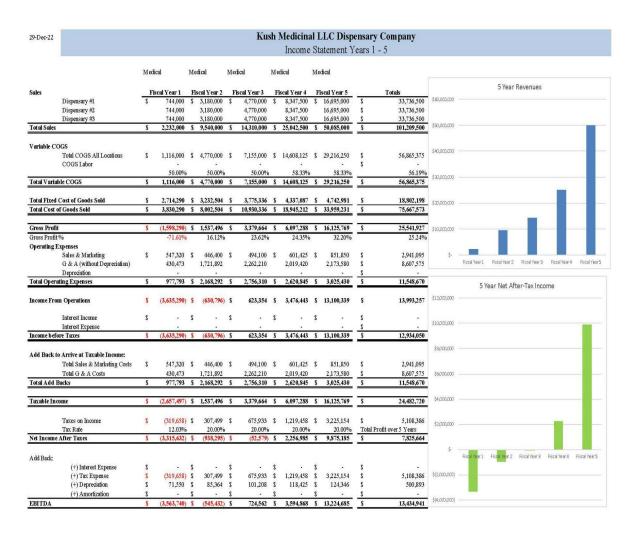
#### 9.2 Business Goals: Five and 10 Year Plan

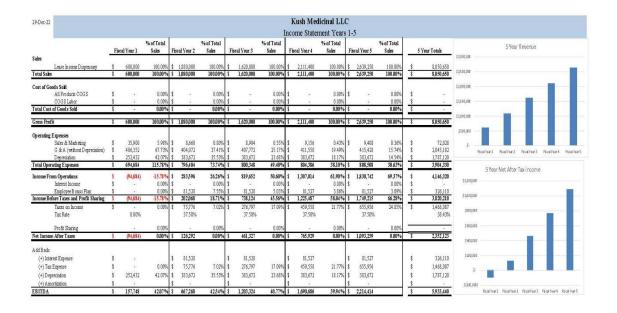
#### Year 1-5:

Within the first year of winning the license, Kush Medicinal will begin construction of two new build dispensary locations for which agreements have been drafted. Both locations are raw land, therefore, Kush Medicinals will work with the local jurisdictions to execute any construction permits it may need for these locations. Ideally, these locations would be ready for inspection by the AMCC within six to seven months of winning the license. That should be around the same time that products would be available for retailers. During this time, Kush Medicinals will look through the plethora of locations given up by losing teams that are compliant and make a decision as to whether do another newbuild or have a third location as a retrofit.

Ideally, all three stores would open within the same time frame so as to be able to outdo the competition. With our experience opening several dispensaries in New Jersey, we have confidence that we can get the stores up and running quickly. Within the next few years, we expect to get our profitable and merge them with our stores in other jurisdictions.

In terms of our community commitment, we are hoping to add minimum of 24 jobs per site to the local economy. Should Alabama within the first five years of business allow for further retail expansion, we would most likely try to gather as many locations as possible similar to Trulive's plans in Florida.



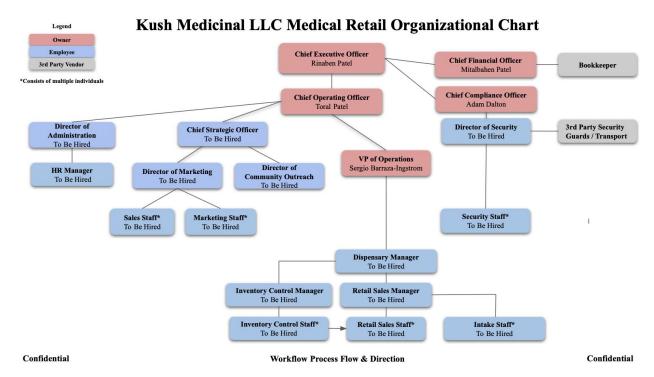


Year 6 - 10

Currently, there is no cannabis market that is older than ten years, so this questions is impossible to answer based on history. In fact, most cannabis companies either merge or fail within the first three years. Our goal is quite simple: either merge or acquire. That is simply the only option for a business in this space that has been successful for over five years. Whether that means Alabama opens up for recreational cannabis sales and allows expansions of stores or whether that means acquiring stores in other states such as North Carolina, Tennessee, or Texas, we are already en route towards becoming a Multi-State Operator. Ultimately, if we would want to be acquired, the more locations we are able to open, the better acquisition target we would be.

Our goal would be to have minimum of 30 stores within ten years. The stores would ideally be both medical and recreational cannabis and spread across a wide geographic region.

#### 9.3 Organizational Chart



9.4 Managerial Job Descriptions - Clear Delineation of Authority, Qualifications, and Duties

#### **CEO - Chief Executive Officer**

The CEO is responsible for maintaining the strategic direction and development of the overall business operations. In essence, the CEO's primary responsibilities entail making day-to-day management decisions and implementing the company's short- and long-term goals. The CEO bears significant accountability, commitment, and authority within the company, which inherently makes the CEO responsible for the organization's direction, mission, and vision. In addition, the CEO acts as a direct liaison between company managers and the Board of Executives, which can involve representing the company to government authorities, stakeholders, public entities, shareholders, and employees. Other interactions a CEO will have are between the company President, Compliance Officer, Chief Operations Officer, Chief Financial Officer, General Counsel, and Administrator to ensure the company directives are being met within set budgets and timelines.

Ideal qualifications for the Chief Executive Officer position include:

• 10+ years experience managing an organization with a proven track record from a C-level position

- Advanced degree from an accredited university, either MBA or another advanced degree in Business Management is highly preferable
- Excellent communication and negotiation skills
- Excellent standing within the commercial Cannabis community
- Strong leadership and organizational skills
- Multiple references for directly managed employees who can validate business experience and key accomplishments

#### **CFO - Chief Financial Officer**

The Chief Financial Officer is accountable for the financial, administrative, and risk management operations of an organization, which would involve developing operation and financial strategies, the metrics tied to the process, and ongoing monitoring and development of control systems designed to preserve company assets. This position will ensure the accuracy of all financial reporting, the adequacy of internal accounting controls, and compliance with all state department requirements. Other key responsibilities of this position will include overseeing employee benefit plans, implementing financial, operational best practices, and supervising tax or human resource operations associated with the company's economic well-being.

Ideal qualifications for the Chief Financial Officer position include:

- Advanced degree from an accredited university in accounting or business administration, or equivalent business experience; preference will be given to candidates with an MBA in Finance and the Certified Public Accountant or Certified Management Accountant designations
- 10+ years of progressively responsible experience for a major company or division of a large corporation
- Should have experience in partnering with an executive team and have a high level of written and oral communication skills

# **COO - Chief Operations Officer**

The Chief Operations Officer is responsible for overseeing the overall operation of the facility with a primary focus on his or her relationship with vendors, employees, and community members. Some of the key duties of a Chief Operations Officer include working directly with the Administration Direction to manage day-to-day operations, guiding director-level employees in managing team members, and maintaining accountability for the facility's total production (e.g., record keeping, patient confidentiality, security, facility cleanliness).

Ideal qualifications for the Chief Operations Officer position include:

- 10+ years experience overseeing the operations of a horticultural or agricultural business
- Advanced degree from an accredited university, preferably specialized in Project
   Management or Business
- Must be comfortable drafting and reviewing financial documents to ensure accurate reporting of facility progress
- Must be comfortable managing others and providing daily insight into Key
   Performance Indicators for the company

#### **CCO - Chief Compliance Officer**

The Chief Compliance Officer will ensure that the growing/processing facility remains in strict compliance with all relevant regulatory requirements. In essence, the Chief Compliance Officer will interface with local state agencies to interpret state laws, apply them to the facility operations, and communicate all compliance developments to appropriate staff. Other duties of the Chief Compliance Officer will include overseeing the regular inspection of facilities and evaluation whether they follow Standard Operating Procedures, working directly with the controller personnel and security to ensure crossfunctional adherence to all regulations, and reporting the status of facility regulatory compliance in all appropriate staff.

Ideal qualifications for the Chief Compliance Officer position include:

 10+ years experience working in compliance for a horticultural or agricultural business

- Advanced degree from an accredited university, preferably specialized in law and regulations
- Must be comfortable drafting and reviewing compliance documents to ensure accurate reporting of the current status
- Must be comfortable managing others and providing daily insight into Key
   Performance Indicators for the company

#### CMedO - Chief Medical Officer

Chief Medical Officers have the primary responsibility of managing an organization's physicians to provide safe and effective medical services to all employees. In addition, the Chief Medical Officer also innovates policy changes, ensures state and health department compliance, trains physicians on complying with facility regulations, develops a medical budget, and coordinates community relationships. In addition, it's the Chief Medical Officer's key priority to keep the President, CEO, and Board Members aware of any health-related issues apparent during operations. Further, the Chief Medical Officer ensures all products are safe for consumption before export and distribution.

Ideal qualifications for the Chief Medical Officer position include:

- 10+ years experience working as head of a healthcare facility or organization
- 10+ years experience as a licensed physician
- M.D. or D.O. is required from an accredited university; specialty in chemistry,
   biology, or public health preferred
- Excellent organizational skills and keen oversight
- The capability of making key health decisions for multiple employees

#### **CMO - Chief Marketing Officer**

A Chief Marketing Officer (CMO) is responsible for overseeing the strategic development of the company's marketing and advertising initiatives. Reporting directly to the CEO, the CMO's primary responsibility is to generate revenue by increasing sales through successful marketing for the entire organization, using market research, pricing, product marketing, marketing communications, advertising and public relations. Sometimes the CMO role is expanded to include sales management, business development, product development, distribution channel management and customer service. The CMO ensures the organization's message is distributed across channels and to targeted audiences in order to meet sales objectives. Today, this means seeking out new ways to deliver messaging, such as mobile platforms, video and social.

Ideal qualifications for the Chief Marketing Officer position include:

- MBA Specialization in Marketing or commensurate with industry experience
- 10 years experience in Marketing/Branding
- 3-5 years experience in management roles
- Analytical mindset
- Deep understanding of the cannabis market
- Thorough knowledge of industry standards, and changing market dynamics

#### **CDEIO - Chief Diversity/Equity/Inclusion Officer**

CDEIOs are primarily responsible for creating an organization's strategy for recruitment of diverse and underrepresented candidates. CDOs may be responsible for a wide set of initiatives, like developing, managing, and supporting data-based diversity and inclusion strategies, and supporting negotiations with foreign business entities. They identify and execute programs that can bolster diversity within the organization, and work with Human Resources in overseeing employee complaints related to discrimination and harassment.

Ideal qualifications Chief Diversity/Equity/Inclusion Officer for the position include:

- A strong foundational background in leadership with a focused passion for the work of DEI.
- A demonstrated natural strategist, and community liaison with significant experience in successfully advancing DEI within organizations.

 Adept at executing dialogue with multiple constituencies, and achieving results through influence and collaboration.

 Approach challenges with analytical thinking practices to work toward industry wide change rather than individual remedies.

# **RDO - Retail Director of Operations**

The Director of Retail is primarily responsible for the success of the retail locations while ensuring that all facilities and operations follow company policies and local and state compliance regulations. The Director of Retail will be responsible for developing processes in the retail platform, developing human resource strategies and training, operational procedures, and sales strategies designed to make the customer experience best-in-class while driving profitability. The Director of Retail will oversee all future retail locations, ensure that inventory levels are above-set par levels and that each of the retail locations uphold company standards.

Ideal qualifications for the Retail Director of Operations position include:

- 8+ years of progressive retail and operations management experience, preferably with a large retail organization
- Cannabis retail experience a strong plus
- Excellent influential, collaborative, and relationship-building skills
- Demonstrated abilities in data analysis, sales forecasting, project management, strategic planning, and multi-level team leadership
- Ability to reference a broad base of experience and best practices to create innovative and competitive solutions
- Excellent computer, mathematical, language, and reasoning skills
- High-level attention to detail
- Associates or Bachelor's degree in the business field required
- MBA or applicable Graduate Degree preferred

# **SED - Security Director**

The Security Director is responsible for the safety of all employees, products, and the facility as a whole. The Security Director is involved in evaluating current procedures and practices and assessing for safety concerns, identifying and resolving security issues, supervising security operations and security personnel, developing and executing new security plans, ordering equipment for security as needed, training security personnel as needed, and acting as a key liaison between the company and public law enforcement or similar agencies.

Ideal qualifications for the Security Director position include:

- 5+ years experience in security management and performing supervisory responsibilities or highly responsible work relating to tasks assigned to this position
- Bachelor's degree in Business Administration, Criminal Justice, or security or a closely related field
- Demonstrated knowledge of Professional Protection Best Practices
- Any professionally recognized certifications in the security-related field
- Strong time management, record keeping, analytical and problem-solving skill

#### **CRM - Community Relations Manager**

The Community Relations Manager will identify and engage local stakeholders to support the company, build partnerships as needed, and resolve community issues in the process. In addition, the Community Relations Manager will be involved with outreach to local officials and with preparation for meetings with key stakeholders. Further, a Community Relations Manager will identify, organize, activate, and attend local events and community meetings, all while ensuring the company remains engaged with the community's concerns.

Ideal qualifications for the Community Relations Manager position include:

- +3 years in community engagement or management
- Bachelor's degree in government or community relations fields
- Flexible, creative thinker, able to think outside the box and pursue new solutions
- Excellent communication and negotiation skills

• Strong cultural competence

# **DM - Dispensary Manager**

Responsibilities of the Dispensary Manager will include:

Completes store operational requirements by scheduling and assigning employees;
 following up on work results.

- Maintains store staff by recruiting, selecting, orienting, and training employees.
- Maintains store staff job results by coaching, counseling, and disciplining employees; planning, monitoring, and appraising job results.
- Achieves financial objectives by preparing an annual budget, scheduling expenditures, analyzing variances, initiating corrective actions.
- Identifies current and future customer requirements by establishing rapport with potential and actual customers and other persons in a position to understand service requirements.
- Ensures availability of merchandise and services by approving contracts;
   maintaining inventories.
- Formulates pricing policies by reviewing merchandising activities, authorizing clearance sales; studying trends.
- Markets merchandise by studying advertising, sales promotion, and display plans;
   analyzing operating and financial statements for profitability ratios.
- Secures merchandise by implementing security systems and measures.
- Protects employees and customers by providing a safe and clean store environment.
- Maintains the stability and reputation of the store by complying with legal requirements.
- Determines marketing strategy changes by reviewing operating and financial statements and departmental sales records.
- Maintains professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; and participating in professional societies.

 Maintains operations by initiating, coordinating, and enforcing program, operational, and personnel policies and procedures.

• Contributes to team effort by accomplishing related results as needed.

Ideal Qualifications and skills for the Dispensary Manager position will include:

- Bachelor's degree or higher from an accredited university, preferably in Business,
   Business Administration, or equivalent degree
- Knowledge of METRC and local law about Cannabis operations
- Record keeping experience
- +3 years of experience as a manager or assistant manager in a Cannabis retail environment
- Knowledge in:
  - Customer Service
  - Tracking Budget Expenses
  - Pricing, Vendor Relationships
  - Marketing
  - Staffing
  - Strategic Planning
  - Management
  - Client Relationships

# **ICM - Inventory Control Manager**

An Inventory Control Manager is responsible for inventory management throughout the facility, daily inventory reconciliation with sales reports, management of stored and quarantined products, performing weekly audits, creating and implementing inventory control procedures and developing related staff training, tracking all inventory including Cannabis-related accessories, discovering and reporting trends in inventory, and complying with and updating standard operating producers related to inventory tracking and management when industry guidance.

Ideal qualifications for the Inventory Control Manager position include:

• +3 years in inventory management

 Associate's or Bachelor's degree in Business Management, Project Management, or a related field

- Self-starter, ability to own and drive priorities
- Excellent organizational ability
- troubleshooting user problems

# 9.5 Support Staff Job Descriptions - Clear Delineation of Authority, Qualifications, and Duties

#### **BA - Brand Ambassador**

The responsibilities of the Brand Ambassador will include visiting dispensaries and attending other events as required for educating dispensaries, consumers, and others on the company brand, proactively promoting, selling, and securing products to dispensaries, coordinating sales effort with the marketing and sales teams, participating in trade shows and conventions.

Ideal qualifications for the Brand Ambassador position include:

- 3+ years experience building a brand in a business-to-business environment
- Bachelor's degree or higher from an accredited university
- Outside sales experience is a plus, especially in the medical Cannabis industry
- Strong communication and negotiation skills

#### **CS - Custodial Staff**

The Custodial Staff is involved with maintaining facility sanitation standards and ensuring facility safety. Job functions include sweeping, scrubbing, and waxing floors; vacuuming and cleaning rugs and carpets; cleaning restrooms; emptying and cleaning waste receptacles, washing and dust windows, walls, and blinds; and performing minor

maintenance and repairs on equipment or buildings such as replacing light bulbs, fixing doors, or minor painting.

Ideal qualifications for the Custodial Staff position include:

- Background in Cannabis preferred
- High School Diploma or higher from an accredited school or university
- Standing, walking, lifting, twisting, and frequently bending for at least 8-hour shifts
- Ability to lift to 50 pounds regularly and carry it up to 90 feet (or deposit into dumpster or trash compactor)

# **ICS - Inventory Control Staff**

The Inventory Control Staff is responsible for data entry for quantities and transfers between locations and inventory and cycle count adjustments. In addition, the Inventory Control Staff record and monitor all items with shelf-life daily and notify appropriate personnel when the material has expired, create and maintain a cycle count process, create physical inventory process, plan, and execute full physical inventory counts every two weeks.

Ideal qualifications for the Inventory Control Staff position include:

- Background in Cannabis preferred
- High School Diploma or higher from an accredited school or university
- Experience with inventory control
- Strong organizational skills

#### **RSS - Retail Sales Staff**

Retail Sales Staff provides an exceptional customer experience and educates customers or patients on Cannabis products, including cash handling, using the POS system, and labeling packaging and products before they leave the store. Serves as a resource for employees, customers, and patients to ensure an exceptional customer experience. They comply with regulation processes and procedures as well as internal policies. They are engaging with

patients and customers to help understand their consumer needs. They are responsible for participating in monthly internal inventory audits. Maintaining a sanitary and organized environment is essential to customer service, so organizing products, inventory, disinfecting, sweeping, mopping, and dusting is performed daily.

Ideal qualifications for the Retail Sales Staff position include:

- 6 months of customer service experience
- 6 months of Cannabis industry experience
- High school diploma, GED, or equivalent in experience
- Must hold or obtain a valid Occupational License (if applicable)
- Strong communication skills

# 9.6 Executive Summary

#### Mission Statement

To create the best products and provide it at the lowest possible cost to the patient.

#### Leadership Background and Qualifications and Key Personnel

Chief Executive Officer (CEO) Rinaben Patel has a Bachelor of Education and Master of Arts and History. She is also a successful entrepreneur who owns and manages three companies, and has over six years of experience at improving operations through efficiency updates, cost control strategies, and profit management optimization. As the owner/manager of BPS One Stop store, Z Threading and Spa, and Clandon Petro convenience and liquor store, Patel was responsible for compliance and training, and increased accuracy and reduced risk by documenting and enforcing company policies. She mentored employees on quality service delivery, resulting in improved customer loyalty and retention, while maintaining daily operational strategy, applying business acumen and industry-specific knowledge with skills that will be highly applicable to the medical cannabis industry.

Toral Patel is the Chief Operating Officer (COO) of the company, and has a passion for helping people improve their state of wellness. Patel received both her B.A. in Biology from Rutgers University and her Doctorate in Physical Therapy from the New York Institute of Technology. Dr. Patel is an experienced executive who is passionate about helping people achieve an active lifestyle. She has owned her own physical therapy office, nurturing a successful business since 2013. Dr. Patel treats patients of all ages and backgrounds with passion and professionalism. She understands the importance of becoming a real member of the community by providing free arthritis awareness/pain management in-service presentations at economically disadvantaged areas such as Plainfield senior center and Jersey city adult day care centers. Dr. Patel's extensive experience in business operations, biology, physical therapy, wellness practices, and client management and care will allow her to excel in the medical cannabis trade.

Chief Financial Officer (CFO) Mitalbahen Patel is an accomplished business owner with 15+ years of hands on experience in business development, key accounts management and strategic relationship development. She has a proven history of running multiple businesses, driving significant revenue growth, and profitability within highly competitive markets.

#### **Business Style and Philosophy**

The vision of Kush Medicinal LLC is to facilitate social and economic equity and environmental sustainability within the State of Alabama through the regulated cannabis industry. We will redefine the positive impact the cannabis sector can have on communities across the state. Kush Medicinal LLC was founded to offer high-quality, low-cost cannabis products for the Alabama market. We are on a mission to build one of the most recognized retail brands in the country; while acting as a development force to bring job creation, community partnerships, and economic growth to our home state through sustainable and environmentally friendly business practices. At Kush Medicinal LLC, we pride ourselves on our commitment to honesty, integrity, and working with our community partners in a cooperative manner that benefits everyone.

# **Facility Location and Function**

# **Facility Location and Function #1**

2104 West Point Pkwy, Opelika, AL 36801 - Medical Cannabis Dispensary

#### Facility Location and Function #2

2500 Central Pkwy, Montgomery, AL 36106 - Medical Cannabis Dispensary

# 9.7 Products/Services to be Cultivated, Processed, Transported, Dispensed, or Tested at Each Facility

The company's partnerships with vendors must start with quality: Our executive team and consultants have over a decade of experience in Cannabis business development. Our exceptional anticipated opening roster has been hand-picked by fellow experts with the passion and technical knowledge necessary to acquire talent and retain them to produce best-in-class products. They also possess the analytical foundation to acquire the highest possible grade product using the most cost-effective processes. This allows for a lower price point and creates another opportunity to develop a long-term relationship with the customer.

The retail facility will sell standardized mass products per Alabama state law, including tablets, capsules, tinctures, gels, oils, and creams for topical use, suppositories, transdermal patches, nebulizers, and liquids or oils for use in an inhaler. Quality and branding, and most importantly, customer satisfaction, will be the focus. The most critical acquisition in this process will be exceptional quality cannabis products. Attention to detail and passion are the two main ingredients in making outstanding Cannabis products.

# **Projected Pricing Data**

Based on extensive market research and active analytics, the company's pricing will be evaluated upon licensure. When determining an appropriate product price, due diligence will reflect current US market conditions. The company will use BDSA analytics reports to project competitively-priced cannabis products to Alabama's consumers. A wide array of

products will diversify pricing tiers and allow the company to service patients with all budgets.

#### **Projected Benefits to Consumers**

The company's value proposition for consumers stems from our plans to supply the market with affordable, high-quality cannabis products. We will operate a technologically advanced, uniquely engineered, efficient, high-volume cannabis operation to provide cannabis and cannabis products to the Alabama market. If permitted, products will be sold through a traditional brick-and-mortar store, along with curbside and delivery services. The company's Mission Statement is centered around a commitment to quality. Their scaled operations will increase the availability and affordability of retail cannabis products. Affordability will continually increase with Kush Medicinal LLC's scaled operations, which will, in turn, increase competition and diversification in the industry. With our access to data-driven insights regarding products most likely desired by Alabama consumers and tourists, the company will acquire a diverse product palette that will align with consumers' wants.

# Patents (if any)

The company has no patents, or pending patents.

#### **Proprietary Technologies (if any)**

The company has no proprietary technologies within their dispensary plan.

#### 9.8 Advertising/Marketing Analysis and Strategy

We will deploy cost-effective marketing programs and establish direct sales goals to ensure consumer loyalty and optimal returns on investment. Our brand will benefit Alabama and prioritize the local community's health and safety. Kush Medicinal LLC will establish a strong presence and easy identification within Alabama through visual, written, internet, and social media-based campaigns.

#### **Impressions**

We will establish ourselves as the highest quality from the start with attention to detail in consumable Cannabis products. Kush Medicinal LLC will define its store as the Cannabis industry standard.

#### **Events**

Several Cannabis-related events are brought about each year that we plan to participate in. Key events include the State of Cannabis, MJBizCon, and ICBC. By purchasing a booth and advertising our brand at key events worldwide, both seasoned and new customers will be able to see our company first-hand.

# **Search Engine Optimization**

We will expand our SEO capacity to ensure that anyone looking to buy connoisseur-level products will consider Kush Medicinal LLC as their number-one choice. The more we are present in the Cannabis space, the more likely we will be featured on the web.

#### **Featured Articles**

We are looking to get featured by prominent Cannabis-related magazines such as High Times, CannabisNow, and PUSH Magazine—who often attend important events such as the ones mentioned above for interviews with attendants and booth operators.

# 9.9 Community Engagement Plan

Per application instructions in section **9.9**, the following Community Engagement Plan will describe all efforts that have been or will be made to foster the company's relationship with involvement in, and commitment to any community (including municipality or county) within the next three years.

Per **583-x-8-.05(3)(f)**, the company will provide a Community Engagement Plan describing all efforts that have been or will be made to foster the company's relationship with, involvement in, and commitment to any community (including municipality or county) in which the company intends to locate a facility within the next three years.

#### Introduction

Every community in our nation is unique. Every state, county, municipality, and neighborhood has qualities they provide to their respective communities. Likewise, all communities are not without their share of unique characteristics which can be improved and benefit the community as a whole. Per regulations established by the state of Alabama, the majority ownership of a licensed medical cannabis business must be of residents of 15 years or longer within the state. Concerning community engagement, this is quite advantageous as most owners will be well-established within their communities and will possess unique insight and knowledge about what they can provide in terms of community engagement that will be the most beneficial in their respective areas. As such, they will be able to identify the pressing issues in their community and address those they determine they can address effectively and efficiently. Per **583-x-8-.05(3)(f)**, the company will provide and Community Engagement Plan describing all efforts that have been or will be made to foster the company's relationship with, involvement in, and commitment to any community (including municipality or county) in which the company intends to locate and operate a facility within the next three years. By being established members of the community, actively engaging and listening to the community as a business, the company will be able to understand the pressing issues of the area and where to focus or invest their efforts, such as donating to charities or non-profit organizations.

#### Recidivism

The history surrounding cannabis is a long one that spans an estimated 10,000 years of common practice cultivation and use. Cannabis and hemp were common crops, in particular for their industrial applications. Still, it was right around the turn of the 20th century when prohibition was enacted, and the War on Drugs began, disproportionately affecting those who either used or distributed cannabis. Federal legalization has been a lengthy process with no clear end. However, individual states began pioneering their legalization methods during the 21st century and have largely been left undisturbed by the federal government. However, those convicted of crimes have remained incarcerated or been convicted upon release, recidivism. One of the most effective ways to break the cycle of incarceration is to offer a stable living wage to those with cannabis convictions and

support their recovery through educational opportunities and career training programs. Additionally, the company will work with ASA, a 501c3 non-profit whose mission is to advance access to cannabis for therapeutic use and research to advance cannabis policy and education. ASA regularly participates in National Expungement Week activities and supports hiring practices that do not penalize those impacted by the War on Drugs. The company encourages those with prior cannabis convictions to apply. It offers additional professional support to foster those within the organization who have been most affected by the War on Drugs.

## **Continuing Education**

The continuation of training for employees and the pursuit of higher education will never be discouraged by the company. Continued learning is a noble endeavor that enriches our employees and their skills and enriches the company with a broader knowledge base. Regarding continuing education and employee training, the company will actively encourage its employees to seek higher education and training in relevant coursework determined by our owners and reputable industry experts. As the cannabis industry progresses, many universities and institutions begin to allow cannabis programs. Furthermore, the company will further focus on aiding individuals living in disproportionately impacted economic zones to complete their education. The company will pay towards community college courses for each qualifying employee living in a disproportionately impacted zone, assisting with their classes' costs, associated textbooks, and other school supplies.

These employees must have worked at our facility for at least six months. They must remain employed for some time to access their educational benefits outlined above, of which the precise details will be determined individually through personalized contracts. We want to offer our employees a clear, comprehensive direction regarding promotions and other opportunities. Higher education will be established as a means for growth and advancement in our organization.

Our Enterprise Resource Planning ("ERP") system will document training attendance and completion and monitor staff metrics to allow for continuous improvement of the process. This system will help management monitor and tailor individual employee development, assess compliance with protocols, and identify areas needing improvement so that appropriate training modules can be implemented and further assessment can be performed. In the modern competitive environment, employees need to replenish their knowledge and acquire new skills to perform their jobs efficiently. This will benefit both them and the company. We want them to feel confident about improving efficiency and productivity and finding new ways towards personal development and success. The policy applies to all company permanent, full-time, or part-time employees. Employees with temporary/short-term contracts might attend training at their manager's discretion.

# Offering a Living Wage

Since the height of the pandemic, it has been well-known that we are all facing uncertain and straining financial situations. We believe that no one should struggle paycheck-to-paycheck simply to make ends meet with living expenses of everyday life, face a lack of insurance coverage, nor should anyone be priced out of their hometown or neighborhood. We believe a living wage is necessary, and building generational wealth is a possibility. As part of Kush Medicinal LLC's Job Creation and Workforce Plan, the company will adhere to heightened employee pay and benefits standards and practices. Hourly wages will begin at \$20 per hour with total health, vision, dental, and life insurance benefits. Part-time employees working over 25 hours qualify for full health benefits and higher learning assistance. According to the National Labor Relations Act, the plan recognizes employees' collective bargaining rights, explicitly granting employees the right to collectively bargain and join trade unions, and prohibits employers from interfering with labor organizing efforts. At Kush Medicinal LLC, our mission can only be achieved with a thoughtful plan for positive community impact. Our plan acknowledges communities are complex, with many segments representing diverse interests and perspectives.

# **Promoting Local Businesses**

While experience is a primary factor when considering potential employees, it will be crucial to boost local and neighboring economies by hiring many interested local applicants suitable for the roles. While that is a narrow scope, it is far from the only plan. Our small communities are locally integrated and self-sufficient, providing the goods and services that cover most common business needs. Materials and services purchased locally will be, with primary consideration going to established non-chain retailers.

### **Community Engagement Plan Conclusion**

Establishing a new business is an exciting endeavor, even more so when establishing one in an industry pioneered in a new marketplace. However, it is important to focus more than just on the business place itself when it is going to be a new member to an already successful, sufficient local economy. As a new community member and of a business whose specialization is fresh to the state, it will be important not to take advantage of the hospitality of newly established operations. Reaching out to the community and offering benefits to the local community. By giving back to the community, highlighting efforts to assist our veterans, promoting educational and training advancement to employees, and supporting surrounding local businesses, the company can be assured that it will be engaged with the local community while contributing back to the community.

#### 9.10 Environmental Impact Statement

Per application instructions in section **9.10**, the following Environmental Impact Statement (EIS) will outline the anticipated impact of each of the company's proposed operations, per facility, on the local environment; any of the company's efforts or plans to build a relationship to foster cooperation and compliance with federal, state and local agencies providing environmental oversight; and steps the company has taken or will take to reduce or eliminate its carbon footprint and/or to achieve and maintain a positive environmental profile in each community where the company intends to locate and operate a facility within the next three years.

Per **583-x-8-.05(3)(g)**, the company will provide an Environmental Impact Statement outlining the anticipated impact of each of the company's proposed operations, per facility,

on the local environment; any of the company's efforts or plans to build a relationship to foster cooperation and compliance with federal, state and local agencies providing environmental oversight; and any steps the company has taken or will take to reduce or eliminate its carbon footprint and/or to achieve and maintain a positive environmental profile in each community where the company intends to locate and operate a facility within the next three years.

# **Environmental Impact Statement Introduction**

The company is responsible for acting accordingly and reducing our environmental impact. Thankfully, there are solutions that we can utilize that will comply with federal, state, and local agencies that provide environmental oversight. There are plans the company intends to utilize to reduce its carbon footprint. Following **583-x-8-.05(3)(g)**, the company will provide an Environmental Impact Statement outlining the anticipated impact of each of the company's proposed operations, per facility, on the local environment; the company's efforts or plans, if any, to build a relationship to foster cooperation and compliance with federal, state and local agencies providing environmental oversight; and any steps the company has taken or will take to reduce or eliminate its carbon footprint and/or to achieve and maintain a positive environmental profile in each community where the company intends to locate and operate a facility within the next three years. This environmental impact plan (EIP) will, at a minimum, include consideration of sustainable alternatives to single-use plastic packaging, efforts to minimize water usage, and any other factor required or advised by federal, state, or local environmental agencies. The proposed company EIP offers a comprehensive plan to reduce the company's carbon footprint while functioning as a productive and profitable entity. The company will implement various environmental policies and practices to promote good corporate citizenship. From procurement policies that favor purchasing recycled or sustainable materials to systems controls that favor energy efficiency and encourage employees to follow behavior-based practices that reduce environmental impact, the company's goal is to operate sustainably as possible. Functioning as a reputable brand will include ensuring the safety of all employees. Procedures will also protect affiliated third parties entering the building to exchange services with our facilities that will sustain their livelihood. An ethical business

owner's absolute duty is to keep employees and contractors safe while in-house by developing procedures that reduce exposure to common volatile compounds found in most facilities of this business type and scale. Kush Medicinal LLC has developed a water conservation and reduction plan to preserve resources. New Frontier Data, an analytics company that focuses on advancing the cannabis trade, estimated in a recent study that global cannabis crops used nearly 2.8 billion gallons of water in 2020, with usage forecast to reach 3.6 billion gallons by 2025.

# EIS: Efforts and Plans to Foster Cooperation and Compliance with Federal State and Local Agencies Providing Environmental Oversight

As part of the company's commitment and dedication to operating in an ecologically conscious, environmentally responsible business, the company welcomes the opportunity to work with Federal, State, and Local agencies. Working in conjunction with these various agencies will provide the company with accountability and oversight to ensure that environmental safeguards are being adhered. If new and better methods are developed, it can ensure a steady transition to improve environmental efforts. To start, the company will commit to offset its carbon footprint, follow a stringent guide to conserve and purify water and minimize employee exposure to VOCs.

#### **Emission Reduction Plan**

Kush Medicinal LLC plans to use the carbon offset project 3Degrees to assist the company in representing projects that reduce greenhouse gas emissions across the United States. These projects capture, destroy, or reduce harmful greenhouse gases emitted from sources such as animal waste, landfills, fossil fuel use, or refrigerants. By choosing 3Degrees, Kush Medicinal LLC directly supports a wide range of innovative carbon reduction projects throughout the United States at an affordable price, effectively balancing our carbon emissions. We will hire a third-party team to keep track of our carbon emissions and effectively work to reduce them by both optimizing our processes and purchasing these carbon offsets, which should balance the number of carbon emissions we produce. The first step before purchasing carbon offsets is calculating how much carbon emission we release due to our operations. 3Degrees represent the reduction of greenhouse gases equal to one

metric ton of carbon dioxide equivalent ( $CO_2e$ ). We will purchase carbon offsets via a monthly subscription service to balance our  $CO_2$  emissions with an equivalent number of carbon offsets.

#### Water Conservation and Purification Plan

Kush Medicinal LLC will establish a water conservation and purification plan for each facility, and the plan will be catered to each site accordingly. The company will use carbon filtration rather than reverse osmosis for solid waste minimization, water use optimization, and energy efficiency. Automated watering systems will be in place to reduce labor output and conserve resources. Water will be recycled and reused when applicable, including rainwater collection and storage. Facilities will implement plumbing that conserves water, including water-efficient faucets and fountains, dual-flush toilets, waterless urinals, tankless water heaters, and insulated hot water piping. We will also explore our greywater system options to reduce the overall amount of water entering waste systems.

Ultimately, the goal is to move towards zero liquid discharge regarding wastewater and runoff instead of relying on the traditional method in horticulture, which heavily relies on "drain-to-waste" systems. Kush Medicinal LLC intends to send wastewater into the waste system, which can be heavily taxing to city workers or utilizing a septic system. Instead of creating excessive water discharge, we will use a closed-loop system that repurposes water at our facility. Many wastewater salts, nitrates, and total dissolved solids can contaminate water supplies. To mitigate this, we will utilize a state-of-the-art, cannabis-specific nutrient runoff filtration system that mitigates the volume of wastewater we produce. This system allows us to treat and reuse water for our irrigation and fertigation systems, all from a clean state. One product that allows for these features is the HyperLogic Cannabis Nutrient Runoff Filtration System, one of many brands we consider using for treatment purposes.

Incoming and outgoing water will be tested regularly to ensure water coming into and being utilized by the facility will not negatively impact cultivation activities or introduce potentially harmful pathogens such as heavy metals and microbiological contaminants onto

plants. Outgoing water will be tested to ensure no nutrients or fertilizers are released into the environment that could negatively impact local waterways and wildlife.

#### **Reducing Employee Exposure to Volatile Compounds**

The Environmental Protection Agency defines volatile organic compounds (VOCs) as emitting gases from certain solids or liquids and includes various chemicals commonly used in residential and industrial settings. Exposure to some of these organic compounds has potential short and long-term adverse health effects. These include a variety of chemicals that can cause eye, nose, and throat irritation, shortness of breath, headaches, fatigue, nausea, dizziness, and skin problems. Higher concentrations may irritate the lungs and damage the liver, kidney, or central nervous system. Common products such as aerosol sprays, pesticides, cleaners, and disinfectants contain and emit these dangerous compounds. Kush Medicinal LLC will communicate and provide a specific listing of the VOCs that employees may encounter during work operations. In addition, the company will incorporate each compound into its emergency response plan. Employees will be provided with the appropriate training, including product labeling requirements, potential hazards, basic first aid, recognizing signs and symptoms of chemical-related poisoning, and safe use and storage of the required personal protective equipment (PPE).

#### **EIS: Reducing Our Carbon Footprint**

Carbon emissions have been at some of their highest levels in recent years and have been proven to contribute to climate change significantly. By reducing the business's carbon footprint, the company can continue to adhere to its environmentally conscious policy. While numerous steps can be taken, the company has evaluated those it deems the most pragmatic for operations and impactful to the community. The most efficient first step will be the renewable energy plan, encompassing much of the facility's design. In addition, the hazardous waste plan will mitigate any materials in a safe, ecologically friendly manner. Obtaining a Cultivation Certification will be a crucial step in additional measures to reduce the company's carbon footprint. It will inform employees on the proper and minimal use of chemicals if any are deemed necessary.

# Renewable Energy Plan

Kush Medicinal LLC is committed to adhering to a renewable energy plan that is both environmentally conscious and pragmatic. The foundation for a strong renewable energy plan begins with a well-devised facility design. The first component is involved in the construction of our facility. Environmentally-friendly policies have been considered well before construction—down to the types of materials used.

Leadership in Energy and Environmental Design (LEED) green building criteria will guide the facility design team. Kush Medicinal LLC will seek LEED certification for its facility interior design elements, including technology such as motion detectors for lights and fixtures, smart controllers that reduce admin area resources, and solar backup systems for cameras and storage. In addition, natural gas boilers that produce CO2, HVAC systems with programmable thermostats, Energy Star-certified heating/cooling equipment that exceeds the energy code requirements by at least 10%, and energy-efficient lighting systems.

Responsible cannabis mass production and standardization aim to create the lowest cost of production and the lowest environmental impact while striving for the highest social good. Kush Medicinal LLC's priorities in selecting local contractors for facility build-out include those who are committed to following green construction practices, including but not limited to developing stormwater pollution prevention and erosion control best management practices, ensuring construction waste reduction and recycling with a minimum of 80% diversion from landfills, implementing a construction air quality plan, using low-impact development strategies to improve rainwater infiltration, employing construction techniques to maximize material conservation and resource efficiency, choosing durable and low-maintenance construction materials, and other green construction practices, as applicable. Kush Medicinal LLC will also explore the use of renewable energy sources such as solar panels to reduce the overall electrical consumption that is typically high for cultivation facilities.

# **Handling Hazardous Waste**

The company's plan will include responsible and safe input, vetting, and purchasing of all products on-site, so there will be few hazardous wastes that need to be addressed within the business model.

## **Preventing Light Pollution**

Light pollution is an oft-overlooked form of environmental pollution but has a wide array of negative impacts, which affect both the natural and built environments. Within the built environment, light from greenhouse facilities can create a nuisance for local airport operations and disrupt the sleep schedules of persons living and working near the facility. Light pollution also actively affects natural flora and fauna; ecological issues posed by light pollution include altered plant growth cycles, changes in nocturnal predator/prey dynamics, and loss of night sky visibility. Exterior lighting on the business and parking area lighting will be balanced, will not result in glare on adjoining properties, will complement the cannabis business security system to ensure that all areas of our business are visible, and will provide increased lighting at all entrances to the facility. Additionally, the lighting mentioned in this section will be turned on from dusk to dawn.

### **Odor Mitigation**

The relationship with our neighbors and the entire community is critical to Kush Medicinal LLC's success, including odor mitigation. Cannabis facilities have the potential to produce nuisance odors in the surrounding community. The strong aroma is due to terpenoids, an essential component of cannabis, and isoprene. Growing or newly harvested cannabis results in releasing these unique and pungent fragrances. [OPEARTOR] will mitigate this odor by utilizing contained spaces, strategic construction development, and an adequate ventilation system. Our team has experience managing facilities that use carbon-filtered HVAC systems that help prevent cannabis odor from leaving the premises.

The design of each facility will be tailored specifically to that worksite and based on the space available and the purpose of the area. Airflow systems will meet the cubic feet per minute (CFM) requirements to achieve maximum odor reduction. Kush Medicinal LLC will implement an effective odor mitigation plan detailing the required policies. Additionally, it

will outline the procedures if a complaint is received regarding any odor. This process will also include investigating the source of the odor and the necessary measures.

# **Environmental Impact Statement Conclusion**

There is only one planet, Earth, and we are committed to developing a company that mitigates the risks of harming the environment by heeding our environmental stewardship, starting with the initial components to the finished product and the facility of cultivation. Cannabis operators implicate environmental issues, including worker safety, air quality, plastic packaging waste, and hazardous and solid waste disposal. The business model inherently generates waste, from plant materials and pesticides to packaging, lighting, and harvesting/curing equipment. The focus is on creating eco-conscious products, from seed to transport, which will serve as an example for future companies entering the cannabis space in Alabama. From procurement policies that favor purchasing recycled or sustainable materials to systems controls that favor energy efficiency and encourage employees to follow behavior-based practices that reduce environmental impact: Kush Medicinal LLC's goal is to operate with the most sustainable workplace design and procedures.

# 9.11 Insurance Plan, Including Declarations Pages, Letters of Intent, if any, from an A-rated insurer as to, at a minimum, casualty, workers' compensation, liability, and (as applicable) auto or fleet policy.

Operating in an industrial setting introduces a variety of factors that are not standard in the average industry. In addition, working with high-value items that require a sophisticated manner of refinement to the end consumer product introduces many aspects that should be covered in the event anything devastating occurs. The safety and protection of the company's employees is an utmost priority, and by possessing at a minimum, casualty, worker's compensation, and liability insurance. The company will know that their employees are well protected, in addition to fleet policies for any vehicles used in the transportation of medical cannabis.

Kush Medicinals will seek an insurance plan to cover, at a minimum, casutal, worker's compensation, and liability insurance through the same network of insurance that it has already acquired for it's New Jersey venture.



Hull & Company, LLC

8000 E Maplewood Ave, Suite 350
Greenwood Village, CO 80111
(303)217-4855 Fax: (866)610-8043

Managing General Agents ■ Wholesale Insurance Brokers

Agency Code: 89339

DATE: 03/31/2022 TO: Max Meade

Brown & Brown of Delaware Valley

2000 Midlantic Drive

Suite 440

Mount Laurel, NJ 08054

FROM: Rachel Hauser Agency Fax: (856)494-1913

rachel.hauser@hullden.com

BINDER

Insurance Terms:

Insured: New Era Dispensary

9 azalea place, Piscataway, NJ 08854

Policy #: CUS046007318 Renewal of Policy #: NEW

Policy Type: Occurrence

Insurer: Non-Admitted

Canopius US Insurance, Inc. - 200 S. Wacker Dr, Ste 950 Chicago IL 60606
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Effective Date: 03/31/2022

Term of Policy Coverage: 03/31/2022 to 03/31/2023

 Premium:
 \$1,305.00

 Policy Fee
 \$150.00

 NJ SL Tax(5%)
 \$65.25

 Total:
 \$1,520.25

Commission: 12.5 %

Minimum Earned Percent: 25.00 % Minimum Earned Premium: \$ 326.25

Note: Policy fees are fully earned.

THIS INSURANCE IS ISSUED PURSUANT TO THE NEW JERSEY SURPLUS LINES LAW.

Locations:

80-88 Main Street, South Bound Brook, NJ, 08880

NJ SLA# G0676-22-02140

Endorsements/Exclusions; (include, but are not limited to, the following terms, conditions and exclusions.)

03/17/22 Page 2 of 3

#### Commercial General Liability

#### Coverage: General Liability - Policy Type: Occurrence

#### Limits:

Deductible:

General Aggregate: \$2,000,000 Products/Completed Operations Aggregate: Excluded \$1,000,000 Each Occurrence: \$1,000,000 Personal and Advertising Injury: Damages to Premises Rented To You: \$100,000 Medical Payments (any one person): \$5,000 Excluded Employee Benefits: Stop Gap: Excluded

#### Loc #: 1 - 80-88 Main Street

12375	Description Drugstores	Sub-Line Premises/Operations	Basis Gross Sales	1,000,000	Final Rate 1.305	Premium \$1,305
49950	Additional Insured(s)	Additional Insured	Units	1	1	Included

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)

\$0

#### Mandatory Common Forms/Endorsements

CUS MJ 100 (03/18) Commercial Lines Common Policy Declarations
CUS MJ 199 (08/17) Schedule of Forms and Endorsements
CUS MJ 999 (08/17) Claims Notification
CUS CO 101 (05/20) – General Exclusions
CUS CO 102 (02/20) – Service of Suit Clause
CUS CO 103 (02/20) – Privacy Policy Statement
CUS CO 104 (08/17) Sanction Limitation and Exclusion Clause
CUS CO 105 (02/20) Premium Calculation Changes
CUS CO TNP (02/20) Policyholder Notice – Terrorism Coverage Not Purchased
IL 0021 (05/04) Nuclear Energy Liability Exclusion Endorsement
IL 0017 (11/98) Common Policy Conditions

#### Mandatory General Liability Forms/Endorsements CUS MJ 102 (08/17) Commercial General Liability Declarations

CUS MJ 102 (08/17) Commercial General Liability Declarations
CG 0001 (12/07) Commercial General Liability Coverage Part
CG 2136 (03/05) Exclusion-New Entities
CG 2147 (12/07) Employment-Related Practices Exclusion
CG 2149 (09/99) Total Pollution Exclusion
CUS GL 110 (05/20) Exclusion Absorption Inhalation or Disease
CUS GL 111 (05/20) Exclusion Cyber Liability
CUS GL 117 (05/20) Combination General Liability Endorsement
CUS GL 123 (08/17) Assault and/or Battery Exclusion
CUS GL 348 (11/20) Fines, Penalties, Punitive of Exemplary Damages
CG 2104 (11/85) Exclusion-Products/Completed Operations Hazard
CUS GL 236 (08/17) Audit Premium Amendatory Endorsement
CUS GL 241 (08/17) Exclusion-Sexual Abuse or Molestation
CUS GL 312 (08/17) Exclusion-Total Liquor
CUS GL 312 (08/17) Exclusion-Professional Liability
CG 2196 (03/05) Silica or Silica Related Dust Exclusion
CG 2144 (07/98) Limitation of Coverage to Designated Premises
CUS MJ 108 (08/17) Exclusion-Residential Occupancy
CG 2011 (01/96) Additional Insured-Managers or Lessors

Facility Type: Dispensary

03/31/22 Page 2 of 2

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

100% Minimum & Deposit

25% Minimum Earned Premium
Including, but not limited to, the attached schedule of forms.

No Flat Cancellations

Policy Fees are 100% Fully Earned

Policy is subject to audit

Premium payment is due within twenty (20) days from the effective date unless otherwise stipulated.

Subject to No Losses

#### Additional Interests

Additional Insured: TBD, Form: CG 2011

#### Special Provisions:

This binder is effective from 03/17/2022 to 04/16/2022 12:01 a.m. It is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. Standard Company and/or ISO forms are applicable. The issued policy will replace the binder. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

The annual premium is due with your Hull & Company, LLC statement, unless otherwise noted.

If the retail agent issues a certificate of insurance or evidence of insurance, it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, LLC, Denver ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approva certificate or evidence of insurance. If Producer provides copies of certificates or evidence to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

Olga Linney for Rachel Hauser olga.linney@hullden.com

**Business Plan Conclusion** 

Establishing a new cannabis business is exhilarating. However, adhering to sound business practices is imperative to ensure success and longevity. While young, the cannabis industry is here for the long term, especially with consumers who utilize the plant to alleviate their medical symptoms. The concern of those who drive the success of Kush Medicinal LLC's business, employees, and clients, is a core value of the company. By offering each customer a unique, tailored experience, as opposed to impersonal in-and-out sales, the company will be able to educate consumers on the high-quality available products to best suit and assist in alleviating their medical needs. With the pleasure of serving our consumers, Kush Medicinal LLC seeks to serve as a business and an active, engaged community member, maintaining mutual trust and good standing. The company will offer various community engagement methods, from benefits for our employees to our environmentally friendly design and methods of operation. The company will maintain clear, coherent policies and protocols that demonstrate operational standards to our dispensing employees during customer-facing activities and those behind restricted access areas. Ultimately, by incorporating all the methodologies described in this Business Plan, we elevate our customer's experience at Kush Medicinal LLC to what we perceive to be the new and only acceptable standard in licensed cannabis operations.

License Type: Dispensary
--------------------------

|--|

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer	
Printed Name of Verifying Individual	Title of Verifying Individual	
Toral Patel	28 December 2022	
Signature of Verifying Individual	Verification Date	

**10.1:** Contracts, contingent contracts, memoranda of understanding, or exemplars between the company and any Cultivator or prospective Cultivator are not applicable at the time of the application.

**10.2:** Contracts, contingent contracts, memoranda of understanding, or exemplars between the company and any Processor or prospective Processor are not applicable at the time of the application.

**10.3:** Contracts, contingent contracts, memoranda of understanding, or exemplars between the company and any Secure Transporter or prospective Secure Transporter are not applicable at the time of the application.

**10.4:** Attached below is a Letter of Intent between the company and Samson Growth, LLC, which is an Integrated Facility or prospective Integrated Facility:

### LETTER OF INTENT

20 Dec 2022

Samson Growth, LLC

Attn: Kyle Neathery, CEO
631 Travelers Rest Rd, Samson, AL 36477

Re: Alabama Medical Cannabis - Letter of Intent

Dear Mr. Neathery:

This Letter of Intent ("LOI") sets out the principal terms of a more definitive agreement to be entered into between Kush Medicinal LLC, an Alabama limited liability company (the "Purchaser") and Samson Growth, LLC (the "Provider"). The agreement wherein the Provider will supply, and the Purchaser will purchase, the product(s) is referred to as the "Transaction" and the Purchaser and Provider are referred to collectively as the "Parties" and each, individually, as a "Party."

1. Non-Binding. This LOI does not constitute a binding commitment of any nature (including any obligation to continue discussions regarding the Transaction) by any party, except for the provisions of Sections 4-7 and the requirement of this section regarding entry into negotiations, this LOI is not binding on the Parties. Any transaction is subject to the completion of satisfactory due diligence by Purchaser, the continued accuracy of the assumptions contained herein and the negotiation and execution of one or more definitive agreements containing customary representations, warranties, indemnities and escrow arrangements and in form and substance satisfactory to Purchaser and the Company. A binding commitment with respect to the Transaction will only arise following execution and delivery of such definitive agreements which will contain additional terms and conditions. No binding agreement shall exist with respect to the Transaction unless and until a definitive agreement has been duly executed and delivered by both Parties. As soon as practicable following the acceptance and approval of this LOI by the Provider, the Parties shall enter into negotiations.

- 2. Supply of Product. It is the present intention of the Parties that, upon execution of a definitive agreement, Purchaser will purchase and Provider will sell the product to be determined at a mutually agreed upon price set forth in the definitive agreement.
- 3. Term and Termination. This LOI will automatically terminate and be of no further force and effect upon the earlier of: (i) execution of a definitive agreement between Purchaser and Provider, (ii) mutual agreement of the Parties, (iii) a final and unappealable determination by the Alabama Medical Cannabis Commission denying Purchaser and/or Provider's application for an Alabama Medical Cannabis License and (iv) at 5:00 p.m. (Central Time) on Monday, March 1, 2023. Notwithstanding any language to the contrary in this section, Sections 4-6 shall survive the termination of this LOI, and the termination of this LOI shall not affect any rights a Party has with respect to the breach of this LOI by the other Party prior to such termination.
- 4. Governing Law. This LOI shall be governed by and construed in accordance with the laws of the State of Alabama, without giving effect to any choice or conflict of law provision or rule that would cause the application of the laws of any jurisdiction other than the State of Alabama.
- 5. Confidentiality. This LOI is confidential and premised on the mutual understanding that neither party shall disclose (except to its representatives, agents, and/or financing partners) the existence of this letter, the discussions between the parties or any of the terms and conditions contained herein without the prior written consent of the other party.
- 6. Expenses. Unless otherwise set forth in a written agreement between the Parties or their counsel, each of the Parties shall bear its respective costs, charges, and expenses for the business review, preparation, and negotiation of this LOI and any subsequent definitive agreement.
- 7. Miscellaneous. Neither this LOI nor any rights or obligations hereunder may be assigned, delegated, or conveyed by either Party

without the prior written consent of the other Party. This LOI may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one agreement. The headings of the various sections of this LOI have been inserted for reference only and shall not be deemed to be a part of this LOI.

Very truly yours,

**Toral Suryakant Patel** 

By: Kush Medicinal LLC

Name: Toral Suryakant Patel

Title: Chief Operating Officer

TORAL PATEL

Date: 20 Dec 2022

Agreed to and accepted:

By: Samson Growth, LLC

Name: Kyle Neathery

Title: Chief Executive Officer

Date: 20 Dec 2022

Agreed to and accepted:

- KYLE NEATHERY

**10.5:** Contracts, contingent contracts, memoranda of understanding, or exemplars between the company and any State Testing Laboratory or prospective State Testing Laboratory are not applicable at the time of the application.

Exhibit 11 - Coordination of Information from Registered Certifying Physicia	cians
--	-------

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	<u>Chief Operating Officer</u>
Printed Name of Verifying Individual Title of Verifying Individual	
Toral Patel	<b>28 December 2022</b>
Signature of Verifying Individual	Verification Date

### Status of Plan

Per application requirements, the status for this plan is: Completed

### Introduction

Patients who utilize medical cannabis need to alleviate their symptoms for a better quality of life. Regardless of their qualifying condition, medical patients still require evaluation from a physician and a prescription for medical cannabis per Alabama state law. Along with possessing the required qualifications to prescribe patients medical cannabis, physicians can be considered an integral component of the prescription process. Without them, patients cannot obtain a prescription, and a cannabis business cannot sell to customers who are not approved. Physicians and dispensaries will be handling highly sensitive information about medical cannabis patients. It will be essential to develop a plan for handling, receiving, and coordinating information, along with certifications from certifying physicians recommending medical cannabis to patients and caregivers. While the company will adhere to all applicable HIPPA regulations, the Alabama Medical Cannabis Patient Registry System, developed by the Commission, is suitable for receiving and coordinating such information and will be accessible to the company under §20-2A-35(b)(4) to ensure legal dispensing of medical cannabis and confidential management of both patient and physician information.

# Receiving and Coordinating Information and Certifications from Certifying Physicians Recommending Medical Cannabis to Patients and Caregivers

Under Alabama law, dispensaries will be permitted access to the Alabama Medical Cannabis Patient Registry System. This patient registry system is a highly secure system accessible only to the Commission, the state health department, physicians, pharmacists, law enforcement in limited circumstances, and medical cannabis dispensaries. This system guarantees that only the necessary persons can access a patient's sensitive medical information. It also ensures a smooth operating process in tracking cannabis sales. Physicians licensed by the state of Alabama to prescribe medical cannabis will be registered into the system no later than September 1, 2022; dispensaries will then be able to verify the validity of a prescription along with the medical patient or caregiver. Once a patient has Exhibit 11 - Coordination of Information from Registered Certifying Physicians

selected a medical cannabis product that is in alignment with their prescription, the company will then have the ability to enter the sale into the registry system, thus fulfilling the seed-to-sale requirement. The company will abide by all applicable HIPPA requirements, and all information will be protected by following all established cybersecurity procedures. This will permit the company to receive all necessary information while coordinating between patients, physicians, and the Commission.

### The Alabama Medical Cannabis Patient Registry System

Cannabis dispensaries and physicians will provide invaluable services for medical cannabis patients in mitigating their qualifying condition(s). Working in tandem, dispensaries and qualified physicians will handle sensitive patient information. In accordance with 583-x-8-.05(3)(c), the company will provide a plan for receiving and coordinating information and certifications from registered certifying physicians recommending medical cannabis products for patient and caregiver customers. The Alabama Medical Cannabis Patient Registry System will be the resource utilized to receive and coordinate information and certifications for certifying physicians recommending medical cannabis to their patients and caregivers.

To ensure that medical cannabis is only being dispensed to authorized medical patients and to ensure the legitimacy of prescriptions, the company understands that the Alabama Medical Cannabis Patient Registry System will have the ability to receive and record physician certifications per §20-2A-35(a)(1) in addition to receiving and tracking qualified patient registration and issuance of medical cannabis cards per §20-2A-35(a)(2). While the company will only dispense medical cannabis to licensed medical patients, it is understood that not every patient can physically purchase medical cannabis in a dispensary and depend upon caregivers. In the event a physician has issued a prescription for medical cannabis to a caregiver, the company understands that under §20-2A-35(a)(3) with the Alabama Medical Cannabis Patient Registry System, the Commission can receive and track designated caregiver registration and issuance of medical cannabis cards. In order to vet each patient, it is understood that the Commission will include in the patient registry database for each qualified patient registrant the name of the qualified patient and the Exhibit 11 - Coordination of Information from Registered Certifying Physicians

patient's designated caregiver, if applicable, the patient's registered certifying physician, the respective qualifying medical condition(s) the ecommended daily dosage and type of medical cannabis, and any other information the commission, by rule, deems relevant pursuant to §20-2A-35(a)(4). Additionally, the company will be able to validate a patient or caregiver's medical cannabis card under §20-2A-35(a)(5), which verifies that a medical cannabis card is current and valid and has not been suspended, revoked, or denied. After finalizing a sale, The Alabama Medical Cannabis Patient Registry System will have the ability, per §20-2A-35(a)(6), to track purchases of medical cannabis at dispensaries by date, time, amount, and type, which will have the ability to work in conjunction under §20-2A-35(a)(7) to determine whether a particular sale of medical cannabis transaction exceeds the permissible limit and to Tracks medical cannabis cards that are denied, revoked or suspended by §20-2A-35(a)(8).

The Alabama Medical Patient Registry System will be a powerful tool to track and authorize cannabis sales for medical patients. It will also be incremental to ensuring that patient information will only be accessible to the proper authorities, such as The State Board of Medical Examiners per §20-2A-35(b)(5), involved in finalizing medical cannabis transactions. In regards to the company, the Alabama Medical Patient Registry System is also a means of proper communication for legal sales of medical cannabis, which includes the health care practitioners licensed to prescribe prescription drugs by §20-2A-35(b)(2), registered certifying physicians under §20-2A-35(b)(3) along with dispensaries according to §20-2A-35(b)(4) which a patient may utilize at their discretion.

# **Cybersecurity**

Digital security systems will be designed to protect confidential and private patient information while adhering to compliance with the Commission. To ensure the digital safety of operational data, the facility will have multiple information technology (IT) systems and policies in place, including but not limited to utilizing a network firewall blocking all incoming, unauthorized connections from the internet; antivirus software will be mandated for any operational servers and client computers, wireless networks will be password protected and access restricted to authorized users, all networks related to

security systems will be segmented with limited access controls put in place to limit authorized users. All computers will have unique identification and must be a part of the facility's IT domain. Every employee will have a unique login credential that will automatically expire and require updating regularly, and all stored data will be encrypted using SHA 256-bit encryption keys. The network infrastructure will be fully managed, allowing for precise control of network resources, and website(s) will equire age verification to access the site. Access to email, proprietary company information, and the facility will be removed within 24hrs of an owner, officer, manager, or employee separating from the company. All software will include validated data trail systems to identify personnel making changes and a date and time stamp.

### **Conclusion**

Proper handling of sensitive patient information is a cornerstone in establishing trust and respect while adhering to applicable guidelines. While the Alabama Medical Patient Registry System will be the first of its kind to be used in the state for the cannabis industry, it will nonetheless safeguard information in a coordinated manner between the company and licensed physicians who prescribe medical cannabis. Medical cannabis sales are a new entity to the state of Alabama. It is understood that following §20-2A-35(c), the commission will monitor patient registrations in the patient registry for practices that could facilitate unlawful diversion or misuse of cannabis and will recommend disciplinary action to the board as appropriate.

# Exhibit 12 - Point-of-Sale Responsibilities

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

### Status of Plan

Per application requirements, the status for this plan is: Completed

### Introduction

**Per 583-x-8-.05(3)(d)**, Kush Medicinal LLC will provide the following plan for point-of-sale education, consultation, provision of information, responses to patient and caregiver questions, and instructions for use regarding all medical cannabis products, to be conducted by the company.

### Plan for Point-of-Sale (POS) Education

Cova is a cannabis retail software company started by a team with nearly 20 combined years of retail management and technology experience. Their products include dispensary point-of-sale and inventory management software, on-demand reports, mobile dashboards, and delivery solutions. COVA integrates seamlessly with Metrc, the most prevalent state-mandated tracking system, reducing the potential for human error. The system also aggregates historical sales data and provides a competitive advantage by offering data points on improving operations. They describe themselves as a tech ecosystem. They have partnered with many companies with cannabis software solutions to integrate with their program. These companies focus on delivery, consulting, ERP, online marketing, and loyalty programs. The company plans to use Cova POS system to track and trace all products and transactions internally. Cova will provide in-person training for staff, who will be educated on system mechanisms and compliance aspects by the software company. The company's Chief Compliance Officer will complete training by offering staff additional specific intercompany procedures on inputting information and sales in the most efficient and compliant way possible.

### Plan for Consultation

The facility will be equipped with at least 4 registers. They will offer privacy during the patient's consultation. An experienced and trained cannabis retail professional will be available to review the company's menu and answer questions about any of the products offered. Patients will not be rushed into any decision-making. They will be encouraged to

take their time and gain insight into each delivery method before choosing the right system for medicating.

### **Plan for Provision of Information**

Information on company practices, products, and services will be available online and in person. Every item for sale in the dispensary will be input into the company's POS system and the state tracking system. The information available within the POS system will include product types, brands, consumption devices, and psychoactive delivery methods. Lab testing on each product will also be conducted and available for patients publicly at their request. Information that identifies patients will be stored according to HIPAA standards, and employees will be equally trained on POS system procedures and patient confidentiality rules and regulations.

### **Responses to Patient and Caregiver Questions**

A Frequently Asked Questions (FAQ) section will be posed on the company's website and in the POS system. This database will serve as an educational resource for dispensary employees to share accurate and updated information with patients. Questions that can not be answered immediately by staff will be documented in the POS system, and staff will follow up with patients and caregivers once they have more information.

### Instructions for Use for All Medical Cannabis Products Being Dispensed

Vendors will supply all medical cannabis products being dispensed and train employees to help instruct patients on all products being dispensed. The company's exceptional anticipated opening roster has been hand-picked by fellow experts with the passion and technical knowledge necessary to acquire talent and retain them to produce best-in-class products. They also possess the analytical foundation to acquire the highest possible grade product using the most cost-effective processes. This allows for a lower price point and creates another opportunity to develop a long-term relationship with the patient. Many new patients will be eager to inquire about different consumption methods. With a newly legalized medical cannabis market, some patients may not be aware that cannabis does not need to be combusted to mitigate their medicinal requirements. If a patient is apprehensive

about consumption, staff will take the time to review the many options available for cannabis ingestion. Kush Medicinal LLC never wants customers to leave with the same negative or incorrect notions they may have initially possessed. Staff will work with patients and caregivers to find the best possible consumption method for each customer based on their specific needs.

### **Sublingual Application**

Any cannabis product that will be applied under the tongue. This would include tinctures and oral droppers.

### **Transdermal Application**

Any product relating to or denoting the cannabis application through the skin, typically using an adhesive patch, is absorbed slowly into the body.

### **Topical Application**

Higher demand for easy application and use of cannabis products. One such method is through the use of topical solutions, a method where a creme or salve is rubbed directly on the skin.

### **Topicals and Liquid Consumables**

These concentrates will be used to manufacture high-end, varietal-specific infused products and topicals.

#### **Products**

Vendors who choose to align with the company's brand will fully comply with Alabama food safety and allergen laws. It will employ professionals as passionate about food as the rest of the company is about Cannabis production. The same quality control standards will be applied to every production stage as if the products were also delicate plants. The retail facility will sell standardized mass products via individual standard weight (i.e., eighth, quarter) pe-packaged flower increments and pre-roll joints with the option of purchasing them infused with concentrates. They will also provide customers with concentrates,

concentrate cartridges and electronic devices, supplements, topical and tinctures, transdermal patches, and cannabis paraphernalia, such as rolling papers and flower grinders. Quality and branding, and most importantly, customer satisfaction, will be the focus. The most critical acquisition in this process will be exceptional quality retail and cannabis products. Attention to detail and passion are the two main ingredients in making outstanding Cannabis products. Dealing with a delicate raw drying plant takes time, and respect for the Art of the Craft Cannabis process is essential for finding the proper vendors to associate with.

### **Conclusion**

A reliable point-of-sale system will not only permit the company to track sales and actively monitor performance, but it will also enable the company to inform customers of the best-in-class products available to address their medical requirements. Additionally, the point-of-sale system will provide patients with other relevant information, such as the product's cannabinoid profiles, ingredients, and cultivar(s) from which the final products were derived, to assist in their final decision. Utilizing Cova will provide the company a premium point-of-sale software with simplified compliance, streamlined ease of use, and unparalleled reliability—all backed by highly praised support and proven employee training.

Dispensary employees will be well-trained and knowledgeable about all product offerings to help patients make informed choices on purchases and safe, responsible consumption of cannabis. Kush Medicinal LLC's robust employee training program will include modules that cover information on medicinal cannabis products and the proper means of utilizing readily available medical cannabis products.

# **Exhibit 13 - Confidentiality of Patient Information**

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

Status of Plan: Per application requirements, the status for this plan is: Completed

**Introduction:** The company, with respect to its dispensary operations, has provided below a plan pursuant to **Rule 538- x-3-.05-3.m.(16)(i)** and **Rule 538-x-4-.07-12.o.(9)** for maintaining confidential information and providing cybersecurity for sensitive information with respect to patients and caregivers. The company has included within that plan a set of protocols for maintaining the confidentiality of patient information in accordance with HIPAA arising from or related to the dispensary's access to the Patient Registry and/or any other source.

Administrative Safeguards: Following the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR §164.308, Kush Medicinal LLC will implement policies and procedures to prevent, detect, contain, and correct security violations. They will conduct a risk analysis to determine any potential risks or vulnerabilities to the confidentiality, integrity, and availability of any sensitive data, including medical information, retained by the company; security measures will be implemented to mitigate those deficiencies. Kush Medicinal LLC ensures that consistent sanctions will be enforced on individuals that violate the company's privacy, confidentiality, or information security policies. Kush Medicinal LLC will designate and identify the individual responsible for implementing and enforcing these policies and procedures.

Access Control: Various access control systems will protect information systems; these include internal controls (passwords and encryption), and external controls (firewalls and server authentications). Designated system administrators will be the only ones to grant employees additional access and system permissions. Access to confidential data will only be provided to employees whose job responsibilities require such access. Individuals with access to sensitive data, including customer information, will sign a confidentiality agreement. To ensure that employees have the appropriate access, the company will conduct an access entitlement review annually.

**Sanitizing and Disposal:** Confidential information not necessary to the company will be rendered inaccessible by being cleared, purged, or destroyed. Paper documents that contain sensitive information will be shredded before being disposed of. Equipment that is being disposed of will have all data wiped from it and will be factory reset. External storage and media devices no longer needed will be sanitized and destroyed by the National Institute of Standards and Technology **(NIST) SP 800-88**.

Maintaining Confidential Records: We will retain a complete and accurate confidential record of all sales, including the quantity, variety, form, and cost of the cannabis item. These records will be stored and maintained. Access will be restricted to executive management and internal affairs auditors who oversee compliance and investigate discrepancies. The server this information will be located in will be in a room with locked, limited access restrictions. The server will follow the company's cybersecurity guidelines for encryption, ensuring electronic confidentiality, locked filing cabinets, and physical barriers to location entry.

Minimum training for all staff that meets the requirements of Alabama state law will include professional conduct and ethics and state and federal patient confidentiality laws and protections or specific specialized training. The following procedures will train staff to understand their responsibilities as healthcare providers following HIPPA requirements and regulations.

**Cybersecurity Procedures:** Digital security systems will be designed to protect against theft and diversion of cannabis, including the integrity of electronic systems and information. To ensure the digital safety of operational data, the facility will have multiple information technology (IT) systems and policies in place, including but not limited to utilizing a network firewall blocking all incoming, unauthorized connections from the internet; antivirus software will be mandated for any operational servers and client computers, wireless networks will be password protected and access restricted to authorized users, all networks related to security systems will be segmented with limited access controls put in place to limit authorized users. All computers will have unique

identification and must be a part of the facility's IT domain. Every employee will have a unique login credential that will automatically expire and require updating regularly, and all stored data will be encrypted using SHA 256-bit encryption keys. The network infrastructure will be fully managed, allowing for precise control of network resources, and website(s) will require age verification to access the site. Access to email, proprietary company information and the facility will be removed within 24hrs of an owner, officer, manager, or employee separating from the company. All software will include validated data trail systems to identify personnel making changes and a date and time stamp.

Plan for Securing Information Technology (IT) System and Infrastructure: Kush Medicinal LLC ensures that all information created, acquired, or used to support business activities will only be used for its intended purpose. Employees will be provided general security awareness training within 30 days of hire and reinforced at least annually.

Transferring Data: Kush Medicinal LLC recognizes the security risks of transferring confidential data. Confidential data will be encrypted and only shared over the company's local network to reduce these risks. Additionally, when transferring confidential data, the employee will ensure that any recipient has adequate security measures in place.

HIPAA and Compliance Training: Employees will be required to understand state and Federal laws related to patient confidentiality. Training material will be brief yet comprehensive, and the main requirements and limitations have been outlined below. After this training, you will be required to complete a short test that must be passed before working for the company. An internal certification will be awarded once you've completed this training. The following information has been gathered from the Center for Disease Control (CDC)'s publications on how to keep records and patient information safe.

How Do Employees Protect HIPPA Patient Information? The company's Point of Sale (POS) system is encrypted software that stores confidential patient information, including government-issued identification, medical records, and medical cannabis registry documentation. Use of POS procedures on proper input and access control to mitigate any risk of lost or compromised patient information. Employees will log out of their POS accounts before leaving their workstations, account details will never be shared. The provided information will be treated with the same confidentiality as a medical office.

**Conclusion:** Kush Medicinal LLC ensures that employees will be provided with, at a minimum, awareness-level training regarding the importance of information security. Employees will be informed of the company's cybersecurity policies and procedures; roles and responsibilities, identifying key IT personnel; password usage and management, minimum criteria and protection guidelines; web usage, monitoring user activity; administrative safeguards, applicable HIPAA regulations; access control, internal and external access control systems; email security, required signature and identifying unauthorized emails; and appropriate disposal and sanitization procedures of confidential data. The company will review its awareness training program annually and make the necessary revisions accordingly. Each training session will be documented and maintained, including the date the training took place, attendees, topics discussed, and the instructor's name and qualification. Employees will be encouraged to provide feedback which will assist the company in improving the program. Recordkeeping is a critical function at Kush Medicinal LLC to ensure strict regulatory compliance and properly manage and measure the efficiency and progress of our operations. Kush Medicinal LLC's planned policies, procedures, and roles and responsibilities related to recordkeeping will create a culture where strict regulatory compliance is the standard. Kush Medicinal LLC will be prepared to respond to requests for records from the Commission in a timely and complete manner. Kush Medicinal LLC has outlined the best practices and human resources required to ensure our operations consistently deliver on both.

# **Exhibit 14 - Money Handling and Taxes**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Toral Patel Chief Operating Officer	
Printed Name of Verifying Individual	Title of Verifying Individual	
Toral Patel	28 December 2022	
Signature of Verifying Individual	Verification Date	

### Status of Plan

Per application requirements, the status for this plan is: Completed

### Introduction

The Applicant has provided below a plan for handling money and allocating and remitting taxes as required by any local, state, or federal agency.

Information Required for Purposes of Taxes Levied by Chapter 2A of Title 20 Code of **Alabama 1975:** As part of a legitimate business, the company must follow state and federal regulations in paying taxes. In the case of the state of Alabama, the state tax is considered a privilege tax under **Code 20-2A-80** under the **Code of Alabama**, **1975**. The company understands that cannabis was written into the state tax code, how taxes will be calculated and collected, and how to report their taxes. Beginning on January 1st of 2022, the state of Alabama, per 20-21-80-(a), declared that all taxes would apply to medical cannabis along with a nine percent sales tax on the gross proceeds of all medical cannabis sold. A taxpayer's net worth in Alabama will be determined by apportioning the taxpayer's net worth computed under **Section 40-14A-23** in the same manner as prescribed for apportioning income during the determination period for purposes of the income tax levied by **Chapter 18 of Title 40**, or how the revenue would be apportioned if the taxpayer were subject to the income tax. Per 20-21-80(b)(2), Tax due will be calculated in the same manner and rate as prescribed in **Section 40-14A-22** to determine the annual privilege tax levied by Chapter 14A of Title 40. The company will file an annual return no later than the corresponding federal income tax return, which is required to be filed under federal law, and the return will be due no later than two and a half months after licensing to do business in Alabama per 20-21-80(b)(3). If necessary, the company may file for an extension, and in following **20-21-80(b)(4)**, the department of revenue may grant a reasonable extension for filing returns; however, no extension will be longer than six months. Furthermore, the company understands, according to **20-21-80(b)(5)**, The privilege tax will be reported on forms and in the format prescribed by the department of revenue. Any failure to receive a form will not prevent a business from paying any tax, penalty, or interest otherwise due. The tax due will constitute an admitted liability for that amount. The Department of

Revenue may compute additional tax, penalty, and interest against a taxpayer under this provision. Additionally, while this is a new program, it is understood that the Department of Revenue may add any additional rules to this section as outlined under **20-21-80(c)**. **Accounting and Tax Plan: Per 583-x-8-.03(8),** at the time required by law, the company or another company employee acting under the supervision of the company will allocate the appropriate sum for the satisfaction of taxes as may be levied against the sale. The Chief Financial Officer (CFO) will have monthly, quarterly, and annual accounting checklists to verify accounting and tax reporting and remitting are done correctly and on time. The CFO will ensure all accounting entries are performed accurately and promptly. All accounting will be done per Generally Accepted Accounting Principles by adopting Quickbooks Online (QO) as our accounting platform. All cash will be deposited in our bank account, chosen upon licensure. We will avoid paying expenses in cash whenever possible. All sales transactions will have an invoice generated by the accounting system by importing each sales order created using a standard template that automatically calculates sales tax. The invoice process allows for the proper segregation of duties between the Sales, Accounting, and Operations teams. All of the taxes and withholdings for Social Security, Medicare, Federal Unemployment Tax (FUTA), State Unemployment Tax (SUTA), Employee Retirement Programs, Worker's Compensation, and Employee Health, Dental, Vision, and Life Insurance policies, as well as 401k matching retirement plans, will be calculated and accounted. Kush Medicinal LLC has established compliance measures with our chosen bank to ensure proper accounting and tax processes. Per 583-x-8-.05(2)(c)(4), the company's verified licensing history, cannabis industry history, and tax history regarding itself or any affiliate will conform with paragraphs 3.d., 3.e., and 3.f. of Rule **538-x-3-.05** of Chapter 3 of these Rules.

### Plan to Comply with and Mitigate the Effects of 26 U.S.C. s.280E

Under **26 U.S.C. s.280E**: (280E), no deduction or credit shall be allowed for any amount paid or incurred during the taxable year in carrying on any trade or business if such work or business (or the activities which comprise such trade or business) consists of trafficking in controlled substances, within the meaning of Schedule I and II of the Controlled Substances Act (CSA), which is prohibited by Federal law or the law of any State in which such trade or business is conducted. Under Federal law, cannabis remains classified as a

Schedule I controlled substance under the CSA, **21 U.S.C. §§ 801 et seq.** Section 280E denies cannabis businesses certain deductions and credits. However, cannabis businesses may claim the cost of goods sold (COGS) as an offet to income. COGS for Kush Medicinal LLC will include inventory costs as defined by **Treas. Regs Sec. 1.471-11(b)(1)**: Costs are considered production costs to the extent that they are incident to and necessary for production or manufacturing operations or processes. These inventory costs include materials, labor, and some indirect costs. Specifically, subtracting indirect costs as COGS include utilities, rent, indirect labor and production wages, and indirect materials and supplies. Indirect costs excluded from COGS include marketing, selling, and administrative expenses. Our taxes will be filed and paid promptly, and our financial statements will be reviewed monthly to ensure we consistently and adequately classify reasonable costs as COGS.

Federal Tax Withholding Compliance Overview: Kush Medicinal LLC will comply with all federal tax withholding guidelines and is required to withhold federal income tax from the wages of employees for both Social Security (6.2%) and Medicae taxes (1.45%) as equired by law. Kush Medicinal LLC will implement an established payroll system that applies to the cannabis industry. We will work with the payroll system to determine whether the wage bracket or percentage method is preferable to ensure compliance with federal law. They will confirm each employee fills out a Form W-4 annually. Additionally, the Accounting team will provide employees with W-2 forms to explain the compensation paid and the tax withheld at the end of the year. As part of payroll procedures, Kush Medicinal LLC will calculate and remit taxes electronically to the state based on the pay periods planned for the 15th and end of the month. We will utilize a timesheet system for hourly employees. All payroll payments will be made from our registered bank account and agreed to the tax withholding accounts within our general ledger. Since Kush Medicinal LLC is an LLC filing as a partnership. The CFO will ensure the accounting system accurately captures and reports the information required to create a partnership tax return. The CFO will coordinate tax returns, including the Schedule K-1s (Form 1065s), with Kish Medicinal LLC's accountant.

### State of Alabama Tax Withholding Compliance Overview

As part of our payroll procedures, Kush Medicinal LLC will calculate and remit taxes electronically to the state based on the pay periods, which are planned bi-weekly. We will utilize a timesheet system for hourly employees. Employees' time-logged payments and HR tracking and tax compliance, including; withholdings for State and Federal Unemployment Taxes (SUTA and FUTA), employee retirement programs, worker's compensation, and employee health insurance, will all be tracked both physically as well as digitally on external machine hard drives that are backed up in real-time and encrypted on cloud-based storage.

Cash Handling Procedures: Per 583-x-8-.05(3)(h), the company will provide a detailed plan for handling money and allocating and remitting taxes as required by any local, state, or federal agency. Responsible and accountable cash handling procedures are essential to the proper functioning of any business, especially in compliance with all tax codes. Violations are grievous offenses and will not be tolerated. Cash will not be permitted as a purchasing option at the manufacturing facility. Following stringent procedures, the closing dispensary sales team will return products, display products, and cash drawers to management once the retail staff has completed a count of the products and cash received. Once the final customer leaves, drawers in the registers will be rolled back to \$200 using the following cash counting method; Penny rolls>nickel rolls>dime rolls>quarter rolls>loose pennies>loose nickels>loose dimes> loose quarters> loose silver/gold dollar coins, one dollar bills>five dollar bills>ten dollar bills>20 dollar bills>50 dollar bills>100 dollar bills. When totals surpass \$200, the remaining amount will be removed from the draw, and exactly \$200 will be left in the register.

#### Conclusion

Our team, processes, systems, and internal controls will be designed and developed to ensure accurate accounting and compliance. The company's concrete and thorough plan for precise accounting and compliance will be in place for local, state, and federal taxes. By fully complying with all accounting-related requirements and regulations, Kush Medicinal LLC will meaningfully contribute to local and state tax bases, thereby supporting community development and service provision.

# **Exhibit 15 - Standard Operating Plans and Procedures**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

Introduction	3
IT Plan	3
Maintenance and Storage of Cannabis	6
Quality Control/Quality Assurance Plan - See Exhibit 23	8
Contamination and Recall Plan - See Exhibit 24	8
Criminal Activity Plan	9
Emergency Procedures/Disaster Plan	11
Alcohol, Smoke, and Drug-Free Workplace Policy	17
Employee Safety Plan	20
Confidential Information and Cybersecurity Plan	24
Disposal of Cannabis Waste	25
Security Plan - See Exhibit 19	27
Conclusion	27

### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

Kush Medicinal LLC's goal is to responsibly dispense an unparalleled selection of cannabis products while observing the highest standards for product and service quality, promoting community integration, delivering memorable service, and zealously complying with all applicable laws and regulations at every level of operation. We will aim to create an immersive, interactive, and impactful setting by exploring the science of cannabis in a highly aesthetic, culturally conscious environment. Through the employment of knowledgeable and passionate agents who are eager to serve our customers, the thoughtful selection of decor elements (such as paintings by local artists), and the placement of state-of-the-art interactive displays with product, inventory, and educational information in every corner, we will create a welcoming environment that caters to our customers' needs. Throughout this Operating Plan, Kush Medicinal LLC will review the day-to-day operations—both in regards to customer-facing activities as well as backhouse obligations. Due to the COVID-19 pandemic, Kush Medicinal LLC's goal is to have our customers find the products they need as efficiently as possible, all while remaining compliant with all dispensing procedures throughout the process. The ultimate goal of this plan is to showcase how Kush Medicinal LLC will compliantly and thoroughly perform all day-to-day activities with no room for errors, as demonstrating to medical cannabis patients and community neighbors Kush Medicinal LLC's capacity to compliantly and safely operate a retail dispensary remains a key priority.

### **15.1 IT Plan**

For ensuring accurate recordkeeping, compliance with inventory protocols, and coordination of information and systems with vendors, customers and others, as applicable, through the Alabama Medical Cannabis Patient Registry System (§ 20-2A-35, Code of Alabama 1975 (as amended)); the Stæwide Seed-to-Sale Tracking System (§ 20-2A-54,

**Code of Alabama 1975** (as amended)), access to and coordination of which shall be paid for and maintained by the licensee; and, as applicable, a third-party inventory control and tracking system (§ 20-2A-60, Code of Alabama 1975 (as amended)), alsotbe paid for and maintained by the licensee.

The company acknowledges the importance of its responsibilities to protect and maintain the confidentiality, integrity, and availability of information and related infrastructure assets. Additionally, they will manage the risk of security exposures and compromises; maintain a secure and stable IT environment; identify and respond to events involving information asset misuse, loss, or unauthorized disclosure; monitor systems for anomalies that might indicate compromise; and promote and increase the awareness of information security. Employees must attend all required training, report all suspected information security incidents or weaknesses to the appropriate supervisor, and adhere to the company's established safe work practices and procedures.

Kush Medicinal LLC will designate an individual or group to be responsible for the risk management function and assure that risk-related considerations for information assets and individual information systems, including authorization decisions, are viewed as an enterprise concerning the overall strategic goals and objectives of carrying out its core missions and business functions; and the management of information assets and information system-related security risks is consistent reflects the risk tolerance, and is considered along with other types of risks, to ensure mission/business success. Upon licensure, the company will designate a Chief Information Security Officer (CISO) who is responsible for establishing and maintaining the company's information security policies and procedures and advising on potential security risks.

### **IT Plan: Compliance with Inventory Protocols**

#### **Identification and Authentications**

Employees will be assigned unique identifiers (user IDs) **o** minimize the risk of unauthorized access to the company servers. Also, employees will be responsible for

maintaining a password containing various alphabetic and numeric characters. They must use Two-factor authentication to enter work email and tracking systems. Passwords will not include anything that may be easily guessed, such as birthdays, phone numbers, and consecutive characters. The company will regularly audit these user IDs and passwords and remove all inactive ones. User IDs with consecutive failed login attempts will be locked until unlocked by an administrator. Systems that access or use confidential information will be password protected and use a time-sensitive screensaver when unattended. Passwords will never be shared unless instructed to do so by a systems administrator.

### **Access Control**

Various access control systems will protect information systems; these include internal controls, such as passwords and encryption, and external controls, such as firewalls and server authentications. The designated system administrators will be the only ones to grant employees additional access and system permissions. Access to confidential data will only be provided to employees whose job responsibilities require such access. Individuals with access to sensitive data, including customer information, will sign a confidentiality agreement. To ensure that employees have the appropriate access, the company will conduct an access entitlement review annually.

IT Plan: Coordination of Information and Systems with Vendors, Customers, and Others

# **Cyber Security**

Kush Medicinal LLC has created a detailed plan to safeguard the confidential information entrusted to them. A series of cybersecurity policies and procedures have also been developed. They will be included in extensive company training modules to ensure the privacy of sensitive patient, customer, employee, proprietary, and executive documents and information.

We understand the devastating impact a breach of its information infrastructure would have on our business and reputation. These may range from data security failures to

malware and spyware attacks. As a result, the company will establish various administrative and technical security measures to protect confidential data and its infrastructure. Confidential data includes company finances, sales, business procedures, usernames and passwords, company contracts, legal documents, and sensitive employee, vendor, and client information. Government identification, customer purchasing history, and product delivery schedule breaches would cause irreparable harm to the company's commitment to keeping information safe. The company will only use, collect, and retain necessary data to conduct its business operations. Data and retained information will be periodically reviewed to determine whether it is still relevant and necessary; if it is not vital, it will be properly destroyed.

# **Administrative Safeguards**

Following the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR §164.308, Kush Medicinal LLC will implement policies and procedures to prevent, detect, contain, and correct security violations. They will conduct a risk analysis to determine any potential risks or vulnerabilities to the confidentiality, integrity, and availability of any sensitive data, including medical information, retained by the company; security measures will be implemented to mitigate those deficiencies. Kush Medicinal LLC ensures that consistent sanctions will be enforced on individuals that violate the company's privacy, confidentiality, or information security policies. Kush Medicinal LLC will designate and identify the individual responsible for implementing and enforcing these policies and procedures.

### **Monitoring**

Periodic monitoring will be conducted of computer files and all forms of electronic communication, such as internal messaging applications, emails, and phone systems. Information systems will be monitored to ensure no unauthorized local, network, or remote connections. An internal alert system will be established in case of suspicious activity on any secure company network or server. Systems will automatically update to ensure the most up-to-date security software is installed.

### **15.2 Maintenance and Storage of Cannabis:**

# **Limiting Access to Storage Areas**

Kush Medicinal LLC will limit access to cannabis item storage areas to the minimum number of authorized personnel necessary to maintain safe and orderly operations. When visitors must be present in or pass through cannabis item storage areas, the company will provide adequate observation of the area by employees specifically authorized by policy or job description to supervise the activity. Kush Medicinal LLC will identify specific personnel with access to the storage area, including those authorized to supervise visitors in storage areas. Visitors will not be permitted in cannabis storage areas unless they perform maintenance activities. Storage areas will be equipped with cameras that meet all Commission requirements to view facial features.

### **Identifying Personnel With Authorization**

Kush Medicinal LLC will utilize electronic door locks with a key card identifier. Employees will receive a key card with access as defined by their role. Employees will be required to visibly wear an above-the-waist identification badge that contains a current photo of the employee with their name and position. This badge will be issued upon hire and returned to Kush Medicinal LLC upon their separation from the company. Visitors, including approved contractors and vendors such as electricians and plumbers, will be required to enter through a visitor's entrance, where they will be screened and checked in. Per 583-x-8-.05(3)(m)(6), the rior doors of each facility operated by the company will be designed or reinforced to withstand unlawful forcible entry; exterior doors will remain locked against outside intruders at all times while allowing free egress by the facility's occupants in the event of an emergency; doors must permit ingress to employees and other appropriate persons (other than Patients and Caregivers) only using a keycard or other similar electronic access device. Company personnel may only grant patients, and caregivers access upon showing a valid, unexpired, and unrevoked medical cannabis card.

### Secure Storage of (Finished) Cannabis Poducts

Kush Medicinal LLC will securely store cannabis, including finished usable cannabis and cannabis products that are ready for sale, in a locked area. All currency and cannabis, including quarantine and waste cannabis, will be kept in a steel safe or yault with an Underwriters Laboratory (UL) Goup 1 rating. Vaults storing cannabis or currency will be secured in separate vaults with a commercial-grade combination pin code reader for authorized personnel to enter. The combination will be changed at irregular intervals not to exceed 90 days. Vaults and safes will have doors secured by an outside combination lock and pin code and will only be accessible by identified key staff. Vault doors will be attached to steel-reinforced concrete or similar masonry at least eight inches thick. Safes will be bolted or cemented to the floor or wall so they can't be readily removed. More procedures for secure storage will be detailed in the security plan located in another section of this application. Kush Medicinal LLC will have the following storage areas, which must be segregated from each other: the storage for newly received dispensary materials or components awaiting sale for personal medical use, any usable cannabis suspected, but not yet confirmed to be contaminated, including usable cannabis returned as part of a complaint or recall process, and usable cannabis, components, or materials that have been confirmed to be contaminated, including, but not limited to, usable cannabis that fails testing or is returned as part of a recall, and will be stored with cannabis waste in a waste disposal room until destroyed and rendered unusable. Designated storage areas for cannabis, including in-process materials and waste, will be located in limited access areas to prevent cross-contamination and product diversion. Storage areas will be maintained in a clean and orderly condition, be free of infestation by pests or vermin, and have adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions to ensure the safety and quality of cannabis.

### 15.3 Quality Control/Quality Assurance Plan - See Exhibit 23

This section has been provided in Exhibit 23. Please see the appropriate exhibit for this plan.

**15.4 Contamination and Recall Plan - See Exhibit 24** This section has been provided in Exhibit 24. Please see the appropriate exhibit for this plan.

# 15.5 Criminal Activity Plan (CAP)

Per 538-X-3-.05(16)(e), the applicant has provided below to the Commission during the application process a clear written criminal activity plan detailing the steps to be undertaken in the event of the discovery of criminal activity related to cannabis or medical cannabis within the possession and control of the licensee. The plan must account for the safety of employees and others on the premises, reporting the criminal activity to proper authorities, steps to be taken for the preservation of cannabis or medical cannabis, and reasonable efforts to maintain access to medical cannabis by those who depend on it. They will maintain and review this criminal activity plan at least annually at all times after that.

Kush Medicinal LLC will institute policies and procedures to reduce loss and prevent diversion. Employees will receive training on identifying loss, including notification protocols and recordkeeping requirements. Regardless of procedures and protocols, Kush Medicinal LLC understands reportable losses may occur. Kush Medicinal LLC, upon becoming aware of a reportable loss, discrepancies identified during inventory, diversion, or theft, whether or not the cannabis, funds, or other lost or stolen property is subsequently recovered and/or the responsible parties are identified, and action taken against them will immediately notify appropriate law enforcement authorities.

## **CAP: Steps Taken In the Event of Discovery of Criminal Activity**

Kush Medicinal LLC will establish roles and responsibilities for each employee in the event of a robbery. After the suspect leaves the facility, employees will be prohibited from attempting to chase or follow the robber or getaway vehicle. A getaway vehicle description will be obtained if it is safe, such as the make, model, color, and license plate number. The company will temporarily shut down business until law enforcement arrives and conducts an investigation.

# **CAP: Reporting Criminal Activity to the Authorities**

When contacting law enforcement, the employee will provide the time the suspect left the facility, the suspect's description, and the direction and method of travel. Additionally, the dispatcher will be notified of any injured individuals during the incident. Areas that may contain evidence will be left alone and preserved for law enforcement. Employees and individuals involved in the robbery will write down the sequence of events and a description of the suspect. Individuals not employed by Kush Medicinal LLC will be asked to stay until law enforcement arrives; individuals who cannot stay will be asked to provide their statement, name, address, and phone number. Employees will assist in the investigation and cooperate with directions given by the authorities.

## **CAP: Steps Taken for Preservation of Cannabis**

Kush Medicinal LLC will take the following steps for the preservation of cannabis or medical cannabis, including finished usable cannabis and cannabis products that are ready for sale in a locked area. All currency and cannabis, including quarantine and waste cannabis, will be kept in a steel safe or vault with an Underwriters Laboratory (UL) Goup 1 rating. Vaults storing cannabis or currency will be secured in separate vaults with a commercial-grade combination pin code reader for authorized personnel to enter. The combination will be changed at irregular intervals not to exceed 90 days. Vaults and safes will have doors secured by an outside combination lock and pin code and will only be accessible by identified key staff. Vault doors will be attached to steel-reinforced concrete or similar masonry at least eight inches thick. Safes will be bolted or cemented to the floor or wall so they can't be readily removed. More procedures for secure storage will be detailed in the security plan located in another section of these requirements.

# CAP: Reasonable Efforts to Maintain Access to Medical Cannabis by Those Who Depend on It

The company will make reasonable efforts to maintain a sustainable inventory control system that will ensure access to medical cannabis for registered patients. In the event of a robbery, the company will cultivate the additional product and store a portion of the finished cannabis as backstock in another facility. As cannabis will be used as a medicinal product it will also be stored as one. In the event of a natural disaster, inventory will be

protected from the harmful effects of light, temperature, moisture and other external factors by utilizing waterproof, air-tight containers. This will ensure that patient access is not disrupted.

Daily inventory counts will be implemented before and after closing hours, and discrepancies will be reported and investigated by the compliance officer and supply chain manager. Kush Medicinal LLC will institute policies and procedures to reduce loss and prevent diversion. Employees will receive training on identifying loss, including notification protocols and recordkeeping requirements. Regardless of procedures and protocols, Kush Medicinal LLC understands reportable losses may occur. Kush Medicinal LLC, Upon becoming aware of a reportable loss, discrepancies identified during inventory, diversion, or theft, whether or not the cannabis, funds, or other lost or stolen property is subsequently recovered and/or the responsible parties are identified, and action taken against them will immediately notify appropriate law enforcement authorities.

# 15.6 Emergency Procedures/Disaster Plan

The company has provided clear written Emergency Procedures and Disaster Plan. The steps the Applicant will take to ensure the safety of employees and others on the premises, the preservation of cannabis or medical cannabis, and the reasonable efforts to maintain access to medical cannabis by those who depend on it, have been listed above in the criminal activity plan. Below are procedures in the event of any reasonably foreseeable emergency or natural disaster that may affect the licensee, its facilities, personnel, products, or customers.

## **Exit Routes and Emergency Planning**

Kush Medicinal LLC's EAP will include exit routes that meet the design and construction requirements of **29 CFR §1910.36(a)** which include each exit route will be a permanent part of the workplace **29 CFR §1910.36(a)(1)** construction materials used to separate an exit from other parts of the workplace will have a one-hour fire resistance-rating if the exit connects three or fewer stories and a two-hour fire resistance-rating if the exit connects four or more stories **29 CFR §1910.36(a)(2)** and that an exit is permitted to have only

those openings necessary to allow access to the exit from occupied areas of the workplace, or to the exit discharge. An opening into an exit will be protected by a self-closing fire door that remains closed or automatically closes in an emergency upon sounding a fire alarm or employee alarm system. Each fire door, including its frame and hardware, will be listed or approved by a nationally recognized testing laboratory **29 CFR §1910.36(a)(3)** 

Kush Medicinal LLC ensures that all exit routes comply with 29 CFR §1910.37. Additionally, as stated in 29 CFR §1910.37(b)(1), each exit route will be adequately lighted so that an employee with normal vision can see along the exit route, clearly visible and marked by a sign reading "Exit" 29 CFR §1910.37(b)(2), be free of decorations or signs that obscure the visibility of the exit route door 29 CFR §1910.37(b)(3). Signs will be posted indicating the direction of travel to the nearest exit if the direction of travel is not apparent 29 CFR §1910.37(b)(4), and doorways or passageways that could be mistaken for an exit will be marked "Not an Exit" or similar designation 29 CFR §1910.37(b)(5). The company will ensure that each exit sign will be illuminated following the requirements of 29 CFR §1910.37(b)(6) and in lettering that complies with the requirements of 29 CFR §1910.37(b)(7). Employees will not occupy a workplace during construction, repairs, or alterations until the exit routes are completed and adequate fire protection is available.

#### **Evacuation Wardens**

The company will designate "evacuation wardens" to assist individuals from danger to safe areas during an emergency. Evacuation wardens will check offices, bathrooms, and other spaces before being the last person to exit an area. The company will provide such persons with the appropriate training, including the facility's layout, various evacuation routes, the buddy system, and any hazardous areas to avoid. Visitors will be required to sign in to ensure they are accounted for during an evacuation.

### **Assembly Areas**

Kush Medicinal LLC will designate areas for employees to gather after evacuating. Inside assembly areas will have sufficient space to accommodate the capacity of each area. Outside assembly areas will be utilized when the building is partially or completely evacuated,

located within an open area away from highly populated areas. Each designated evacuation warden will conduct a headcount and provide the name and last known location of individuals that cannot be accounted for to the appropriate supervisor.

#### **Shelter In Place**

Kush Medicinal LLC defines shelter-in-place as taking refuge in an interior room or rooms within its facility, preferably one with no or few windows. Employees will be provided training to understand the importance of deciding whether to stay in place or move to another location. The company will establish a means of alerting employees to shelter in place; this alert will be easily distinguishable. They will also communicate the importance of checking televisions, radios, and the internet for information or official instructions as they become available. Kush Medicinal LLC will conduct shelter-in-place drills regularly and maintain a sufficient stock of battery-operated radios, flashlights, and first aid kits.

Employees will be aware of the company's shelter-in-place procedures, which include, shutting and locking all windows and doors; turning off all air circulation systems; going to the designated rooms for refuge, sealing all windows, air vents, and doorways; turning on any available television or radio; waiting for instructions that everything is clear.

#### **Shelter-in-Place for Hazardous Incidents**

In the event where hazardous materials, including chemical, biological or radiological, are potentially released into the atmosphere, whether accidentally or intentionally, employees will be instructed to take refuge in rooms with no windows that are open or can open and with little to no ventilation. Individuals who cannot move will be instructed to close any open doors.

#### Shelter-in-Place for Persons Deemed a Threat

In the event that a person is deemed a threat, employees will be instructed to stay in the room they are in, lock the doors, and cover any windows. Additionally, employees will encourage others to remain calm, stay where they are, and only come out when directed by

a recognized authority. Any suspicious activity or foreign odor will be immediately reported to the appropriate supervisor.

#### **Shelter-in-Place for Extreme Weather**

In extreme weather conditions, such as a hurricane or tornado, employees will be instructed to move to an interior room with no windows or a hallway on the lowest floor possible; stairwells will be utilized if all rooms have windows. They will also be instructed to stay in the center of the room and remain in place until the threat has passed.

# **Flooding**

#### Introduction

Kush Medicinal LLC has established these safe work practices and procedures to ensure the safety and health of its employees and business in the event of a flood. These measures will assist in minimizing any potential product or equipment loss and enable the company to return to normal operations more quicker.

#### Responsibilities

Kush Medicinal LLC will provide employees with, at minimum, general awareness training, including the company's emergency procedures and evacuation plan, in the event of a flood. The company will designate someone responsible for implementing these procedures and review and revises them as necessary. Each employee will be designated a role and informed of the responsibilities of that role.

## Planning for a Flood

Facilities in a region prone to flooding will contact the local flood management authorities to determine any factors that may encourage flooding. Additionally, the company will measure the water levels and how those levels rise after rainfall of nearby waterways, such as rivers, lakes, or streams. These readings will help establish the appropriate response

times and implementation procedures. The company will install localized water-level gauges to monitor the conditions near the facility.

The company will establish a routine facility maintenance plan and review its effectiveness annually. This plan will ensure that equipment and emergency power generators are checked regularly and are in good working condition. In addition, facility inspections will be conducted to identify any potential hazards that may occur in the event of a flood, such as ensuring that the roof is not susceptible to heavy rain or high wind speeds, establishing flood protection measures for areas located below-ground, and the appropriate fire protection is serviceable and readily available. Flood emergency kits will be readily available and adequately stocked; emergency shutdown procedures for vulnerable or critical equipment will be stored within these kits. If possible, sewage disposal and drainage lines will be equipped with manually operated release valves to prevent the reverse flow of sewage waste.

#### Flood Advisories

When flooding may occur in the facility's region, Kush Medicinal LLC will monitor the local news via television or radio for additional information or flood advisory alerts. The company will follow the advice of local authorities to shelter in place or evacuate. Also, the various advisory alerts will be communicated to the employees, as defined by the National Weather Service (NWS), which include:

**Flood Advisory:** *Be Aware.* This is issued when flooding is not expected, but caution should be exercised.

**Flood Watch:** *Be Prepared* This is issued when favorable conditions for flooding, but flooding is not guaranteed.

**Flood Warning:** *Take Action* This is issued when flooding is imminent.

**Flash Flood Warning:** *Take Action* This is issued when a flash flood, a sudden violent flood that can take minutes to hours to develop, is imminent or occurring.

## Responding to a Flood

A designee will be notified immediately if flooding is imminent. Once alerted, they will monitor the situation, communicate local authorities' instructions to the workforce, and

implement emergency procedures. This will include shutting down and unplugging noncritical and nonessential electrical equipment, relocating water-sensitive products and equipment above expected flood levels, and anchoring or weighing down buoyant materials that cannot be relocated. Additionally, the company will take all the necessary steps to prevent the release of potentially hazardous chemicals, such as moving them to a safe location.

## **During the Flood**

Kush Medicinal LLC will emphasize that the safety and health of its employees take precedence and will encourage them to follow the instructions from the local authorities. As flooding occurs, the local news will be continuously monitored, and designated personnel will continue to conduct emergency procedures as long as it is safe. A headcount or roll call will be conducted periodically to maintain employee accountability. A logbook that documents the event's details will be maintained (e.g., instructions given, various alarm stages, shelter-in-place or evacuation, etc.). This record will help determine damages and losses during the recovery phase and allow the company to identify and improve the response plan.

## Recovering from a Flood

As soon as floodwaters recede, employees will be instructed to gather at the designated assembly area, individuals seriously injured will not be moved, and a headcount will be conducted. If possible, employees will be instructed to stay clear of downed utility wires and out of the floodwater. Emergency services will only be connected if it is necessary or if not everyone can be accounted for. Once the facility is deemed safe, the company will designate a competent person to conduct an assessment of the entire worksite and facility. The assessment will also identify any hazards, the corresponding hazard levels, and the measures needed to mitigate those hazards.

Before initiating clean-up operations, the assessment will be reviewed for any of the hazards that were identified. Local utility companies and emergency response establishments that the company has partnered with will be contacted. The company will

ensure that gas and electric sources will be turned off, and any spills containing hazardous chemicals or asbestos-containing materials will be mitigated before facility access is allied. Employees performing any clean-up duties will be provided with the appropriate personal protective equipment (PPE), such as goves, hard hats, and protection for the feet, eyes, and hands. During clean-up, damaged and undamaged items will be separated and inventoried; any damages or losses will be reported to the appropriate insurance company. Once clean-up operations are completed, a final inspection will be conducted to ensure that all hazards have been identified and remediated.

## 15.7 Alcohol, Smoke, and Drug-Free Workplace Policy

Kush Medicinal LLC have established this alcohol and drug-free workplace (ADFWP) **6** ensure its employees' safety and health and meet the requirements of applicable laws and regulations, including the Drug-Free Workplace Act of 1988. This policy will also establish restrictions on legal substances, such as alcohol, cigarettes, cannabis, and prescription drugs, within the workplace.

## Responsibilities

To ensure that this ADFWP is implemented properly, Kush Medicinal LLC will enforce this policy consistently, communicate what is prohibited, and the disciplinary actions for any violations. Additionally, they will offer an employee assistance program (EAP) **6** provide substance abuse help, which may include counseling and other support or treatment programs. The company will provide awareness-level training to help educate employees about substance abuse and addiction. All individuals employed by Kush Medicinal LLC must attend all required training, acknowledge they understand the company's ADFWP and the consequences for failing to comply with it, and adhere to all aspects regarding testing and any follow-up actions. In addition, employees are expected to report all prescribed medication to the appropriate supervisor immediately

## **Safe Practices (Procedures)**

Kush Medicinal LLC prohibits any individual from manufacturing, cultivating, distributing, dispensing, possessing, or using illegal drugs or other unauthorized, mind-altering, or

intoxicating substances, including alcohol, while on company property or while engaging in work-related activities away from the workplace.

# **Pre-Employment Testing**

Individuals may be subject to a drug and alcohol screening during the hiring process before receiving an employment offer. Refusal to submit to testing will result in disqualification of further employment consideration.

## **Reasonable Suspicion Testing**

Employees may be required to submit a drug and alcohol screening whenever they reasonably suspect they have violated this policy, including when they are involved in a work-related accident. A designated person other than the suspected employee's immediate supervisor will be considered to determine the facts and evidence of an incident that constitutes reasonable suspicion. If the suspicion is confirmed, the affected employee will receive a copy of the findings and any appropriate disciplinary action.

#### **Post-Accident Testing**

Employees will be tested if they are responsible for causing or contributing to an accident that causes serious damage to Kush Medicinal LLC property or an injury that requires medical attention. The company will immediately conduct an incident investigation to determine if the circumstances constitute probable cause that the employee responsible was under alcohol or any unauthorized substance; if so, that employee will be subject to testing.

## **Testing Process and Standards**

Individuals subject to an alcohol screening will be transported to the company's designated laboratory, certified by the Department of Health and Human Services, where they will provide a breath sample. Trained technicians will test the sample using federally approved breath alcohol testing devices capable of producing printed results identifying individuals. Potential hires and employees subject to a drug screening will be transported to the company's designated laboratory, certified by the Department of Health and Human

Services, where they will provide a urine sample. This specimen will be sent to a federally certified laboratory and tested for amphetamines and methamphetamines, cocaine, opiates (narcotics), phencylidine (PCP), babiturates, benzodiazepines, and methaqualone.

Information on confirmed positive results will be provided to Kush Medicinal LLC's medical review officer (MRO). The MRO will determine the appropriate procedures to follow and provide the appropriate supervisor and the affected employee with a written explanation of the test results. The company will adhere to the cutoff levels outlined in **49 CFR Part 382** (alcohol) and **49 CFR §40.87** (all other substances).

## **Employee Rights**

During the collection process, employees will be allowed to disclose factors other than illegal drug use, such as taking legally prescribed medication that could cause a positive test result. The employee may submit this information in a sealed envelope to be opened only by the MRO, but only if positive. Employees suspected of violating this policy will be entitled to representation during interviews, including discussions with the MRO regarding that particular incident. In addition, the company will provide the affected employee with all related documentation of the testing process and a full copy of any test results. Employees will have up to 72 hours to rebut the positive result and request their split specimen tested again, this request will be at the employee's own expense.

## **Employee Assistance**

Employees who abuse alcohol or drugs may be able to use any accrued or unused sick leave to enroll in a qualified treatment program. Employees who fail to enter, remain, or complete a qualified treatment may result in disciplinary action, including termination. Participation in a qualified treatment does not relieve an employee of the obligation to satisfy any standards regarding employee performance. Additionally, it will not prevent any disciplinary actions the company deems appropriate. Employees may be required to be evaluated by a physician. Entrance into a treatment program will not relieve an employee of their obligation to satisfy Kush Medicinal LLC's standards regarding employee

performance. Additionally, participation will not prevent the company from administering disciplinary action for violating its policies.

## Recordkeeping

Test results will be maintained for all affected employees and considered confidential. These records will only be released to the tested employee or their designated representative and the MRO. Individuals that determine or assist in determining what action should be taken in response to test results or require them to supervise or assign the employee appropriately will have limited access to test results. The company will use a similar chain of custody procedure as the Substance Abuse and Mental Health Services Administration (SAMHSA), which includes documenting the date and purpose each time a sample is handled or transferred and the identity of every individual in the chain of custody. Training records will be documented and maintained for at least three (3) years and made available to employees. Documentation will include the date and time, attendee signatures, and any applicable information on the instructors for each training program.

## **Training**

Kush Medicinal LLC will provide all new hires and affected employees with appropriate training, including the company's safe work practices and procedures, signs of drug or alcohol abuse, reasonable suspicion, testing procedures and standards, employee rights, and potential assistance programs and recordkeeping procedures. Employees who operate company vehicles must possess a commercial driver's license and take 60 minutes of training on substance abuse and another 60 minutes on the symptoms of alcohol abuse. The company will now provide a clear, written Alcohol, Smoke, and Drug-Free Workplace Policy included in both the Employee Handbook and the Policies and Procedures Manual, per application instructions in **Section 15.7**.

### 15.8 Employee Safety Plan

Below is the following Employee Safety Plan in compliance with parallel OSHA standards applicable in the company's dispensary per application instructions **Section 15.8**. Per **Section 5(a)(1) of the OSHA Act of 1970**, the company will provide a workplace free from

recognized hazards that are causing or are likely to cause death or serious physical harm to employees and will comply with occupational safety and health standards promulgated under this Act. Employees will comply with all applicable safety and health standards, rules, regulations, and orders, including company procedures and safe work practices. Kush Medicinal LLC will maintain a written copy of this plan at each facility for employees to review; facilities with ten or fewer employees may communicate this plan orally.

#### Introduction

Kush Medicinal LLC is committed to providing a safe and healthy workplace and encourages its employees to provide temporary medical aid to others in an emergency within their scope of training. Emergency aid includes treating puncture wounds, cardiopulmonary resuscitation (CPR), and any other medical aid that requires professional medical assistance. The company has adopted the principles of the Good Samaritan Act, which does not hold individuals rendering emergency aid liable and protects them from any civil damages. In addition, Kush Medicinal LLC will establish procedures if emergency aid is required, such as a gunshot or stab wound.

## Responsibilities

Kush Medicinal LLC ensures that employees who are competent to perform emergency aid will possess any required CPR certification, at least equivalent to the American Heart Association, American Red Cross, or the National Safety Council (NSC). The company will provide awareness training regarding medical aid, bloodborne pathogens, and the Good Samaritan Act elements. Additionally, they will provide and ensure appropriate personal protective equipment (PPE) use. Employees are responsible for attending and participating in the required training and complying with the company's safe work practices and procedures. Employees designated to perform emergency aid are responsible for completing the required training and maintaining the appropriate certifications.

#### **Good Samaritan Act**

The company will establish and communicate the following elements of the Good Samaritan Act to protect employees who willingly perform emergency aid. Employees will only render medical aid within the scope of their knowledge and will possess the appropriate certifications. Additionally, they will not provide medical aid with the intent of financial compensation and ensure that the area is safe not to endanger themselves or others. The employee will ensure that aid is necessary and it is performed in an appropriate and non-reckless manner. The victim or legal guardian will obtain consent before attempting any physical aid. Consent will be implied depending on the injury and if the victim cannot provide consent due to being unconscious, impaired, or delusional. Any medical aid will only be provided if professional medical assistance has not arrived in an emergency.

## **Fire Safety Plan**

Kush Medicinal LLC facilities will be constructed to meet or exceed the requirements of state and local fire codes, building codes, OSHA requirements, and other applicable building standards and codes to ensure the facility will pass inspection by the Fire Chief to obtain and maintain an occupancy permit. The facility will be constructed with appropriate firewalls, including a 1-hour fire assembly, as defined by local building codes and UL standards. Fire doors and smoke dampers will be utilized to prevent the spread of smoke and aid firefighting efforts. Fire prevention and suppression measures will be put in place at the facility, including a water-based fire suppression system (i.e., overhead sprinklers); A clean agent fire suppression system for the Central Monitoring Station, and other limited access areas where critical safety and electronic security equipment is stored; A clean agent system is used in place of a water-based system to preserve electronic equipment that operates vital safety and security systems or stores sensitive data. All emergency alert systems will possess a visual and audible alarm to alert employees and visitors of an emergency.

**Fire Prevention Plan (FPP)** All employees will receive training on the facility FPP, designed to provide employees with information and guidelines that will assist them in recognizing, reporting, and controlling fire hazards. The FPP serves to reduce the risk of fires by identifying materials that are potential fire hazards and their proper handling and storage procedures; Distinguishing potential ignition sources and the appropriate control

procedures of those materials; Describing fire protection equipment and systems used to control fire hazards; Identifying persons responsible for maintaining the equipment and systems installed to prevent or control ignition of fires; Identifying persons accountable for the control and accumulation of flammable or combustible material; Providing training to employees about fire hazards to which they may be exposed. The FPP will help the facility eliminate the causes of fire, prevent loss of life and property by fire, and comply with state and local standards on fire prevention.

Kush Medicinal LLC will also work with the local Fire Marshal to provide training demonstrations on the proper use of fire extinguishers and conduct fire drills so that employees become familiar with exit routes. Primary and secondary meeting points will be established, and team leads will be identified as responsible for directing employees and visitors out of the facility and meeting points and taking attendance of those present to determine if any person is missing.

# **Cardiopulmonary Resuscitation (CPR)**

The company will provide employees with general guidance to perform CPR in the event an individual becomes unconscious, has difficulty breathing or has no pulse. This will be administered until the victim becomes responsive and their condition is stable, emergency personnel has arrived, or the employees become fatigued. Before administering CPR, check the victim's breathing. If breathing appears normal, gently roll them onto their side. CPR will be required if there is no sign of breathing or breathing seems abnormal. Open the victim's airway by placing them on a flat, firm surface, gently tilt the head back, lift the chin, and ensure it is clear of any blockage, such as vomit, blood, or food. Employees that are not CPR certified will perform hands-only CPR or compression-only CPR. If necessary, an employee is certified to perform two rescue breaths or mouth-to-mouth resuscitation every 30 chest compressions.

**Chest Compression:** Place the heels of the hands-on top of each other in the center of the victim's chest; keep the shoulders directly over the hands with the elbows locked; press straight down approximately one-third of the chest depth; release the pressure allowing the chest to return to its normal position after each compression.

**Mouth to Mouth:** Close the victim's nostrils; seal the mouth over the victim's and blow air, ensuring no air leaks; give two full breaths, then check the victim's chest for movement; if no movement is detected, pinch the victim's nostril tightly and seal the mouth to the victim's; if there is still no movement check the airway for obstruction; continue with 30 chest compressions, followed by two rescue breaths.

## 15.9 Confidential Information and Cybersecurity Plan

Per **583-x-8-.05(3)(e)**, the company will create and maintain at all times a plan under **538-x-3-.05-3.m.(16)(i)** and **538-x-4-.07-12.o.(9)** for maintaining confidential information and providing cybersecurity for sensitive information concerning patients and caregivers. Still, the company will include within that plan a set of protocols for maintaining the confidentiality of patient information following HIPAA arising from or related to the dispensary's access to the Patient Registry and/or any other source.

Digital security systems will be designed to protect against protected patient information and theft and diversion of cannabis, including the integrity of electronic systems and information. To ensure the digital safety of operational data, the facility will have multiple information technology (IT) systems and policies in place, including but not limited to utilizing a network firewall blocking all incoming, unauthorized connections from the internet: antivirus software will be mandated for any operational servers and client computers, wireless networks will be password protected and access restricted to authorized users, all networks related to security systems will be segmented with limited access controls put in place to limit authorized users. All computers will have unique identification and must be a part of the facility's IT domain. Every employee will have a unique login credential using Two-factor authentication that will automatically expire and require updating regularly. All stored data will be encrypted, and SHA 256-bit encryption keys. The network infrastructure will be fully managed, allowing for precise control of network resources, and website(s) will require age verification to access the site. Access to email, proprietary company information, and the physical facility will be removed within 24hrs of an owner, officer, manager, or employee separating from the company. All software will include validated data trail systems to identify personnel making changes and a date and time stamp.

# Plan for Maintaining HIPPA Compliance Related to Dispensary Access to Patient Registry

Employees will be required to understand state and Federal laws related to patient confidentiality. Training material will be brief yet comprehensive, and the main requirements and limitations have been outlined below. After this training, they will be required to complete a short test that must be passed before working for the company. An internal certification will be awarded once they've completed this training. The following information has been gathered from the Center for Disease Control (CDC)'s publications on how to keep records and patient information safe.

The company's Point of Sale (POS) system is also encrypted software that stores confidential patient information, including government-issued identification, medical records, and medical cannabis registry documentation. Employees will use POS procedures on proper input and access control to mitigate any risk of lost or compromised patient information. Information provided to the dispensary will be treated with the same respect for confidentiality as at a doctor's office.

#### 15.10 Disposal of Cannabis Waste

Kush Medicinal LLC will render cannabis unusable and unrecognizable before removal from licensed premises. Cannabis waste will be documented, tracked by batch, and recorded in an electronic track and trace system specified by the Commission. Removal of cannabis waste will only be within Kush Medicinal LLC's ordinary business hours. Kush Medicinal LLC will dispose of wasted cannabis and will not incorporate wasted cannabis or cannabis plants into any product intended for human consumption. Wastage of cannabis and cannabis plants, including stalks, stems, leaves, and roots, will be accomplished by mulching, grinding, and incorporating the cannabis into other ground materials. The resulting mixture is at least 51% non-cannabis material by volume. Standard industry

practice is to mix cannabis waste with either general landfill or compostable material at a 1:1 ratio by volume.

Cannabis waste and non-cannabis materials will be combined using an industrial-grade mulcher or grinder/shredder so that the cannabis waste becomes unusable and unrecognizable. Wasted cannabis or cannabis plants will be either composted on-site or rendered unidentifiable and then disposed of in a locked waste receptacle that will be held within a limited access area until it is removed by local waste management. All waste procedures will be conducted following the Commission.

#### **General Waste Procedures**

Usable cannabis, components, or materials that have been confirmed to be contaminated, including, but not limited to, usable cannabis that fails testing or is returned as part of a recall and will be stored with cannabis waste in a waste disposal room until destroyed and rendered unusable. In addition to the cannabis waste generated, Kush Medicinal LLC will implement a general waste disposal policy to reduce the amount of waste entering landfills, waterways, and the environment. Kush Medicinal LLC will use real dishes, cups, and silverware in its employee break room. All waste will be separated into different streams, including landfill waste, recycling, compost, flammable liquids, hazardous waste, and any other waste stream that may require special disposal procedures. Chemical spill clean-up kits will be provided to prevent any chemicals from being released into the environment or local waterways. If carbon dioxide (CO2) is used in the building, Kush Medicinal LLC will obtain it from a carbon capture company, and tanks will be reused. Vehicles used for transport will be electric or hybrid to reduce fossil fuel emissions, and electronic vehicle charging stations will be provided at the facility. Employee shuttles will be offered to employees in and near Impact Zones, reducing the number of vehicles on the road and reducing emissions.

Kush Medicinal LLC will also use an eco-friendly laundry service to wash all employee uniforms. The company will use biodegradable personal protective equipment (PPE) where possible and ensure that all single-use PPE is disposed of properly.

Environmentally-friendly cleaning and sanitizing solutions will be used where possible, and any hazardous cleaning solutions, nutrients, fertilizers, etc., will be disposed of per the manufacturer's recommendations.

## **Handling Waste**

Cannabis waste, such as expired or contaminated products, will be collected into a separate disposal container located in a restricted area. Disposal containers will be appropriately labeled, kept securely closed, and situated in a well-ventilated area to minimize the development of odors, which will subsequently allow for easier handling of odor abatement efforts and systems. All waste and unusable products will be weighed, recorded, and entered into the inventory system before rendering them unusable. Cannabis waste is identified as raw cannabis plant material removed from the room during the cultivation process and any cannabis plants or products that have been contaminated, adulterated, deteriorated, or otherwise not suitable for consumption. The Chief Compliance Officer (CCO) will wersee and delegate processes related to compliant waste procedures. Cannabis or cannabis products that Kush Medicinal LLC intends to waste will be held in a secured designated holding area for a minimum of 72 hours before being wasted. Employees will affix record information to each batch held for wasting documents, including batch number or code, plant number, and weight. The batch to be wasted will not be handled, moved, or wasted during the 72 hours unless by specific instruction of the Commission. Cannabis or cannabis products intended to be wasted may be subject to inspection by the Commission.

**15.11 Security Plan - See Exhibit 19** This section has been provided in Exhibit 19. Please see the appropriate exhibit for this plan.

#### Conclusion

Safe, compliant operational practices are crucial to maintaining our business model and long-term goals. Kush Medicinal LLC seeks to go well beyond maintaining just sales transactions and will actively treat each customer visit as a tailored experience as opposed to a quick in-and-out sales. We will maintain clear, coherent policies and protocols that

demonstrate our operational standards to our dispensing agents, both during customerfacing activities as well as those behind restricted access areas. Ultimately, by incorporating all the methodologies described in this Operating Plan, we elevate our customer's experience at Kush Medicinal LLC to what we perceive to be the new, and only acceptable standard, in licensed cannabis operations.

## **Exhibit 16 - Policies and Procedures Manual**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

Core Values	7
Introduction	7
Fundamental Compliance Rules	8
Fundamental Company Practices	9
Before Moving to the Next Section	10
Nurturing The Retail Atmosphere	11
Introduction	11
Positivity is Infectious	12
A Transparent Organization	12
Before Moving to the Next Section	13
Affirmation: Nurturing the Retail Atmosphere	14
Before Moving to the Next Section	15
Operating Hours Procedures Overview	15
Pre Opening Setup	15
Operating Hours	16
Closing Hours	17
Opening and Closing the Store	18
Opening Procedures	19
Closing Procedures	19
Before Moving to the Next Section	20
Technical Knowledge Introduction	20
I. The Administrative Assistant	21
Introduction	21
Security Culture	22
Lounge Hospitality	22

	Phone Correspondence	23
	Organization	23
	Efficiency	24
	Teamwork	25
	Dispatching Patient Flow	25
	Phone Correspondence Procedures	26
	The First Patient Experience: Make the Connection	28
	Vendor/Visitor Procedures	28
	Visitors	28
	Who is an acceptable visitor?	29
	Visitors Must Have	29
	Visitor/Vendor Procedures	29
II.	Retail Support Manual - Sales Staff/Greeter	30
	Introduction to Cannabis Sales	30
	The Greeter	30
	Service	31
	Positivity	31
	Efficiency	32
	Organization/Sanitation	32
	Making the Connection	32
	Technical Knowledge	33
	Teamwork	33
	Sales Staff: Opening Procedures	34
	Selecting Your Register/Signing into [POS SYSTEM]	34
	The Sales Staff: Closing Procedures	35
	Shutting Down the Retail Floor	36

Age Verification Procedures	36
Starting the Order	37
Processing an Order	37
Processing an Order: Discounts	38
Understanding Kush Medicinal LLC's Discount Program	38
The Sales Staff: Side Work	39
Introduction	39
Restocking Products (This may need to be done several times a day)	39
Introduction	40
Sales Staff: Cleaning the Dispensary	41
Introduction	41
Cleaning the Retail Station	41
Tools Needed	41
Why Should I Clean?	41
Cleaning Steps	42
Sales Staff Cleaning Procedures	43
Introduction	43
1. The Waiting Area	43
2. The Retail Area	43
III. Retail Support Manual - Guide for 3rd Party Security Guards	45
Introduction to Kush Medicinal LLC	45
Key Features of the Facility	45
Appropriate Demeanor	46
Mandatory Equipment	46
Patient Security	46
Panic Buttons	47

Surveillance	47
Loss Prevention	48
Opening and Closing the Store	48
Age Verification Procedures	49
The First Patient Experience	50
Make the Connection: Outside of the Building	50
Make the Connection: Through the Doors	50

Hello, and Welcome to Kush Medicinal LLC!

With great pleasure, we offer you this opportunity to join our team of dedicated and passionate professionals. Our establishment aims to offer a compliant, compassionate, patient-focused environment where everyone feels secure and comfortable. Our goal is simple: We want guests to tell our staff that they chose us because the retail facility is expedited yet inviting. When we've done our job, visitors feel so secure with their purchase that it is difficult for them to perceive our vibe, like our product, cultivated with the client in mind. A combination of strong patient care, technical knowledge, and high-quality cannabis are why they will continue to trust our brand. Without your cooperation in our mission to serve kindly and with a purpose, we could not provide the unrivaled service necessary to satisfy the needs of all our clientele.

As a Kush Medicinal LLC Retail Team Member, It is your duty to be an ambassador to the general public and Alabama as a knowledgeable representative in the cannabis community. Kush Medicinal LLC aims to be the industry standard for patient care and service, compliance with laws, and procuring superior-grade cannabis products. Our central focus is to provide a high standard of care for our patients. Rigid adherence to applicable laws and the policies and procedures outlined in this manual are fundamental requirements of all Kush Medicinal LLC team members. Compliance must be maintained while keeping a respectful, positive, and upbeat demeanor while working at Kush Medicinal LLC. We encourage staff to know their responsibilities to fulfill our commitment to doing the right thing the first time. We hope your experience at Kush Medicinal LLC will reward, fulfill, and promote prosperity. This manual hopes to outline what is expected of you as a Kush Medicinal LLC team member. As an employee of Kush Medicinal LLC, you are expected to read and become familiar with this publication and to hold yourself accountable for your actions as an employee of our company. Please feel free to offer insight and suggestions for how we can make this manual more useful to the retail support staff in the future by emailing:

## info@kushmedicinal.com

Truly,

The Kush Medicinal LLC Team

**Status of Plan:** Per application requirements, the status for this plan is: Completed

#### **Core Values**

Honesty

Integrity

Compliance

**Patient Care** 

## Introduction

The patient is the most important visitor on our premises. They are not dependent on us. We are dependent upon them. They are not an interruption. They are the purpose of our existence and our livelihood. New patients are not outsiders to our business. Every client who walks through our doors is crucial to our great mission. We are not doing patients a favor by serving them. They are doing us a favor by allowing us to serve them.

For Kush Medicinal LLC to be a successful dispensary, we must execute patient service to the highest standard. Our primary goal is to extend our family beyond the staff at Kush Medicinal LLC. We can achieve this by treating everyone in an unbiased, ethical manner. Respect, attention, empathy, and professionalism must be employed at all times. We want our patients to feel welcomed, secure, cared for, and appreciated. We will strive daily to provide maturity, security, and a friend in a sterile and inviting environment for our patients. Without their patronage, we would not exist.

# **Fundamental Compliance Rules**

Our livelihood depends on the entire team's adherence to applicable regulations. Abiding by the rules set forth by Alabama Medical Cannabis Commission prevents government interference and protects the staff and visitors on the property. Comprehension of fundamental compliance concepts is a mandatory requirement for working at Kush Medicinal LLC. At the very least, employees must be aware of the following rules and

regulations. They will be required to recall these regulations and can not complete the company's training program without completing our compliance comprehension test.

While employees are on duty, they will wear identification badges that clearly identify them as employees, Per 583-x-8-.05(3)(m)(13). It is prohibited for employees permitted to dispense medical cannabis to non-residents of Alabama, including patients or caregivers registered or eligible for medical cannabis or the equivalent under the laws of another jurisdiction, or residents of Alabama who are not qualified registered patients or registered caregivers, including but not limited to registered certifying physicians per 538-x-8-.02(5)(c)

Only tested medical cannabis, properly packaged, bearing the universal State symbol, and properly labeled for retail sale to a registered qualified patient or registered caregiver by 538-x-8-.02(6)(a) will be dispensed to authorized patients. Patients and caregivers holding a valid, unexpired and and unrevoked medical cannabis card, only in accordance with product and dosing instructions provided by the registered certifying physician and the provisions of 538-x-2-.07 of Chapter 2 of these Rules per 538-x-8-.02(6)(h) will be dispensed medical cannabis.

In order to account for transactions, inventory, to monitor patient usage, and log other relevant information as necessary or appropriate to the company's business, employees will enter all information into the Statewide Seed-to-Sale Tracking System, as required under 538-x-8-.02(6)(b). Sales of medical cannabis will be packaged in accordance under 538-x-6-.05(1), the company will package sold medical cannabis products as follows: Packaging and containers will be child-resistant per 538-x-6-.05(1)(a); Packaging and containers will be tamper-evident per 538-x-6-.05(1)(b); Packaging, containers, or labels will identify the company and type of product per 538-x-6-.05(1)(c); Packaging and containers will not be attractive to minors per 538-x-6-.05(1)(d); Packaging and containers will be designed to minimize appeal to children per 538-x-6-.05(1)(e); and packaging and containers will not contain any false statement or statement that advertises health benefits or therapeutic benefits of medical cannabis per 538-x-6-.05(1)(f).

# **Fundamental Company Practices**

Kush Medicinal LLC is an organization forced to comply within an industry under heavy scrutiny and government oversight. It is critical that we adhere to all laws and maintain tight procedures at all Kush Medicinal LLC facilities. Here are some important practices to consider as a Kush Medicinal LLC Team Member:

Kush Medicinal LLC has a ZERO TOLERANCE policy regarding consuming any cannabis infused product, or cannabis-extracted concentrate on the premises. Regardless of medical cannabis patient status, employees must be able to perform their roles reasonably. Standardized testing will be required twice per year, and those with disciplinary actions may be asked to attend additional training hours to support. We expect staff to fully function from open to close and in their personal lives. This balance must be achieved by all who work here, and the company is willing to provide services and assistance to those who are not feeling 100% whole. Part of our company culture involves creating this community and embodying responsible cannabis consumption. This being said, Kush Medicinal LLC maintains a zero-tolerance policy regarding possessing any non-medical cannabis product that was not purchased at the facility that day. This is for loss prevention reasons. All employee purchases must be verified by a manager, in a stapled/sealed exit bag and accompanied by a receipt as proof of purchase. Team members should be knowledgeable when providing information to patients. Never assume answers. Do not offer opinions in response to inquiries regarding factual material. Team members must be well versed in the company standards and policies, which allow Kush Medicinal LLC to function as a reputable organization. Noncompliance with company policies and procedures will result in disciplinary action, including termination.

All Kush Medicinal LLC team members are expected to maintain a positive attitude and working environment, regardless of the circumstance. All employees must read and sign the Core Values Affirmation, an oath designed to hold team members responsible for their actions and cadence during work hours.

Maintaining a professional environment at Kush Medicinal LLC is essential. Employees should pride themselves on conducting knowledge-focused conversations and performing business in a fashion conducive to progress. A professional atmosphere cultivates ingenuity and good team chemistry.

Decisions to allow exemptions or waivers of policies, regulations, or procedures are SOLELY at the discretion of Ownership and/or Management. Staff should never engage in discussions of this nature with patients or imply that they have the authority to engage in such discussions. Kush Medicinal LLC Staff is required to know about cannabis policies and procedures from the state of Alabama, as well as the Alabama Medical Cannabis Committee regarding concerns such as: Obtaining Occupational Licensing, selling limits, and emergency procedures. Strong technical knowledge is required to work at Kush Medicinal LLC. The entire staff is required to retain knowledge concerning all aspects of cannabis, including cannabinoids, cultivation, methods of intake, product dosing, ailments, associated symptoms, recommendations for particular symptom relief, and plant processing. Successful completion of training courses is integrated into ongoing occupational support for employees.

All staff are expected to maintain proper decorum and attire while at work. Employees are expected to dress appropriately for the workplace. Please refer to the Employee Handbook for the Dress Code Policy. Work clothing is expected to be kept clean and unwrinkled for sanitary/aesthetic purposes.

## **Before Moving to the Next Section**

- 1. Who is the most important visitor to our facility? Why?
- 2. Name 3 Fundamental Compliance Rules (FCR). Can you cite the specific codes?
- 3. Why are FCR's important to follow? Answer for each rule named.
- 4. Name 3 Fundamental Company Practices, and explain why they are important.

## **Nurturing The Retail Atmosphere**

#### Introduction

We want people to feel so comfortable at the store that it is difficult for them to perceive that our vibe, much like our product, is also cultivated with them in mind. The Kush Medicinal LLC atmosphere must be constantly maintained by the retail staff. This combination of strong patient service, technical knowledge, and high-quality product is why patients continue to trust our brand. It is impossible to maintain this atmosphere as a team unless the entire staff is on board. Even if only one person carries a negative attitude, the entire team will feel it, which can even adversely affect sales. However, this protection is mutually important to stress to the staff and the patients who come to shop at the retail facility. Every adult cannabis industry consumer and employee are responsible for conducting themselves within the walls of Kush Medicinal LLC in a manner conducive to positivity and progress. This commitment is critical to what sets us apart from other dispensaries.

The following actions by the Kush Medicinal LLC Staff are considered by Kush Medicinal LLC standards to be UNACCEPTABLE and must be brought to the attention of the next superior in the Kush Medicinal LLC Retail Chain of Command:

- An unpleasant or unapproachable cadence or demeanor.
- Using terms considered offensive by most professional standards.
- Using inappropriate words or phrases on the floor makes any patient or staff member uncomfortable.
- A verbal distaste for the company or any other staff member, past or present.
- Defamatory or slanderous comments or stories related to previous work experience in this or other industries that would negatively alter the atmosphere of the retail environment.
- Outwardly corrosive cynicism that may negatively alter the atmosphere of the retail environment.

The following actions by the Kush Medicinal LLC patients are considered by Kush Medicinal LLC standards to be UNACCEPTABLE and must be brought to the attention of the next superior in the Kush Medicinal LLC Retail Chain of Command. It is important to stress

compassion and patience before taking action. However, if the patient's behavior is disrupting the experience for another patient or in any way compromises the Kush Medicinal LLC Atmosphere, it must be addressed immediately:

- Using terms considered offensive by most professional standards.
- Using words or phrases on the floor makes any patient or staff member uncomfortable.
- An aggressively verbal distaste for the company or any other staff member, <u>past or</u> present.
- Verbal solicitation of services is considered illegal or inappropriate by the Manager on Duty (MOD).
- Screaming, yelling, or any aggressive actions that fall outside the normal retail behavior pattern.
- Verbal solicitation of products or services that have not been approved by management.

# **Positivity is Infectious**

Negativity is infectious. Luckily, so is positivity! A positive work environment fosters open communication and even the exchange of new ideas and information. Having a positive attitude at work is critical in the retail environment. The best way to prevent negativity is to be surrounded by positive people. Kush Medicinal LLC attracts benevolent, knowledgeable, passionate employees. Because this is an emerging industry, those with much experience may be more inclined to resort to negative thinking, especially under stressful circumstances. The best way to deal with cynicism is to stay positive at all times simply. It is very difficult to stay negative in a wholly positive environment. If that doesn't work, contact your immediate supervisor for guidance.

#### **A Transparent Organization**

As Dispensary employees, we must follow certain criteria outlined by Alabama Law, as Kush Medicinal LLC functions at the utmost level of **compliance** with these regulations. Kush Medicinal LLC has both an appreciation and respect for the law and expects employees to adhere to this declaration of transparency strictly. AMCC laws and all proceeding statutes

are available in full at https://amcc.alabama.gov/ as well as at the Dispensary. Please use citations in the bullet points below to reference this rule book. It is mandatory for all Kush Medicinal LLC employees to familiarize themselves with the current laws regarding the retail store. Here are some fundamental compliance tips for the front desk:

- Front Desk Attendants should ensure they wear their occupational identification at all times.
- If the Administrative Assistant shows up without visible identification, they should not be allowed to clock in and should be sent home to retrieve it.
- the Administrative Assistant should be hygienic and free from any visibly contagious diseases
- the Administrative Assistant must be competent in all laws regarding legal entry into the Kush Medicinal LLC retail facility.
- the Administrative Assistant must have all visitors sign and date the log and be escorted properly.
- the Administrative Assistant should never relay patient information over the phone to any other dispensary or third party.
- the Administrative Assistant must act courteously and professionally toward any law enforcement or cannabis enforcement officer who wishes to enter the premises.

#### **Before Moving to the Next Section**

- 1. Name three actions you can take to make a patient feel comfortable at our facility.
- 2. Name one action that is considered UNACCEPTABLE behavior for a staff member at our facility.
- 3. Name one action that is considered UNACCEPTABLE behavior for a patient.

# Affirmation: Nurturing the Retail Atmosphere

## **Before Moving to the Next Section**

1. What are the consequences of breaking the above agreement to nurture a positive retail atmosphere?

## **Operating Hours Procedures Overview**

Hours of operation are subject to change based on regulatory requirements and historical sales data.

# **Pre Opening Setup**

The opening staff will consist of managers, security personnel, and retail employees. Kush Medicinal LLC will hire security personnel to provide on-site security services for the licensed retail premises during the hours of operation. They will guard the front of the building and the people who work inside it during regular hours. Security will arrive 20 minutes before the retail staff's arrival to perform a perimeter check of the building in their vehicle and look for any unusual activity outside the building or forced entry. Once this check is complete, they will escort employees into the building and review the evening recordings.

Employees will enter the building through the door closest to the designated staff parking spots. The manager will insert a company-assigned key card to enter. The security personnel and remaining employees will face the parking lot with their backs to the manager and look out for any suspicious activity. Once inside the store, security personnel will secure the locks and enter the building, where they will go into every room to check for any signs of unauthorized entry. They will review the surrounding egress and outdoor cameras for any suspicious activity during the opening process.

Once a security culture is established, the opening staff will turn on lights and displays and log in to the Point of Sale (POS) system and any necessary peripheral hardware used for retail sales. The manager will open the safe in locked limited access areas separate for medical and adult use. They will retrieve the opening inventory for both sides and distribute it to the staff. Inventory will be counted and checked against the inventory

tracking system, the POS system used for sales and inventory control, and the manual opening count done by hand and checked against both systems. The exact process will occur with opening cash drawers and the previous evening's deposit. An armed security service will collect cash deposits regularly. Any discrepancies found before then will be noted and reconciled.

The opening sales team will be given products, display products, and opening cash drawers to recount the products and cash they received. The administrative assistant will prepare the front desk, update the company's online menu, and coordinate with vendors and the delivery services department on pending orders. All staff will use nitrile gloves and industrial-grade face masks to sanitize the waiting areas, cashier stations, and any areas clients will be in direct contact with before patients enter the building.

## **Operating Hours**

All daily operations will occur during these business hours except for the opening and closing procedures. Security personnel will usher in clients and verify their identification as per state law. They will escort vendors and delivery drivers to and from the building when feasible. Clients' identification will be screened for proper certification. The admin team will check in clients, double verify their identification meets state standards, and allow electronic entry to the limited access sales area. Doors to the retail sales floor will only open once the client has been verified, patients will be served by the retail staff based on their checked order, including delivery orders. A client who orders online at a certain will be put in the queue as if they were standing in the building, patients will be served following all state and municipal regulations. Staff will undergo extensive retail and foundational cannabis training before interacting with clients. They will be knowledgeable and confident on the sales floor involving the different products' mechanics. The sales team will be required to sanitize their workstations after every transaction. The sales staff will also prepare pre-ordered pick-up and delivery orders. The Store Manager will assist retail staff with escalated concerns on the sales floor and coordinate shift changes and lunch breaks. They will ensure inventory and cash reconciliation, that the team performs according to standard operating procedures, and are focused on achieving sales goals.

During the downtime, the manager will create and maintain work schedules for all employees for at least two weeks in advance and compile monthly sales reports. They will communicate with vendors on supply needs, coordinate deliveries, and stay informed of products and market trends. They will perform employee evaluations quarterly that will be shared with the COO for improvement. They will write a summary of the daytime, including any urgent directives, and prepare for the evening store manager in any way possible before leaving.

#### **Closing Hours**

After closing the store, security and staff will enter every room to check for any unauthorized access or security breaches. They will review the surrounding egress and outdoor cameras for any suspicious activity during the closing process and before exiting the building. Once a security culture is established, the closing staff will shut down lights and displays and log out of the POS system and any necessary peripheral hardware used for retail sales. The manager will open the safe and place any remaining inventory back into the locked storage area. Inventory will be counted and checked against our POS, and the manual closing count done by hand. The exact process will occur with closing cash drawers. Any discrepancies will be noted and reconciled before leaving. The closing sales team will return products, display products, and their cash drawers to management once the retail staff has completed a count of the products and cash they received. The administrative assistant will shut down the front desk. Once the final inventory is complete, they will update its online menu for the following day and leave a summary of the previous evening for the morning front desk staff. All staff will use nitrile gloves and industrial-grade face masks to sanitize the waiting areas, cashier stations, and any areas clients will be in direct contact with before closing. They will leave the building from the closest door to the designated staff parking spots. The manager will set the alarm and lock the door. At the same time, the additional employees will face the parking lot with their backs to the manager, looking for any suspicious activity. The manager will never leave the building with a cash deposit after dusk. It will be collected by an armored vehicle or given to management to deposit.

# **Opening and Closing the Store**

Security Culture can be achieved when every team member understands the importance of safety. Opening the retail facility is a team effort where everyone must work diligently and in synergy to manifest smooth and safe operations. Practicing mindfulness in the morning is important, especially as an opening staff member. The personality you bring with you to work will help set the tone for the day. As you commute, fine-tune your awareness. Be clear-headed and alert. Finding positive things to think about helps cleanse your mind and prepare yourself for the day. Listening to music that motivates you is sometimes essential but be conscious of the volume as you approach the facility. Remember that the building you work in has a high-security clearance for a reason. A thief or robber will look for the most vulnerable facilities with the poorest security culture. Keep an eye out for strange activities while driving. This behavior would include other cars blatantly monitoring you, passengers watching you, or an overwhelming feeling of being followed.

Familiarize yourself with the cars of the other opening staff. For non-automobile commuters, communicate arriving schedules so the guard can ensure that everyone arrives safely. Make it a point to communicate how you'll be arriving if your mode of transportation is different than usual. Opening the store is a synchronized team event. Try and stay right on schedule for arrival so security guards have the appropriate time to check the building and surrounding areas and safeguard the premises before the retail staff arrives. Do not approach the building until the guard has approved entry.

The same level of awareness should be maintained while closing the facility and leaving the building. Thieves may be looking for a vulnerable staff member. If you purchased a product at the end of the day: store it in your personal belongings, so it is not obvious when you leave. Try not to open the packaging until you get home. Inventory and retail registers should be reconciled before staff leaves the building. Depending on the patient traffic, some evening employees may be sent home at the close of business and observed as they reach their cars by the security guard. Nonautomobile commuters will be given priority on the closing schedule based on transit schedules in the case of a split shift.

Most importantly, current or former employees commit many instances of cannabis retail crime. While the product is being counted and stored during these times, follow the instructions and standard operating procedures you learned during training. If you see unacceptable or suspicious, behavior, stay calm, and contact ownership discreetly and as soon as possible. Disgruntled or unhappy employees should also be reported. They endanger disruption of the retail atmosphere, and their actions could be the symptom of a potentially dangerous situation.

Trust your gut instinct. If it doesn't feel right, there is probably something wrong.

# **Opening Procedures**

- Enter the building alert and aware of your surroundings. Always enter with other employees.
- Clock in for work.
- Start Hardware devices necessary for retail sales.
- Check the trash receptacle and floor for waste.
- Sanitize the front desk station. Wipe down all high-traffic areas with rubbing alcohol
  or another disinfectant.
- Turn on break room peripherals such as printers, coffee machines, etc.
- Retrieve necessary refreshments for the morning and store them where they can not be seen by clients.
- Ask the manager if there are any new sales or updates to the menu.
- Make sure necessary supplies are stocked.
- Ask the opening sales staff/MOD if any labels need to be made.
- Review Online Menus and verify their accuracy with the manager.
- Update all social media outlets as per the instructions of the marketing team.

#### **Closing Procedures**

- Once Security/Management locks the door, it is okay to start closing up the front desk.
- Store everything in an organized and tidy manner on the desk before leaving.

- Take out the garbage, and sweep the floor.
- Sanitize all counter space and high-traffic areas with a strong disinfectant.
- Shut down, or put to sleep all the computer monitors and towers.
- Turn off all lights, fans, fixtures, and devices.
- If necessary, leave a note for the opening staff.

#### **Before Moving to the Next Section**

- 1. Why is listening to music on the way to and from the facility considered dangerous?
- 2. What type of negative behavior from fellow colleagues is considered detrimental to the company?
- 3. Why is it important to have a positive attitude at work?
- 4. Name three practices you can incorporate into your daily opening and closing routine that would create a safer environment for you and the staff.
- 5. What type of behavior should be reported throughout opening and closing procedures.
- 6. What should you do if the guard has not arrived by the time you reach the facility?

# **Technical Knowledge Introduction**

Think about the worst cannabis facility you have ever visited. Think about the vibe of the store and the attitude of the staff. Think about the selection of products and the technical knowledge of the staff. Would you ever walk into a dirty facility with a retail team that is not knowledgeable and purchase products under these conditions? You might if it was your first time in *any* cannabis facility, but then what first impression would you have of the industry, in general?

Without foundational knowledge of the plant, and the processed product, we cannot offer the patient the best service possible. We must take pride in understanding everything there is to know about this plant. Our duty as cannabis providers is to make every patient feel valued, secure, and confident in their decision to come to Kush Medicinal LLC. The only way to do this is to prove to them that we have done our homework and that they can trust us because of this. Please read this section as a form of due diligence. If you are new to the

industry, this will serve as an overview of the technical knowledge necessary to complete your role as a retail team member.

However, the research does not stop here. Understanding the Cannabis plant is a constantly evolving process, and its applications in the real world are not fully quantified. The cannabis industry is similar. Say you knew everything there was to know about the plant when you went to sleep. The next morning there will be new findings waiting for you to review. If you work at Kush Medicinal LLC, likely the quest for knowledge and quality is your driving force. We must all work as a team to compile new data for reference. Discuss current cannabis news with other team members in person and Slack during slow times while working on side tasks.

Not every person in this world gets to wake up every day with a passion for what they do. It is even rarer for a person to have a passion that can affect the lives of others in a positive way. Your research could be the missing link in a patient's journey toward escaping from their daily stressors. As a Kush Medicinal LLC Team Member, you are allowed to be a hero. Take full advantage of this gift every day.

#### I. The Administrative Assistant

#### Introduction

As the Administrative Assistant sitting at the front desk, you are likely the first impression of Kush Medicinal LLC to new patients. As the dispatcher of clients and visitors into the center, this is a unique role that ties into all important facets of the company, including communication, patient flow management, organization, compliance, and security culture. Without an organized front desk attendant who is communicative, detail-oriented, and benevolent to all who enter Kush Medicinal LLC, we could not be a successful company. While reviewing the front desk tasks outlined in this manual, please keep these important facets in mind when executing this role in the company.

# **Security Culture**

As the Administrative Assistant, you hold the key to the Kush Medicinal LLC retail facility. With the exception of a forced entry, no one is allowed through the center door without your approval. You are essentially standing on the front line of cannabis compliance, safety and reform. It is part of your duty as a professional to keep the staff safe and alert in the event of an emergency. Any person wishing to enter the building without proper documentation should be dealt with apprehensively and should be treated as a risk until otherwise assessed. If a patient wants to bring a friend into the building without an identification card, explain to them the breach of security that would need to take place to acquiesce to that request. Our primary concern is the safety and security of our clients and employees, and absolutely no exceptions will be made to sacrifice this promise of a strong Security Culture. We expect our employees to feel secure in their surroundings, and we can ensure their right to safety through a strong Security Culture, where emergency plans have been mapped out and practiced, and each team member has a clear list of steps to take if they perceive intended malice on the Dispensary premises. The Administrative Assistant should make sure they are staying alert and aware of their surroundings as they enter and exit the building, and at all times during work hours. Never let an unannounced visitor in the store as you enter or exit the building without clearance from a direct supervisor. If the opening manager or any support staff member suspects that they may be in danger it is the company policy to always take the safest route of action. As cannabis professionals, we have the honor of providing cannabis to clients who truly benefit from it. Therefore, no Kush Medicinal LLC employee should feel the need to be any more heroic than they already are! Suppose any Kush Medicinal LLC team member feels unsafe at any time. In that case, it is company policy to report their concerns to the appropriate party (the police, a company partner, immediate supervisor, etc.) immediately.

#### **Lounge Hospitality**

After the front desk, Security personnel will greet all patients as they come through the door. Attendants of the front desk should not prematurely open the security door for any patient unless the patient needs assistance. The Front Desk's responsibility is to discern a person's eligibility to enter the center. There should be no exceptions to this rule unless

management has said otherwise. When vendors or other non-patients come into the center, treat them with the same respect as you would a patient. Offer refreshments and let a manager know the visitor is here. Usually, management will meet with a vendor in the patient room. If the visitor is a vendor, escort them to the patient room and close the door.

# **Phone Correspondence**

As the Administrative Assistant, it is important to remember that answering the phone is like opening the door to our center. At this point, you may be the sole determining factor in whether a patient decides to visit our establishment or go elsewhere. Your tone and personality will be quite obvious to the person on the other side of the line. Making a good first connection with a patient apprehensive about cannabis might be the first step toward creating a long-lasting professional relationship with a new client. Taking the time to go over available products or connecting with the patient over the phone on a personal level is an attention to detail that is invaluable on a professional level. A key part of the Kush Medicinal LLC strategy (and in many cases a market differentiator for us) is our willingness and ability to respond to industry questions and general center inquiries. How we handle our communications with clients is another central point of our service approach. Kush Medicinal LLC receives several telephone and email communications daily, and it is important for responding staff to be knowledgeable, helpful, and reliable. Staff assigned to patient communications as their primary responsibilities need to be broadly knowledgeable of the marijuana industry and relevant laws and processes in Alabama. All inquiries are to be handled in a courteous and respectful manner. Kush Medicinal LLC staff is always expected to provide accurate and informative answers to inquiries, emphasizing accuracy. When on the phone, you are representing Kush Medicinal LLC, we expect staff to remain aware of this and behave appropriately. Please keep anecdotal or personal comments regarding clients on the phone to a minimum. Any information provided is expected to be based upon factual knowledge articulated by other intellectuals.

# **Organization**

The organization is achieved when the Administrative Assistant can prepare the most efficient work environment for the success of Kush Medicinal LLC and its clients. This

includes ensuring the staff has the necessary supplies for the day. This level of preparation sets the rest of the retail team up for success. Conversely, ensuring that the other front desk attendants have a fully stocked and sanitized workspace at the end of the day allows the other desk attendant to focus on an efficient opening the next morning. The organization should be considered the backbone of the day as an employee at Kush Medicinal LLC. Keeping an accurate and detailed call-back list for clients looking for products that have just returned to the shelf is part of this organizational process. Routines allow us to become familiar with tasks to mimic them more efficiently in the future. Keeping a current desk log on a calendar or in a composition notebook allows a level of communication that cultivates good organizational skill sets. Maintaining patient privacy while entering information into the Kush Medicinal LLC system is an essential organizational facet of the front desk role. It must be executed with great attention to detail and strict adherence to compliance guidelines. Front Desk Attendants should never leave work for the next day that they can complete before the current close of the business day. Staying clocked in an extra 15-20 minutes when you are not at risk for overtime can make a big difference in the morning for the next person. If front desk attendant finds themselves behind on the task outline for the day, they might want to consider evaluating their current way of completing tasks and see if organizational techniques can help. If not, ask the MOD if they can be of assistance.

#### **Efficiency**

Efficiency plays such an important role in the daily tasks of a front desk attendant. The job description is rich with multi-tasking opportunities. Sometimes, the front desk is so detail-oriented that it can seem overwhelming. Do your best to follow the procedures outlined in this manual for structure throughout the day. Set goals and accomplish them based on the time you have to complete projects. No front desk attendant should ever work on any tasks that are not Kush Medicinal LLC related. Freelance work for other companies should never be done during work hours at Kush Medicinal LLC.

Because the Administrative Assistant role is so high-paced, every extra moment will need to be spent efficiently to ensure the proliferation of our standardized Kush Medicinal LLC process. In between, new clients, review the POS system for potential errors. Listen to

background music for structure, as long as it is not affecting efficiency standards. Setting up the next team member for success in the evening makes a flawless opening the next morning. If possible, get the menu ready for the next morning in the evening. Once organization has been achieved, efficiency allows the Administrative Assistant the opportunity to keep the flow of business running smoothly. Keeping a steady pace with an efficient work environment makes the day go by smoother and quicker for the team members, creating the most favorable work environment for productivity.

#### **Teamwork**

Teamwork is a synergy cultivated by communicative, organized managers and cohesive and knowledgeable support staff. Oftentimes, several team members are involved in maintaining the front desk. It is important to keep a clear line of communication open from one staff shift to another. This may include keeping a written log for the next attendant to check regularly, or a few post-it notes on the keyboard to relay key points for opening. Front desk attendants who can evaluate the needs of their team and prepare them accordingly for the day are truly valuable assets to a company.

#### **Dispatching Patient Flow**

One often overlooked role of the Administrative Assistant is that of a dispatcher. Sales staff are almost always critiqued based on efficiency and patient flow. The same rule applies at the front desk! The Administrative Assistant should be constantly aware of the patient flow inside the facility and those waiting to enter. If a rush leaves all sales staff unavailable, it would be logical to dispatch the current waiting clients with patience. If there are four clients being served and four clients waiting in the lounge, then the next four clients waiting to enter the dispensary should be dispersed by evaluating the needs of the Kush Medicinal LLC team first. If there is a new patient in the waiting room, take the time to set their file up completely, and keep a friendly and positive tone at all times. Let the clients waiting outside know that the store is busy, and explain that we function at the utmost efficiency level. This role takes some time to master, but once the dispatcher's job is understood, it can create a flow of business that is most conducive to progress, and it will lead to less backup of clients that still need to be seen.

# **Phone Correspondence Procedures**

#### Introduction

As the Administrative Assistant at Kush Medicinal LLC, it is important to remember that answering the phone is like opening the door to our facility. At this point, you may be the sole determining factor in whether a patient decides to either visit our establishment or go somewhere else. Your tone and personality will be quite obvious to the person on the other side of the line. Making a good first connection with a patient apprehensive about cannabis might be the first step toward creating a long-lasting professional relationship with a new client. Taking the time to go over available products or connecting with the patient over the phone on a personal level is an attention to detail that is invaluable on a professional level.

A key part of the Kush Medicinal LLC strategy (and in many cases, a market differentiator for us) is our willingness and ability to respond to industry questions and general center inquiries. How we handle our communications with clients is another central point of our service approach. Kush Medicinal LLC receives several telephone and email communications daily, and it is important for responding staff to be knowledgeable, helpful, and reliable. Staff assigned to patient communications as their primary responsibilities need to be broadly knowledgeable of the cannabis industry and relevant laws and processes in Alabama. All inquiries are to be handled in a courteous and respectful manner. Kush Medicinal LLC staff is always expected to provide accurate and informative answers to inquiries, emphasizing accuracy.

#### **Script: Answering the Phone**

- Always answer the phone by saying: "Thank you for calling Kush Medicinal LLC! This is [your name]."
- If the person is a law enforcement officer, regulatory agent, or building/health inspector, gather as much information as possible and contact management immediately while they stay on hold.

- If the person is a VENDOR, ask to take a message. Call management if a message is not acceptable and a verbal conversation is mandatory. Use your judgment to determine if an urgent call is necessary.
- If the person is a POTENTIAL NEW CLIENT, use the First patient Experience Procedure.
- If the person is a CURRENT CLIENT, gather as much information as possible without compromising their privacy to get the most accurate answer.
- If the person is SOLICITING A PRODUCT/SERVICE, take a quick message with a name and number and let them know that someone will return their call.

# **Age Verification Procedures**

As part of its commitment to a culture of compliance and security, employees will be trained on verifying each individual attempting to enter the premises. We prohibit a person under 21 years of age from entering the company's premises. It is your job to ensure that an individual's age and identity are verified on one of two separate occasions. This will be accomplished by verifying that the individual has a valid government-issued photo identification showing they are at least 21 years of age. If possible, an ID scanner will be used. This verification will occur before permitting the individual entry to the premises and before each transaction of cannabis items is initiated. You will be required to examine any of the following photographic identifications and confirm that the patient is of legal age to purchase cannabis. False or fake identification will be confiscated, and the authorities will be notified:

- 1. Passport or passport identification card
- 2. Identification card, including a temporary identification card, issued by any state within the United States, District of Columbia, or any U.S. territory
- 3. Motor vehicle driver's license, issued by any state within the United States, District of Columbia, or any U.S. territory
- 4. United States military identification card or any other identification card issued by the United States government, including but not limited to a permanent resident card, alien registration card, or consular card

# The First Patient Experience: Make the Connection

 If the Security Guard could not walk the new patient through the doors, the Administrative Assistant could possibly be the first patient contact made with Kush Medicinal LLC.

- 2. Say to the patient: "HELLO! WELCOME TO Kush Medicinal LLC!"
- 3. Inspect the patient's documentation.
- 4. Once you have determined that the patient is a first-time visitor, say, "IT LOOKS LIKE THIS MIGHT BE YOUR FIRST TIME HERE? WELCOME!"
- 5. Try and genuinely relate to the patient immediately. This could come in the form of a genuine compliment or a warm and welcoming attitude at initial contact.
- 6. Once documentation has been verified, say: OKAY, THANKS FOR VERIFYING. (STANDING UP AND POINTING TOWARD THE DOORS) I'M GOING TO HAVE YOU GO STRAIGHT THROUGH THE DOORS IN FRONT OF YOU ONCE CALLED BY THE GUARD)

#### **Vendor/Visitor Procedures**

#### **Visitors**

Occasionally, Kush Medicinal LLC will require the assistance of third-party maintenance companies. According to Alabama Law, all visitors must be verified with photo identification and sign in and out of our Visitor Log, even if they have a verified occupational license. No visitors are allowed in restricted access areas unless they are escorted by a verified employee. Visitors are defined as anyone who is not on the official work schedule for the Dispensary.

#### Who is an acceptable visitor?

Although many patients will innocently ask to bring friends and family into the facility, Kush Medicinal LLC reserves the right to protect the valid patients and other staff currently in the building under strict regulations. Letting anyone into the store compromises the spirit of compliance and the security culture of the building. The only visitors allowed in the building are:

• Vendors who hold a current occupational license or accreditation through Alabama

- Third-Party Vendors who are solely in the building for maintenance, consulting, investing, or upgrading purposes.
- Anyone with a strictly approved entry by management or ownership.

#### **Visitors Must Have**

- Photo Identification or Occupational Badge
- Approved access from a MOD
- Willingness to comply with State Law, including signing in and out of the Visitor Log.

#### **Visitor/Vendor Procedures**

- Vendors and visitors are a normal occurrence at dispensaries.
- The Administrative Assistant must ask what company the vendor/visitor is from and relay the information to the MOD.
- The manager may not want to visit with the vendor, so it is very important for the Administrative Assistant to let the MOD know someone is here to see them, so they can make that judgment for themselves. In this case, gather as much information as you can concisely (i.e., business card, phone #, email address) and tell them someone will get back to them promptly.
- With the manager's approval, the front desk should have the visitor fill out the visitor log while taking a copy of the visitor's valid photo identification.
- Make them a visitor nameplate sticker.
- On the top of the sticker, list why the visitor is here, and highlight it, so it is visible to
  the retail staff that this person is NOT a patient waiting to be seen. (Example:
  INTERVIEW @ 5pm)
- Walk to the front door and let them in, or use the entry button to allow them access.
- From there, escort them to the waiting area
- Let them know that someone will be with them shortly.

# II. Retail Support Manual - Sales Staff/Greeter

#### **Introduction to Cannabis Sales**

Cannabis professionals must possess the ability to adapt an approach to each individual patient's needs. Compliance must be attended to with due diligence from all team members. You must know all the regulations required to stay compliant as a company. Take the information from this manual and apply these procedures to the flow of daily operations. Without rules, there would be no cannabis regulation, and there would be no Kush Medicinal LLC! Staff members must fulfill more duties and roles than typical retail positions. As part of the sales staff, you may feel like a teacher, compliance officer, counselor, or even a friend to our patients. It is part of the position to make your experience with each patient appear very personal, patient may freely discuss their health, mental, social, or even marital problems. You have a chance to make a difference in their day or teach them something new. Being a good listener can at least temporarily ease their burden. Keeping up to date on all the latest cannabis news is what our sales staff pride themselves on, and technical knowledge is one key to great patient service. In the retail cannabis industry, accountability is paramount. When in doubt, always be honest. Telling the truth and admitting you've made a mistake is more valuable than we can articulate in this manual. Please keep the following sections in mind when tending to the cannabis consumers who shop at Kush Medicinal LLC.

#### The Greeter

Daily operations on the retail floor are performed by all support staff members, but each role is separated for clarity in this operations training manual. The front desk, greeter, retail sales team, and security guard are the daily support staff operators of the building. The role of a Greeter is the same as the sales staff. Still, instead of being responsible for packaging patient orders, they will entertain questions and provide recommendations on the floor while making a sincere connection with the patient. The greeter will help someone as requested. The goal of this role is not to be intrusive or push the patient into a purchase. Your job is to assist patients through the building and around the retail floor as requested. This is similar to the role of a Host in a restaurant, but you will be trained to stay

knowledgeable about all products being sold and assist patients much like a sommelier would recommend wine. A greeter is not a security guard, but they will be observant and aware. Greeters are there to protect The Retail Atmosphere, which is the overall vibe in the building that makes people feel comfortable and ready to support the company through a purchase. This role will fluctuate with the flow of business. Employees on each shift who are naturally extroverted with stellar interpersonal skills will be delegated this role first. Their job is to try and make a connection with everyone who comes through the door. They should still be trained for all positions if they need to jump in and help the front desk or sales staff, but their primary goal is to keep people calm, happy, and motivated to purchase.

#### **Service**

Some of our patients will be visitors passing through the area with limited knowledge and a limited amount of time to choose from. Others will be regulars who rely on our recommendations to choose the best for them. Our goal is to provide all patients with a place to learn and feel at home. Our store should be something they look forward to and find solace in after a long day. Great patient service will retain current patients and attract word-of-mouth referrals. Treat your interactions with patients as a consultation to find out their lifestyle to make educated suggestions. Because the retail facility is often fast-paced, it will be necessary to condition yourself to perform all the duties of this role in the most efficient way possible while preserving a positive and unique experience on the retail floor.

#### **Positivity**

Is it possible for Kush Medicinal LLC to function at the utmost level of patient care without nurturing the retail environment that has been cultivated to create exceptional services? The core of our patient service approach lies in being approachable to patients. This is hard to accomplish if a team member feels cynical, depressed, or has a dismal outlook on life that is apparent to the rest of the staff or the patients. Negativity can be infectious. Luckily, so can positivity! Even if only one person carries a negative attitude the entire team will feel it, and it can even adversely affect sales. Every adult cannabis industry consumer and employee is responsible for conducting themselves within the walls of Kush Medicinal LLC in a manner that is conducive to positivity and progress. This commitment is a critical part of what sets us apart from other dispensaries.

# **Efficiency**

How can retail professionals stay efficient at all times? A sales staff who manages their time in the most organized fashion is one who is making the best use of their day. The retail environment is quick-paced and can even seem chaotic, at times. Sales staff should be especially focused on making sure that the Dispensary is functioning with the least possible amount of materials, labor, time, or energy wasted throughout the day. Once the ultimate level of organization has been achieved, efficiency allows the plant to be sold faster, which allows Kush Medicinal LLC to serve more patients throughout the day. Keeping a steady pace with an efficient work environment makes the day go by smoother and quicker for the team members, and it creates the most favorable work environment for productivity. While serving each and every patient, think about the many ways that you can improve the processes that are conducted on a daily basis, and then work with management toward resolving any concerns.

# **Organization/Sanitation**

Organization and cleanliness are watermarks of a well-equipped retail store. As a quality-focused cannabis company, maintaining sanitation is equally imperative. It is important to keep the entire retail facility clean, fully stocked, and sanitary. This includes when the store is experiencing a heavier flow of patients. Retail cannabis company team members must work as a team to ensure those slower times and days are spent performing the side work tasks detailed in this manual, such as cleaning, stocking, and re-organizing. Each individual sales staff is responsible for keeping everything at their station organized, sanitary, and stocked throughout the entire day. Although the retail facility is quick-paced and detail-oriented, the end result is a favorable work environment and a well stocked shelf which leads to patient retention. Every sales staff is responsible for every non-security task in the building, and will be trained accordingly.

# **Making the Connection**

A large part of Kush Medicinal LLC's success in the cannabis industry is in how we communicate with the patient. Non-verbal communication is especially important. Smiling, making eye contact, conveying empathy, being genuine, and showing patience are all useful

ways to make a patient feel welcome. Take a professional interest in the patient and ask how their day is going, what is going on in their life, or other details that may have been gained through previous conversations with clients. There is a large pool of conversation starters that one can draw from, including: talking positively about other dispensaries, strains they enjoy, concentrates, vaporizers, their job, where they're from, family, bars, restaurants, sports, TV, current events, music, movies, weather, cannabis laws, school, etc. The key to retaining patients is providing a consistent quality products, having a knowledgeable staff, and providing an atmosphere with "good vibes."

# **Technical Knowledge**

Being a knowledgeable sales staff requires not only a wealth of research invested but also personal experience. Knowledge must also be collected through feedback from patients. Because cannabis affects everyone differently, it is important to retrieve feedback regarding specific symptoms and ailment relief, effectiveness, dosage, taste, smell, etc. It is also the policy of Kush Medicinal LLC to be a premier resource to ANY citizen of Alabama seeking information about cannabis and related laws and regulations. All staff is expected to be friendly, approachable, knowledgeable, and helpful to all patients and inquisitive non-licensed citizens.

#### **Teamwork**

Many scholarly texts revolve around deciphering the definition of teamwork. Simply put, teamwork is a synergy of good management, passionate, driven staff, and a cohesive business environment conducive to progress and positivity. Good teams work like machines, and group skill sets can be sharpened through the standardization of policies and procedures featured in this manual. Following these procedures is like reading the recipe for this company's success. One of the major ingredients in the recipe is teamwork. The best way to set a team up for success is by making sure that each individual member is focused on doing tasks right the first time. This is how Kush Medicinal LLC team members can set themselves and their colleagues up for daily success at the retail facility. Attention to detail is part of what makes Kush Medicinal LLC different than other cannabis facilities.

# **Sales Staff: Opening Procedures**

- Opening sales staff arrives promptly.
- Clock-in.
- Open the waiting area.
- Turn on lights, equipment, and displays.
- Turn on all sales peripherals (register, receipt/label printer)
- Count every drawer to \$200 for all stations using this counting order:
   Penny rolls>nickel rolls>dime rolls>quarter rolls>loose pennies>loose nickels>loose dimes> loose quarters> loose silver/gold dollar coins, one dollar bills>five dollar bills>ten dollar bills>20 dollar bills.
- Alert the MOD if there are any bills above \$20 in the drawer

# Sales Staff: Preparing the Retail Floor

- Prepare the opening retail station by signing into the POS system and being completely ready for a sale at your opening station.
- Check all stations, and re-stock them if necessary with the following items:
   Bags, RX Bottles, RX Caps, Labels, Receipt Tape, Punch Cards, Review Cards, 2<sup>nd</sup> Visit Cards, Alcohol, Paper Towels, Gloves, Dust Cans, Sharpies, Pens, Highlighters

# **Selecting Your Register/Signing into [POS SYSTEM]**

Registers are referred to as "A", "B" "C" and "D" with "A" being reserved for Managers and "B", "C", and "D" are utilized for retail employees. Register "A" is the far left register when looking at the stage from the lounge and "D" is the far right register.

Always start by signing in with your username and password at the register you will be working on for the day. If you need to move registers or leave in the middle of a shift you must log out of your register to allow another employee to log in.

#### **ALWAYS WORK UNDER YOUR OWN POS USERNAME**

# The Sales Staff: Closing Procedures

- After the last patient leaves, count your drawer back to \$200 using this cash counting method:
  - Penny rolls>nickel rolls>dime rolls>quarter rolls>loose pennies>loose nickels>loose dimes> loose quarters> loose silver/gold dollar coins, one dollar bills>five dollar bills>ten dollar bills>20 dollar bills>50 dollar bills>100 dollar bills.
- When your count reaches over \$100, remove the remaining amount from the drawer, and leave exactly \$200 in your register.
- Organize your receipts face up, and in chronological order, if time permits.
- Use the station calculation on the computer to add up credit card receipts.
- Write the final number on the back of your stack of receipts.
- Pull up the Cash Recon sheet located on the station computer desktop.
- Add your NAME, and STATION NUMBER to the top of the form.
- Add the amount of cash you have in front of your into the Cash Recon form.
- Add the credit card amount you counted under "Actual" on the Cash Recon sheet.
- The manager will print out a Closing Report.
- The Closing Report contains totals for cash, "check" or punch card, and credit cards.
- Enter the cash amount from the Closing Report onto the Cash Recon sheet.
- This will allow the tender to see the over/short for cash. If the over/short is under \$5, the tender is finished with the cash portion of the till count.
- Add up the credit card totals from the Closing Report (they are listed by company: MC/VISA, etc).
- If the total counted receipts from your till don't match the Closing Report, first count the receipts again, and then call for a MOD to assist you.
- Continual lost receipts will result in a write-up.
- If the totals are even, enter the credit card total from the Closing Report onto the Cash Recon sheet. Now, the tender is finished with the credit card portion of the till count.
- Enter the punch card data into the Cash Recon sheet. On the Closing Report, add the "Check" amount into the "Total Checks" slot on the Cash Recon sheet.

- If they do not have the proper amount of punch cards, they must alert a manager immediately.
- Print out a copy of the finished Cash Recon sheet.
- DO NOT SAVE THE CHANGES YOU HAVE MADE ON THE CASH RECON! Simply exit the screen, and when it asks if you'd like to save the changes made, press "NO".
- Take the cash deposit, the Closing Report, the Cash Recon sheet, all punch cards and discount cards, credit card receipts, and any notes left in the till and place them in a bank deposit bag. Take the till key, place it on top of the deposit bag, and put it on the manager's desk.

# **Shutting Down the Retail Floor**

- Turn off the station computer, scale, receipt, and label printers.
- Perform a final cleaning regiment on your sales station.
- If you are the greeter for the day, perform cleaning on the main sales floor.
- Stock the retail station for the morning.
- Sweep around your retail station.
- Turn off the lights and displays.
- Clock –out in the waiting room area, and then gather your things.
- Always leave the building after business hours with a guard. Noncompliance with this safety law could lead to grave consequences for our employees and the company. Do not take the risk.

#### **Age Verification Procedures**

As part of its commitment to a culture of compliance and security, you will be trained on verifying each individual attempting to purchase cannabis. Training will also include the company's established identification verification procedures, which prohibit a person under 21 years of age from entering the company's premises and ensure that an individual's age and identity are verified on two separate occasions. This will be accomplished by verifying that the individual has a valid government-issued photo identification showing that they are at least 21 years of age. If possible, an ID scanner will be used. This verification will occur before permitting the individual entry to the premises

and before each transaction of cannabis or cannabis items is initiated. You will be required to examine any one of the following photographic identifications and confirm the patient is of legal age to purchase cannabis. False or fake identification will be confiscated, and the authorities will be notified.

- 1. Passport or passport identification card
- 2. Identification card, including a temporary identification card, issued by any state within the United States, District of Columbia, or any U.S. territory
- 3. Motor vehicle driver's license, issued by any state within the United States, District of Columbia, or any U.S. territory
- 4. United States military identification card or any other identification card issued by the United States government, including but not limited to a permanent resident card, alien registration card, or consular card

# Starting the Order

- 1. Select the patient who is next by clicking on their name.
- 2. Start with the patient at the bottom of the list and work your way up!
- 3. You may have to call the patient's name more than once! If you see a patient who is not acknowledging your voice and no one is coming through the sales floor door, then use voice projection to try and reach them.
- 4. To refresh the list of checked-in patients, refresh the browser.
- 5. If there is a larger number of patients waiting, refresh your screen before calling up the next patient. This process will facilitate smooth and clear transitions from patient to patient.

#### **Processing an Order**

Once you have properly aided the patient in selecting the best product for them, it is time to start weighing the packages, selecting their products, etc., to complete the sale. This process will require attention to detail, as many products are batched for compliance purposes and must be rung out as accurately as possible, so as not to disrupt inventory control.

- Many items already have bar codes to make the process quick and easy.
- Sometimes, the bar code will not scan. In this case, go to the sale screen and manually enter the numbered/lettered code below the barcode.
- It is VERY important to employ the utmost accuracy when manually entering a code.
- In the event that a barcode is not available, type the Product Name into the POS, and it should appear. If you are having trouble finding an item, contact the MOD.
- If the item for purchase does have a bar code, scan the tag, and the computer will add the item to the sale.
- If the patient is purchasing multiple quantities of one product, account for each item.
- If you manually enter "\*" followed by the quantity of a specific infused product item in the data field and press "Enter," it will charge the patient for that quantity.

# **Processing an Order: Discounts**

Once the patient has selected their products for purchase, and they have been properly accounted for by the computer, ask the patient if they have any discounts to apply toward the purchase.

# **Understanding Kush Medicinal LLC's Discount Program**

# TOTAL MAXIMUM DISCOUNT FOR MEMBERS/NON MEMBERS: 20% First Time patients 15-20% Off Non Member pricing on all products

- 1. **A Completed Punch Card** (\$50 discount, entered as a Check form of payment in the POS)
- 2. **Senior Discount** (10% Non Members/5% Members)
- 3. **Veteran Discount** (10% Non Members/5% Members)
- 4. **Employee Discount** (See employee pricing sheet- ONLY MANAGERS MAY WEIGH/COMPLETE EMPLOYEE TRANSACTIONS!)
- 5. **Compassion Program Discount** (\$10/g and 30%-40% discount on everything else)
- 6. **Referral Discount** (20% off, must have proof of referral in patient notes!)
- 7. **Review Discount** (10% off)

8. **Special patient Circumstances** (if a patient mentions they get a special discount, look at their patient notes. If the patient further insists when there is no note, get a

manager.

Note: Discounts outside of these guidelines are not to be issued by anyone except

management or ownership.

The Sales Staff: Side Work

Introduction

Organization and cleanliness are watermarks of a well-equipped retail store. As a

quality-focused cannabis company, maintaining sanitation is equally imperative. It is

important to keep the entire retail facility clean, fully stocked, and sanitary. This includes

when the store is experiencing a heavier flow of patients. Retail cannabis company team

members must work as a team to ensure those slower times and days are spent performing

the side work tasks such as cleaning, stocking, and re-organizing. Each individual sales staff

is responsible for keeping everything at their station organized, sanitary, and stocked

throughout the entire day. Although the retail facility is quick-paced and detail-oriented, the

end result is a favorable work environment and a well-stocked shelf, which leads to patient

retention. Every sales staff is responsible for tasks including, but not limited to:

Restocking Products (This may need to be done several times a day)

• Station Supplies include, but are not limited to: Bags, RX Bottles, RX Caps, Labels,

Receipt Tape, Punch Cards, Review Cards, 2<sup>nd</sup> Visit Cards, Alcohol, Paper Towels,

Gloves, Dust Cans, Sharpies, Pens, Highlighters

• If the sales staff is free and another retail associate is helping a patient, keep

teamwork in mind when stocking and filling orders. Refill all the station supplies if

time permits.

• Crooked labels are unacceptable. Crimped labels that cannot be scanned are

unacceptable. Labels placed on top of other writing on the package are both

non-compliant and unacceptable (refer to Labeling Procedures).

39 - Exhibit 16 - Policies and Procedures Manual

- Updating Menus/Sales Information
- Emptying Trash Cans
- Checking Trash Cans for Compliance Concerns (Anything confidential must be shredded.)
- Sanitizing High Traffic Areas (Fridge, Doors, Safes, Shelves, Railings, Walls)
- Organizing Edible Back Stock (Fridge and Safe)
- Organizing Edible Display (Fridge/Shelves)
- Organizing and Cleaning Retail Stations

Sales staff should take pride in their workstations. This includes sanitizing, stocking, organizing supplies/supply shelves, dusting the monitor/behind the monitor, and checking the waste receptacle. Dust workstations and keeping the scale clean from debris. Do not store anything on top of the scale while cleaning, in-between patients, or at the end of the evening. The only objects allowed on the scale are for cannabis retail weighing purposes. Stations should look immaculate at all times. This is done in combination with efficient cleaning bursts during slow times and working as a team to ensure that everyone's station looks fully stocked, cleaned, and sanitized.

#### Introduction

Organization and presentation are watermarks of a well-equipped retail store. As a quality focused cannabis company, maintaining appealing, presentable, and sterile display shelves is equally imperative. It is important to keep a display that accurately reflects the available inventory. This includes when the store is experiencing a heavier flow of patients. Retail cannabis company support staff must work as a team to get display products out in a timely manner. Each individual sales staff is responsible for helping with this process. Although the retail facility is quick paced and detail-oriented, the end result is a favorable work environment and a well stocked display shelf which leads to patient retention. Please use the following display procedures for each respective sales category.

**Sales Staff: Cleaning the Dispensary** 

Introduction

Maintaining sanitation is imperative as a quality-focused cannabis company in a

post-pandemic world. It is important to keep the entire retail facility clean, fully stocked,

and sanitary. When the store is experiencing a heavier flow of patients, it is difficult to stop

and clean, so it's important to manage downtime accordingly, so the patient is the main

focus at all times. Retail cannabis company team members must work as a team to ensure

those slower times and days are spent performing cleaning duties. Each sales staff is

responsible for keeping everything at their station organized, sanitary, and stocked

throughout the day. Although the retail facility is quick-paced and detail-oriented, the end

result is a favorable work environment where patient retention is favored in a sterile yet

inviting atmosphere. Every sales staff is responsible for cleaning tasks. Closing sales staff

should be especially mindful of keeping their station immaculate for the morning crew.

Setting the next shift up for success is what Kush Medicinal LLC teamwork is all about.

**Cleaning the Retail Station** 

**Tools Needed** 

1. Rubbing Alcohol

2. Gloves

3. Paper Towels

4. Dusting Can

Why Should I Clean?

Sales staff should take pride in their workstations. This includes sanitizing, stocking, and

organization of supplies/supply shelves. Keeping the scale clean from debris is essential in

the longevity and accuracy of the device. Do not store anything on top of the scale while

cleaning, in-between patients, or at the end of the evening. The only objects allowed on the

scale are for cannabis retail weighing purposes. Stations should look immaculate at all

times. This is done in combination with efficient cleaning bursts during slow times and

working as a team to ensure that everyone's station looks fully stocked, cleaned, and sanitized. Inability to keep one's station clean at all times will result in disciplinary action.

# **Cleaning Steps**

Kush Medicinal LLC is a busy retail environment. This procedure should be done at least once daily, depending on patient volume. In the event that sales staff does not have the time to perform this entire procedure, they will still be held responsible for taking advantage of their time and using the moments in between patients to quickly wipe down or dust the station if it does not look presentable.

- 1. First, put on some gloves.
- 2. Remove as much as possible from the station counter
- 3. Dust down the station with the dusting can.
- 4. Remove any and all dust/waste on top of/behind the station computer monitor with a paper towel. (Taller patients can easily see behind the monitors!)
- 5. Once all debris has been removed, spray rubbing alcohol on a paper towel until it is damp.
- 6. Wipe down the keyboard, receipt printer, label printers, credit card swiper, cash register, and other high traffic station areas.
- 7. Wipe the entire station down, including the privacy glass, behind the computer monitor, and along all the edges of the station.
- 8. On a weekly basis, remove all contents from underneath the retail station. Remove any accumulated waste or unnecessary scrap paper, and clean the shelves with an alcohol towel.
- 9. Clean all supply receptacles with a towel that has been alcohol sprayed.
- 10. Spray the keyboard with the dusting can to remove any debris.
- 11. Spray the menu with the dusting can to remove any debris.
- 12. Once the station has been thoroughly cleaned, replace anything removed from the retail station, and get ready for the next patient.

# **Sales Staff Cleaning Procedures**

#### Introduction

Organization and cleanliness are watermarks of a well-equipped retail store. As a quality-focused cannabis company, maintaining sanitation is equally imperative. It is important to keep the entire retail facility clean, fully stocked, and sanitary at all times. This includes when the store is experiencing a heavier flow of patients. Retail cannabis company team members must work as a team to ensure those slower times and days are spent performing the side work tasks such as cleaning, stocking, and re-organizing. Each sales staff is responsible for keeping everything at their station organized, sanitary, and stocked throughout the day. Although the retail facility is quick-paced and detail-oriented, the result is a favorable work environment and a well-stocked shelf, leading to patient retention. Every sales staff member is responsible for cleaning the general areas of the retail facility. These tasks include, but are not limited to:

# 1. The Waiting Area

- Cleaning floors
- Cleaning commons areas like furniture, tables
- Cleaning area carpets
- Wiping down railings, high traffic areas
- Cleaning glass display cases

#### 2. The Retail Area

The retail area is separate from the waiting lounge for compliance and patient confidentiality purposes. It is where the product is stored and sold, and only verified adults and Occupationally Licensed employees are allowed to enter by law. The retail floor is kept clean solely by the retail staff. It is imperative that the floor is always fully stocked, sanitized, and looks presentable to the patient:

- Cleaning floors
- Cleaning stations
- Cleaning/Sanitizing doors/high traffic zones
- Cleaning/Sanitizing display cases

- Cleaning/Sanitizing infused product fridges
- Emptying Fridge Condensation Shelf
- Cleaning/Sanitizing/Organizing the Stage Shelf
- Sweeping/Mopping Floors
- Cleaning/Sanitizing lowest levels of retail stations.

# III. Retail Support Manual - Guide for 3rd Party Security Guards Introduction to Kush Medicinal LLC

One of the biggest misconceptions when hiring third-party security staff is to assume the training for your company is sufficient to work at our facility. In reality, you are one of the team's most important members, and it's essential that you form a solid professional relationship with the rest of the people who work in the building. You carry the largest risk and hold the greatest responsibility as an employee within the facility. Learning key communication skills with Kush Medicinal LLC staff can be the difference between life and death. The security guard is NOT there to sell cannabis. If a staff member asks you to help with anything other than the role of security, kindly decline their request and remind them your sole purpose is to keep them safe. As a guard, you may be responsible for age or occupational licensing verification, but you are NOT there to attend to the front desk. We are relying on your expert security training to protect us. Stay focused, and trust your gut instincts.

Hello, and welcome to Kush Medicinal LLC! It is our honor for you to protect our staff and facility. We appreciate your diligence in learning all the skills that encompass becoming a well-trained guard. The security staff at Kush Medicinal LLC are responsible for the safety of our patients and employees. It is the duty of security personnel to be observant to address unsafe situations or prevent potentially undesirable circumstances before an incident occurs. Security staff is also responsible for making patients feel safe in the facility. We have performed our due diligence when choosing a security partner. We will rely on you to utilize your expertise and training in security culture to guide us toward maintaining safe business practices. Below is a brief introduction describing what is expected from the Security Staff at Kush Medicinal LLC during a normal business day.

#### **Key Features of the Facility**

Please see the attached perimeter and floor plans for the building. Familiarize yourself with your surroundings. You will be expected to perform a full check of the inside and outside perimeter of the building (and the surrounding parking lot) before allowing staff access during both opening and closing procedures.

# **Appropriate Demeanor**

Because exceptional client care and security culture are two cornerstones of our business, you will have to walk the line between looking formidable and preserving the integrity of our retail process, which is to be kind to everyone who is not a danger to us. Follow your industry standard practices for maintaining an appropriate demeanor while keeping in mind that your presence should be more of a relief than intimidation to our clients.

# **Mandatory Equipment**

As a guard, you will need to familiarize yourself with our identification scanner, door entry buzzers, panic buttons, surveillance cameras, and monitors. The Manager on Duty (MOD) will go over this training booklet with you and take you through a tour of the facility. All staff members will be required to wear a communication device such as a headset with multiple line options or a texting device that allows the entire staff to communicate with each other instantly. This will allow security staff to relay concerns and questions effectively to management and staff. As a guard, you will have a specific channel to alert management only. Every staff member in the building should be able to report potential security risks, as well as communicate patient needs related to security culture.

#### **Patient Security**

It is the security's main duty to guard the building. They should not leave their position without alerting management and staff. Escorting a patient or vendor in and out of the building can sometimes feel awkward for both parties. Introduce yourself and let them know why you are escorting them. Participate in brief, pleasant talk to make the exchange a positive one. Some patients may need more assistance getting into the building or out of their vehicle. Handicap parking is available at the front of the building.

#### **Emergency Action Plan**

Please read through the attached Emergency Action Plan (EAP) for the facility. In the event of an emergency, it's important that you lead by example and follow this plan, as staff and patients will be looking to you for guidance.

#### **Panic Buttons**

Because security staff will be in and out of the building, it is necessary that they carry the mobile panic button on their person at all times. Panic buttons are also located throughout the store to be used by the front desk and retail employees in an emergency. Stationary panic buttons are mounted under the counter of the retail stations, under the counter in the patient room, and under the front desk. All employees must know where all panic buttons are located and be able to use them in an emergency.

#### **Surveillance**

Security staff must be aware of surrounding areas and inside the building at all times. The building is equipped with a live feed of the front of the building and the entrance to the store. These cameras must be recording live feeds at all times while on duty. Use these cameras and visual observations while outside to detect suspicious behavior. People loitering outside of the building, causing mischief, or conducting illegal activities should be identified and taken care of in the least invasive manner possible. If the situation seems safe, approach the questionable person or parties and ask them to leave our private property.

If a security staff ever feels that a situation is not safe enough to deal with verbally, call the police to ensure personal safety and the safety of Kush Medicinal LLC's employees and patients. If it is necessary to contact the police let a manager know you have done so and secure the store's perimeter. Regular perimeter checks of the building are to be done 2-3 times daily. Due to the nature of our business, security must be aware of what is happening behind the building and in front. When leaving to do a perimeter check, let another employee know to keep security staff safe. Prepare appropriately to complete perimeter checks by wearing comfortable clothing and shoes. Once it is dark outside, security staff must carry a flashlight when doing perimeter checks or walking a patient to their vehicle.

#### **Loss Prevention**

Although most items in the waiting room are free to patients, other items are for sale only. During busy times our counter space can get hectic and unorganized. It is during these busier times that someone may try to take something. Ensure patients are only going up as the awaiting retail staff calls their name. It is important that security staff be aware and observant of patients in the building. If you see someone blatantly stealing, ask them to stay in the store, contact the MOD, and then call the police. Do not make a scene and keep the situation discreet from other patients. If you suspect someone has taken something, alert staff. The retail staff will keep them in the building as long as possible while the manager reviews the footage and determines if the police should be called. If the patient is behaving out of control or threatening the safety of Kush Medicinal LLC, staff or other patients, use your discretion to handle the situation. Use reasonable force only if there is a clear danger. If someone tries to escape the store, let them go, it is not worth the hassle of petty shoplifting. Never draw a firearm on anyone whose presence does not present an imminent danger to yourself or another person. In situations where forced theft is about to occur, please see our Emergency Action Plan procedures related to active shooters and robberies.

# **Opening and Closing the Store**

Security Culture can be achieved when team members understand their role in safeguarding Kush Medicinal LLC. Opening the retail facility is a team effort where everyone must work diligently and in synergy to manifest smooth and safe operations. Practicing mindfulness in the morning is important, especially as the opening guard. The personality you bring with you to work will help set the tone for the day. As you commute, fine-tune your awareness. Be clear-headed and alert. Finding positive things to think about helps cleanse your mind and prepare yourself for the day. Guards are not permitted to listen to loud music on the way to the facility, which may impair their ability to sense surrounding danger. A thief or robber will look for the most vulnerable facilities with the poorest security culture. Keep an eye out for strange activities while driving. This behavior would include other cars blatantly monitoring you, passengers watching you, or an overwhelming feeling of being followed.

It is understood that you may only be working with our staff for a day, but if you are returning to work at our facility often: Familiarize yourself with the cars of the opening staff. For any non-automobile commuters: communicate arriving schedules so you can make sure that everyone arrives safely. Keep a prompt schedule for arrival, so you have the appropriate time to check the building and surrounding areas and safeguard the premises before the retail staff arrives. Do not let any other staff approach the building until you have approved entry. The same level of awareness should be maintained while closing the facility, and leaving the building. Thieves may be looking for a vulnerable staff member.

#### **Age Verification Procedures**

As part of its commitment to a culture of compliance and security, you will be trained on verifying each individual attempting to purchase cannabis. Training will also include the company's established identification verification procedures, which prohibit a person under 21 years of age from entering the company's premises and ensuring that an individual's age and identity are verified on two separate occasions. This will be accomplished by verifying that the individual has a valid government-issued photo identification showing that they are at least 21 years of age. If possible, an ID scanner will be used. This verification will occur before permitting the individual entry to the premises and before each transaction of cannabis items is initiated. You will be required to examine any of the following photographic identifications and confirm that the patient is of legal age to purchase cannabis. False or fake identification will be confiscated, and the authorities will be notified:

- 1. Passport or passport identification card
- 2. Identification card, including a temporary identification card, issued by any state within the United States, District of Columbia, or any U.S. territory
- 3. Motor vehicle driver's license, issued by any state within the United States, District of Columbia, or any U.S. territory
- 4. United States military identification card or any other identification card issued by the United States government, including but not limited to a permanent resident card, alien registration card, or consular card

# **The First Patient Experience**

# Make the Connection: Outside of the Building

- 1. The Security Guard will be the first team member to greet a first-time patient.
- 2. Never assume that a patient is coming into Kush Medicinal LLC for the first time. If the patient remembers you made a connection with them, this gesture will be reversed if you signal that you forgot the interaction.
- 3. Sometimes the patient will mention to the Security Guard that they have never been to Kush Medicinal LLC, in which case the Security Guard should be cautious and alert, but also just as welcoming and accommodating as they are with the regulars.

# Make the Connection: Through the Doors

- 1. Once the patient enters the center doors, they should be greeted by everyone on staff. The Security Guard should set expectations for the patient. This includes:
  - Welcoming them! This reinforces benevolence.
  - Let the patient know that they will be called up when a retail station is ready.
  - Politely ask the patient not to approach the door until their name is called.
  - Offer the patient the opportunity to view the non-cannabis retail section of the store while they are waiting for their name to be called.

# **Exhibit 17 - Receiving and Shipping Plan**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

The applicant has created a receiving and shipping plan that, at a minimum, ensures the following, in coordination with the contracted Secure Transporter or State Testing Laboratory, as applicable. Well-planned transportation procedures safeguard the company and the staff who deliver the finished product. They offer logistical guidance to drivers and the support team responsible for safely transporting products. To ensure products' safe and timely transportation, Kush Medicinal LLC will use a licensed transporter and develop the following internal standards.

#### 17.1 Receiving and Shipping Plan

Individual batches of medical cannabis being received for storage and/or dispensing will be appropriately prepared, packaged, and labeled at the time of receipt, having been QR coded or otherwise digitally coded to identify, at a minimum, the Processor or Integrated Facility, the facility of origin, date of processing, packaging, and labeling, and the date of the Processor's or Integrated Facility's State Laboratory testing approval per 583-x-8-.05(3)(j)(1).

#### 17.2 Incoming Medical Cannabis

Incoming medical cannabis is accompanied by the Secure Transporter's manifest and other appropriate documentation; the information thereon is accurate, and the manifest has been duly executed by all appropriate parties per 583-x-8-.05(3)(j)(2).

# 17.3 Statewide-Seed-to-Sale Tracking System

All information from the QR code relating to the incoming medical cannabis, as well as the date and time of arrival, has been logged into the Statewide-Seed-to-Sale Tracking System per 583-x-8-.05(3)(j)(3).

#### 17.4 Secure Transporter Packaging and Labeling

Medical cannabis products being received by the Dispensary by means of a Secure Transporter must be appropriately packaged, labeled, and inserted in containers prior to transport per **583-x-8-.05(3)(j)(4)**.

### 17.5 Digital Identification / QR Code

As required by section **17.5** of this application and per **583-x-8-.05(3)(j)(5)**, batches and containers being shipped by the Dispensary to or from another licensee's facility or to or from another of the Dispensary's own facilities will be QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, Processor or Integrated Facility from which the medical cannabis was sourced, the facility or facilities of origin, type of product, date of processing and packaging, expiration date (or, if no expiration date, a notation that the expiration date does not apply), and the da**e** of the Processor's State Laboratory testing approval, and the Alabama Poison Control contact information as provided on the AMCC website.

### 17.6 Secure Transporter or State Testing Laboratory's Manifest

Outgoing medical cannabis being sent for testing is accompanied by the Secure Transporter's or State Testing Laboratory's manifest and other appropriate documentation; the information thereon is accurate and has been duly executed by all appropriate parties per 583-x-8-.05(3)(j)(6).

### 17.7 Outgoing Medical Cannabis QR Code Information

All information from the QR code relating to the outgoing medical cannabis, as well as the date and time of shipment, will be logged into the Statewide-Seed-to-Sale Tracking System per 583-x-8-.05(3)(j)(7)

### **Secure Transportation Strategy**

Kush Medicinal LLC will securely transport cannabis items to another cannabis business, or it may use a licensed cannabis distributor for transport. This internal process includes using logistical distribution software such as GoGo Cannaflo, which offers real-time transportation tracking tools. Cannabis products and cash will never be transported

simultaneously. Kush Medicinal LLC will employ a cash management service to address all high-risk cash and asset management needs, including utilizing a cash removal service at varying intervals, so no routines are established. For cannabis products, all inventory will be pre-packaged in finished consumer packaged goods, with each case having tamper-proof packaging with tamper-proof tags and bands.

Internal transportation procedures will involve tactical transportation with fleet management software that utilizes iOS & Android native apps, driver management features, a route optimization tool, process-based auto-notifications, real-time task tracking, audit control features, integrated order management, and a mileage/time-based pricing tool. Each vehicle will have a working tablet and video surveillance cameras installed inside and outside the car. For unexpected issues, Kush Medicinal LLCwill employ 24/7 roadside assistance, and all vehicles will also be equipped with emergency equipment and safety supplies that include but are not limited to road flares, first aid kits, spare tire/jack/wheel chock, snow chains, and other response items. Redundant backup battery systems, including an emergency handheld CB radio, will be included along with a list of phone numbers for local police, emergency response, loss prevention teams, EMS/Fire, and radio channels for all local and state emergency services.

### **Delivery Vehicle Specifications**

Kush Medicinal LLC will transport between multiple cannabis business premises and another cannabis business anywhere in the State using a delivery vehicle under the law mentioned above. Kush Medicinal LLC will maintain its fleet of vehicles to secure cannabis and cannabis products between licensed facilities. An up-to-date list of vehicles used for distribution will be held in a database made available to the regulatory authorities upon request. Vehicles used for distribution are subject to inspection by them at any time. They will not bear any markings or signs linking it to Kush Medicinal LLC, which indicate it may be transporting cannabis, cannabis products, or currency, which reduces the likelihood of theft or robbery. Kush Medicinal LLC will utilize electric or hybrid vehicles to reduce reliance on fossil fuels and eliminate greenhouse gas emissions. The facility will have electric charging stations to accommodate company and employee vehicles. Using hybrid and electric vehicles will save the company money on fuel-related expenses and benefit the

environment. Kush Medicinal LLC will conduct all recommended maintenance requirements for its fleet vehicles per manufacturer recommendations and will utilize AAA or equivalent service if a transport vehicle breaks down or gets a flat tire while transporting for the company.

Kush Medicinal LLC will ensure that the vehicle is equipped with: a secure lockbox or secured cargo area. For the safety of our staff, a Global Positioning System (GPS) device for identifying the geographic location of the delivery vehicle will be installed and permanently affixed to the delivery vehicle while the delivery vehicle is in operation. The device shall remain active and possess the cannabis business or a staff member during transport. At all times, Kush Medicinal LLC will be able to identify the geographic location of delivery vehicles that are transporting cannabis items. All records will be maintained so they may be provided to the Commission upon request. Kush Medicinal LLC will also employ the risk management strategy of placing radio frequency identification and GPS trackers into boxes of products as an additional way of tracking inventory. Vehicles will also be equipped with functioning heating and air conditioning systems to ensure ideal temperatures are maintained to preserve the quality, safety, and integrity of any cannabis and cannabis products. Proper refrigeration temperatures for extract transportation will be no more than 41°E.

Kush Medicinal LLC will require all employees transporting cannabis, cannabis products, or currency to maintain a valid driver's license. Also, each vehicle operator will be required to acknowledge and sign an agreement to report any vehicle issues or driving violations they receive, affirm that they will stick to the predetermined delivery route barring incidents such as traffic accidents and road closures, and confirm that the vehicle will be maintained in a clean and orderly condition. Additionally, Kush Medicinal LLC will maintain current hired (and non-owned) automobile liability insurance to insure all delivery vehicles for at least \$1,000,000 per occurrence or accident. Their chosen insurance company will provide insurance coverage upon licensure. Upon request, Kush Medicinal LLC will provide the Commission with information regarding any delivery vehicles, including the vehicle's make, model, color, vehicle identification number (VIN), license plate number, and vehicle

registration. Delivery vehicles will bear no markings identifying or indicating that the car is used to transport cannabis.

Kush Medicinal LLC practices circular economy principles across many facets of the organization, including a long-term plan to lessen its environmental impact. Employing a fleet management service provider that ensures all vehicles are running as intended and not releasing any unnecessary exhaust will reduce Kush Medicinal LLC's overall environmental impact. Furthermore, environmental commitment will also incorporate secure, environmentally conscious hybrid, electric, diesel, and biodiesel vehicles that lessen the company's carbon footprint while providing a safe and compliant environment for transportation staff and vendors/distributors that meet all the transportation requirements per the Commission.

### **Staff Transportation Policy/Rules**

Kush Medicinal LLC will staff each delivery vehicle with at least two employees and will vet all delivery drivers to ensure they have a clean driving record, pass a driving test, possess a valid driver's license, and attend quarterly training classes, including defensive driving courses. Internal training will be provided to driving staff about safe and secure transport fundamentals, such as wearing a seat belt, loss and robbery prevention, and dealing with various theft scenarios. The staff member will be held accountable for following Alabama cannabis business guidelines and all other applicable driving safety and traffic laws. They will not leave cannabis items in an unattended delivery vehicle unless it is locked and equipped with an active vehicle alarm system. They will access secure communication with the company, such as a mobile phone, when the delivery vehicle contains cannabis, cannabis products, or currency. Drivers will be instructed to use Bluetooth audio when necessary for critical calls. All vehicles will be non-smoking.

A physical or electronic copy of the transport request will be created before transporting begins, maintained during the entirety of the delivery, and available, upon request, to state and local law enforcement, regulatory authorities, and agencies. Only authorized personnel will be allowed in transport vehicles. In the secure transport bay, delivery vehicles enter the

facility for loading and unloading. Delivery vehicles are nondescript and have secure product storage systems in the back. The manager will work with staff to ensure transport personnel has all the necessary training to protect the vehicle's cargo. All material will be logged and assessed before transport and upon delivery to its final destination. Kush Medicinal LLC will automatically send an email message 24 hours before the scheduled delivery and a text to the primary contact 15 minutes before the scheduled delivery. Shipping manifests will be maintained and recorded correctly in the state's seed-to-sale tracking system and the company's internal fleet management application upon delivery.

Cannabis items will never be left in a delivery vehicle outside the company's operating hours. Transportation will not occur unless delivery staff possesses the appropriate identification cards at all times, if it is required, provided by the Commission staff or law enforcement officials. The transport of cannabis items by Kush Medicinal LLC will not be made through a crewless vehicle, including a drone. Kush Medicinal LLC will ensure that carriers are completed promptly, safely, and efficiently. Transport staff will only travel between the originating and receiving cannabis business premises. Operators are required to never deviate from the predetermined delivery path, except in the event of an emergency, necessary rest, refueling, or in the event the vehicle requires a repair. Road conditions become unsafe to continue and make the vehicle operation hazardous, impossible, or impracticable; the company's transportation software will alert the security director on duty and notify the company of route deviation. Drivers will check the weather throughout the week and coordinate orders and deliveries with customers accordingly. If adverse weather conditions exist, drivers will be directed not to make deliveries until conditions permit. Each delivery vehicle will be cleaned and refueled before returning to the facility. The process of transport begins when the company's vehicle, with the purchase order of cannabis items, leaves the originating premises and ends when the purchase order of cannabis items is furnished into the receiving business's premises.

### **Transportation Manifest**

A transportation manifest will be created within Kush Medicinal LLC's Enterprise Resource Planning (ERP) system and State Seed to Sale Tracking System. The Chief Compliance Officer and Supply Chain Manager will ensure that manifest protocols are aligned with all legal and safety assurance plans. Transport employees will prepare to leave the facility and place all cannabis and cannabis products in the secure cargo area. The secure cargo area will not be visible from the outside of the vehicle to ensure the vehicle and its contents are less likely to be subject to an attempted robbery. Kush Medicinal LLC will accompany each shipment and maintain the printed manifest and the electronic record of each delivery; this record will include the date the transport took place and both the start and end times, the weight being transported, the batch or lot number or the products being transported, the strain or cultivators name, and the form of the cannabis. Additionally, the signature of the employee receiving the cannabis or cannabis products will be required to complete the delivery.

Transporter agents will carefully inspect the transport manifest against the inventory of cannabis goods loaded into the transport vehicle to ensure all inventory is tracked correctly in both the ERP and the state tracking systems. Kush Medicinal LLC will not take any goods that are not adequately documented by a transport manifest. After shipments are delivered, receipts will be compared against the list of goods identified on the transfer manifest(s). Any discrepancies will be reported in the ERP, and all records will be maintained according to Kush Medicinal LLC's recordkeeping policy. The Commission and law enforcement will promptly notify if any discrepancy indicates potential loss, theft, or diversion has occurred. Kush Medicinal LLC is responsible for any discrepancy between the inventory of goods in its possession and the certified transport manifests. Below is a sample internal transport manifest that covers these requirements.

Sample Transportation Manifest	Date of Transport:
Beginning Date/Time of Transport:	Completion Date/Time of Transport:
Name of Transporter:	Transport Staff Cannabis Business:

Sample Transportation Manifest	Date of Transport:
	Identification Card Number:
Signature of Transporter:	Date/Time of Signature:
Product Details:	
Weight of the Cannabis Item	Batch Number
Name of Strain/Cultivar (if applicable)	Type of Cannabis Product
Name of Receiving Company	Name of Receiving Employee
Date and Time Product Was Received	Signature of Receiving Employee
Date and Time Product was Rejected	Reason for Rejection
Vehicle Incident Report Date and Time	Vehicle Incident Details
Vehicle Incident Police Report Number	Vehicle Incident Police Officer Full Name/Badge Number

Kush Medicinal LLC will report any vehicle accidents, diversions, losses, or other reportable events during transport to the Commission. When transport is attempted and not completed, and the cannabis item remains in possession of the cannabis business personnel conducting the transport, the transporter will return the cannabis item(s) to Kush Medicinal LLC. Products may be repackaged and restocked, logging the product's

amended status in the business's internal inventory. Such items must be in new, unopened condition.

### Conclusion

Shipping and receiving product in an efficient and compliant way is critical to the success of Kush Medicinal LLC's mission to reliably dispense high-quality, environmentally conscious, and affordable cannabis products for diverse consumers in Alabama. To ensure products' safe and timely transport, Kush Medicinal LLC's well-planned transportation procedures will fully comply with Alabama regulatory framework. In addition to offering logistical guidance to drivers and the support team responsible for the safe transport of products, Kush Medicinal LLC intake procedures will minimize the risk of interference with the authorities. Ultimately, consistent and clear employee rules regarding intake, transportation and safeguards against theft and diversion will facilitate reliable and timely product transport while rigorously maintaining worker and community safety.

### **Exhibit 18 - Facilities**

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# Table of Contents

Montgomery Facilities Narrative	. 3
Opelika Facilities Narrative	13

### Status of Plan

Per application requirements, the status for this plan is: Completed

### **INTRODUCTION**

Below are the following statements regarding each facility the Applicant proposes to operate, as of the commencement of operations and within two (2) years thereafter.

### 18.1 - FACILITY NAME AND TYPE

**DI Facility:** This will be the Operator's Retail Dispensary Facility, and is currently a commercially zoned raw land property. Upon licensure, proposed construction will take an estimated five months to complete, along with an additional month before operations are commenced.

### 18.2 - PHYSICAL ADDRESS AND GPS COORDINATES OF THE FACILITY

**DI Facility:** The physical address of the retail facility is 2500 Central Pkwy, Montgomery, AL 36106. GPS coordinates for the facility are 32.34708, -86.22638.

18.3 - AN AERIAL PHOTOGRAPH OF THE FACILITY, INCLUDING CLEARLY IDENTIFIED SITE BOUNDARIES

### DI Facility:



18.4 - PROOF OF AUTHORIZATION FOR THE APPLICANT TO OCCUPY THE PROPERTY WHERE THE FACILITY IS PROPOSED TO BE LOCATED

# DI Facility:

WITNESS:	SELLER: Michelle Goodwyn and Camille Phillips
	Michelle Goodwyn
	Camille Phillips
	As :
	Date Executed: December 19, 2022
WITNESS: Wall	BUYER: Rinuben. R. Putel  Rinaben R Patel
	Date Executed: December 19, 2022
of acknowledging the provisions o	ns in and executes this Agreement only for the sole purpos f this Agreement regarding Earnest Money and for othe nt that relate to John Stanley & Associates, Inc.
WITNESS!	AGENT: JOHN STANLEY & ASSOCIATES, INC.  By:  John C. Stanley, CCIM
	As Its: President/Broker
	December 21, 2022
WITNESS: CGoley	AGENT: JOHN STANLEY & ASSOCIATES, INC. By:
	As Its: Associate Broker
	Date Executed: December 19, 2022

IN WITNESS WHEREOF, Seller Agreement on the dates appearing	r and Buyer have hereunto executed this Purchase and Sale g beneath their respective signature blocks.
WITNESS:	SELLER: Michelle Goodwyn and Camille Phillips
apphy (Ilm)	Michelly Goodwigh
	Camille Phillips
	As: Co - Coours Co-Owners
	Date Executed: December <u>i G</u> , 2022
WITNESS:	BUYER: Rinuben. R. Putel
machelle	Rinaben R Patel
	Date Executed: December 19, 2022
of acknowledging the provisions of	ns in and executes this Agreement only for the sole purpose f this Agreement regarding Earnest Money and for other nt that relate to John Stanley & Associates, Inc.
WITNESS:	AGENT: JOHN STANLEY & ASSOCIATES, INC.
	By:
	As Its: President/Broker
- Jang Lays	AGENT: JOHN STANLEY & ASSOCIATES, INC.  By:  As Its: Associate Broker  Date Executed: December 19, 2022
Black Furthesia and Salek Agreement From EP-5-23 licken filte:	10

WITNESS:	AGENT: JOHN STANJEY & ASSOCIATES, INC.  By:  As Its: Associate Broker  Date Executed: December 19, 2022	
WITNESS:	By:  John C. Stanley, CCIM  As Its: President/Broker	
of acknowledging the provision	joins in and executes this Agreement only for the sole purpose is of this Agreement regarding Earnest Money and for other ment that relate to John Stanley & Associates, Inc.  AGENT: JOHN STANLEY & ASSOCIATES, INC.	
Maddaell	BUYER: Rinuben. R. Patel  Rinaben R Patel  Date Executed: December 19, 2022	
	As:Co-Owners Date Executed: December	
	Michelle Goodwyn  Carrille Hallys  Camille Phillips	
WITNESS:	aring beneath their respective signature blocks.  SELLER: Michelle Goodwyn and Camille Phillips	

18.5 – PROOF OF LOCAL ZONING AND OTHER APPROVALS NECESSARY TO OPERATE THE BUSINESS IN THE LOCAL JURISDICTION WHERE THE BUSINESS IS LOCATED, INCLUDING BUT NOT LIMITED TO THE LOCAL JURISDICTION'S ORDINANCE OR RESOLUTION APPROVING THE OPERATION OF MEDICAL CANNABIS FACILITIES THERE

**DI Facility:** 

#### **ORDINANCE NO. 63-2021**

### AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS DISPENSARY WITHIN THE CORPORATE LIMITS OF THE CITY OF MONTGOMERY

WHEREAS, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the Act); and

WHEREAS, the Act provides for the medical use of marijuana for patients with a qualifying medical condition and a valid medical cannabis card; and

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality's corporate limits; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to heavily regulates dispensary operation, (See,  $\S$ 20-2A-50 – 20-2A-68, <u>Code of Alabama</u>), thus addressing any health, safety or welfare concerns for the citizens of the City of Montgomery; and

WHEREAS, the location of a dispensary within the corporate limits of the City of Montgomery will bring the potential of hundreds of new employment opportunities for the citizens of the City of Montgomery; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Montgomery, thus increasing revenue.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MONTGOMERY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Montgomery subject to any applicable zoning restrictions the City of Montgomery may adopt pursuant to §20-2A-51(c)(3).

ADOPTED this the \_\_\_\_\_ day of \_\_\_\_\_ , 2021.

BRENDA GALE BLALOCK, CITY CLERK

ATTEST:

63-2021



Steven L. Reed Mayor City Council Members
Charles W. Jinright – President
Cornelius "CC" Calhoun – Pres Pro Tem
Ed Grimes
Branley W. Lyons
Marche Johnson
Glen O. Pruitt Jr.

December 19, 2022

Rinaben Patel Kush Medicinal LLC 8107 Wynlakes Blvd. Montgomery, AL 36117

RE: Central Parkway

Parcel No: 10 06 23 4 007 001.004

Dear Sir or Madam:

This is to advise you that the property located on the east side of Central Parkway, approximately 250 ft. south of Young Barn Road is in a B-3 (Commercial) Zoning District, which allows a medical cannabis dispensary.

There are no variances, special exceptions or open zoning violations on file.

The City is providing this information solely as a courtesy and the person requesting such information should independently confirm the information contained, herein. The City assumes no liability or responsibility for any misstatements or inaccuracies contained. If we can be of any further assistance, please do not hesitate to contact me at (334)625-2722.

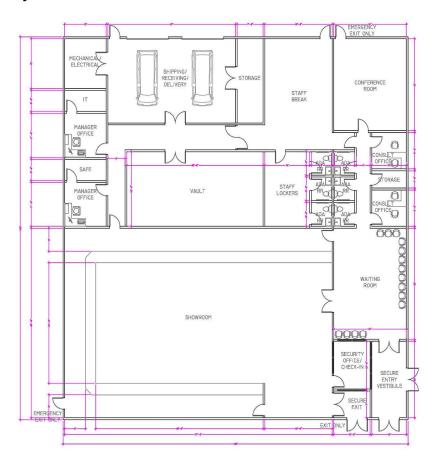
Sincerely,

Thomas M. Tyson, Jr. *U*Land Use Control Administrator

/jmh

18.6 - A PROFESSIONALLY RENDERED BLUEPRINT (OR, IF NOT AVAILABLE, A PROFESSIONALLY RENDERED FLOORPLAN OR SCHEMATIC) OF THE FACILITY, SHOWING CLEARLY DRAWN AND LABELED INTERIORS OF THE FACILITY, INCLUDING BUT NOT LIMITED TO THE GENERAL FUNCTION OF EACH AREA OF THE STRUCTURE, FOR EASE IN IDENTIFICATION OF OPERATIONS AND PROCESSES BY THE COMMISSION DURING FUTURE INSPECTIONS

### DI Facility:



# 18.7 - A TIMETABLE FOR COMPLETION AND COMMENCEMENT OF OPERATIONS AS TO THE FACILITY

Operator has invested, analyzed, and taken steps to establish a competitive advantage in the Alabama market. Being adequately capitalized, upon licensure Operator will start preconstruction work as soon as an architectural firm is chosen. Operator will hire a successful local firm as our site, civil, and architectural engineering firm to help obtain vendor bids for a general contractor, internal systems, furniture, fixtures, equipment, and various

operational quotes for materials for the throughputs needed based on our methodologies. With Operator's extensive previous experience implementing time-tested and proven practices and audit-ready SOPs, all will be shovel-ready when licenses are announced. Operator intends to start construction one month after licensure, with an estimated date of May 31, 2023. Operator has staged a phased-based approach that will allow our annual license to have final inspections roughly six months after licenses are announced and will open our doors within one month of the last inspection.

# 18.8 - A STATEMENT WHETHER THE FACILITY SHALL BE OPEN TO THE PUBLIC AND IF SO THE ANTICIPATED HOURS OF BUSINESS OPERATION

Commencement of operations is reasonably projected to occur around 180 days after licensure, and 30 days after completion of the facility's construction. At that time, the facility will be open to the public, and the commencement of operations will occur. The dispensary will follow state and local regulations related to hours of operation as they are required. The anticipated hours are 8 am to 7 pm every day.

# 18.9 – THE HOURS OF OPERATION DURING WHICH THE FACILITY WILL BE OCCUPIED BY THE APPLICANT'S EMPLOYEES; IF NOT CONTINUOUS, THE AFTER-HOURS CONTACT INFORMATION FOR MANAGEMENT

The dispensary will be open according to State and local regulations, with the anticipated hours of 8 am to 7 pm every day. The facility will be fully occupied by an estimated 12 employees throughout the work day, with after-hours being decided during and after the commencement of operations, as needs arise. After-hours contact information is as follows:

**Chief Executive Officer** 

**Rinaben Patel** 

1-334-546-8901

**CONCLUSION** 

Kush Medicinal LLC's primary motive is not only to ensure the safety of our patients, dispensing agents, and any facility visitors, but also to prevent our products from being illegally diverted into the illicit market. Kush Medicinal LLC aims to serve as a model corporate citizen in Alabama by not only meeting but by exceeding regulatory compliance with respect to all of the LLC's dispensing facilities. Kush Medicinal LLC effectively ensures that we maintain compliance now and well into the future as we expand our business operations.

Exhibit 18 - Facilities (Opelika)

### Status of Plan

Per application requirements, the status for this plan is: Completed

### **INTRODUCTION**

Below are the following statements regarding each facility the Applicant proposes to operate, as of the commencement of operations and within two (2) years thereafter.

### 18.1 - FACILITY NAME AND TYPE

**DI Facility:** This will be the Operator's Retail Dispensary Facility, and is currently a commercially zoned raw land property. Upon licensure, proposed construction will take an estimated five months to complete, along with an additional month before operations are commenced.

### 18.2 - PHYSICAL ADDRESS AND GPS COORDINATES OF THE FACILITY

**DI Facility:** The physical address of the dispensary facility is 2104 W Point Pkwy, Opelika, AL 36801. GPS coordinates for the facility are 32.67408, -85.33495.

# 18.3 - AN AERIAL PHOTOGRAPH OF THE FACILITY, INCLUDING CLEARLY IDENTIFIED SITE BOUNDARIES

### DI Facility:



18.4 - PROOF OF AUTHORIZATION FOR THE APPLICANT TO OCCUPY THE PROPERTY WHERE THE FACILITY IS PROPOSED TO BE LOCATED

### DI Facility:

Kush Medicinal LLC

#### CONFIDENTIAL

- (A) The Landlord will complete the following by 02-31-2023 or this Lease will become null and void and all monies disbursed by Tenant will be immediately refunded by Landlord.
- (11) INSURANCE: The Landlord shall maintain fire and extended coverage upon the property, and immediately convert the owner occupied (if applicable) policy to a non owner occupied policy. In the event of loss or destruction in whole or in part of said property, the Tenant shall have the option to declare this Lease/Option null and void, releasing both parties from any obligations hereunder, except for the return of reimbursable expenses previously paid by Tenant which amounts shall become immediately due and payable from the insurance proceeds.
- (12) ARBITRATION: Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled according to Illinois law, by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The number of arbitrators shall be three. The place of arbitration shall be Alabama. Judgment on the award rendered by the arbitrator(s) may be entered in Alabama state court.
- (13) CANNABIS LICENSE CONTINGENCY: The Tenant is applying for various state and local cannabis business licenses in order to operate a licensed cannabis business on the property. In the event that the Tenant is not able to obtain a cannabis business license within Five Months from the date of signing this agreement (timeframe), this agreement shall be null and void. Once the Tenant has obtained a cannabis business license, the Tenant will have One month (timeframe) to provide evidence of ability to perform the terms of this agreement. If Tenant cannot supply such evidence, this agreement is voidable at the option of the Landlord.

IN WITNESS WHEREOF: the parties hereto, have set their hands to this Lease Agreement on this 23 day of December , 2022

STATE AT

WITNESS:

Awesome LLC / Tejas Patel Landlord/Seller

Date: 12 | 23 | 22

Rinubon. R- Putel

Kush Medicinal LLC /Rinaben R Patel Tenant/Buyer

Date: 12/23/2022

3

18.5 – PROOF OF LOCAL ZONING AND OTHER APPROVALS NECESSARY TO OPERATE THE BUSINESS IN THE LOCAL JURISDICTION WHERE THE BUSINESS IS LOCATED, INCLUDING BUT NOT LIMITED TO THE LOCAL JURISDICTION'S ORDINANCE OR RESOLUTION APPROVING THE OPERATION OF MEDICAL CANNABIS FACILITIES THERE

DI Facility:

### ORDINANCE NO. 028-22

### AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES

**WHEREAS,** in the 2021 Legislative Session, the Alabama Legislature passed Act No. 21-450 (the "Act") legalizing and creating a regulatory framework for medical cannabis; and

WHEREAS, the Alabama Legislature made a number of findings of fact, including:

"Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."

"There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under the supervision of a physician licensed in this state."

"Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relieve to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to regulate dispensary operations, thus addressing any health, safety or welfare concerns for the citizens of the City of Opelika; and

WHEREAS, the Act requires the governing body of any municipality by ordinance to authorize the operation of the dispensing sites within the corporate limits of the municipality; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Opelika, thus increasing revenue; and

WHEREAS, the City of Opelika wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Opelika to assure its citizens can receive the medical and economic benefits of medical cannabis.

NOW, THEREFORE, BE IT ORDAINED by the City Council (the "Council") of the City of Opelika, Alabama (the "City") that, in accordance with Alabama Code §20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act No. 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Opelika subject to the provisions of Act No. 21-450, any relevant provisions of the Code of Ordinances of the City of Opelika and any applicable zoning restrictions the City of Opelika may adopt pursuant to §20-2A-51(c)(3), Code of Alabama.

**BE IT FURTHER ORDAINED,** that any business license or sales tax revenue generated by medical cannabis dispensaries authorized by this Ordinance shall be deposited to the general fund.

**BE IT FURTHER ORDAINED,** that this Ordinance shall become effective immediately upon its adoption, approval and publication as required by law.

**BE IT FURTHER ORDAINED**, that the City Clerk of the City of Opelika, Alabama is hereby authorized and directed to cause this Ordinance to be published one (1) time in a newspaper of general circulation published in the City of Opelika, Lee County, Alabama.

ADOPTED AND APPROVED this the 4th day of OCTOBER, 2022.

PRESIDENT OF THE CITY COUNCIL OF THE CITY OF OPELIKA, ALABAMA

ATTEST:

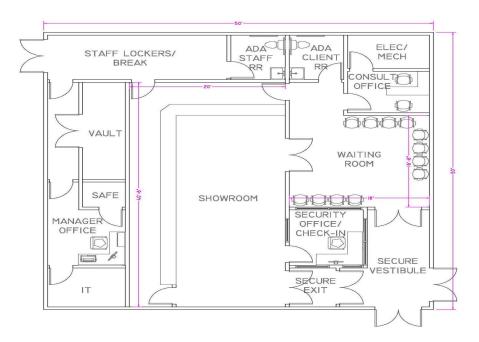
TRANSMITTED TO MAYOR on this the 54 day of OCTOBER

ACTION BY MAYOR

APPROVED this the 54 day of OCTOBER

18.6 – A PROFESSIONALLY RENDERED BLUEPRINT (OR, IF NOT AVAILABLE, A PROFESSIONALLY RENDERED FLOORPLAN OR SCHEMATIC) OF THE FACILITY, SHOWING CLEARLY DRAWN AND LABELED INTERIORS OF THE FACILITY, INCLUDING BUT NOT LIMITED TO THE GENERAL FUNCTION OF EACH AREA OF THE STRUCTURE, FOR EASE IN IDENTIFICATION OF OPERATIONS AND PROCESSES BY THE COMMISSION DURING FUTURE INSPECTIONS

### **DI Facility:**



# 18.7 - A TIMETABLE FOR COMPLETION AND COMMENCEMENT OF OPERATIONS AS TO THE FACILITY

Operator has invested, analyzed, and taken steps to establish a competitive advantage in the Alabama market. Being adequately capitalized, upon licensure Operator will start preconstruction work as soon as an architectural firm is chosen. Operator will hire a successful local firm as our site, civil, and architectural engineering firm to help obtain vendor bids for a general contractor, internal systems, furniture, fixtures, equipment, and various operational quotes for materials for the throughputs needed based on our methodologies. With Operator's extensive previous experience implementing time-tested and proven practices and audit-ready SOPs, all will be shovel-ready when licenses are announced. Operator intends to start construction one month after licensure, with an estimated date of

May 31, 2023. Operator has staged a phased-based approach that will allow our annual license to have final inspections roughly six months after licenses are announced and will open our dears within one month of the last inspection.

open our doors within one month of the last inspection.

18.8 - A STATEMENT WHETHER THE FACILITY SHALL BE OPEN TO THE PUBLIC AND

IF SO THE ANTICIPATED HOURS OF BUSINESS OPERATION

Commencement of operations is reasonably projected to occur around 180 days after licensure, and 30 days after completion of the facility's construction. At that time, the facility will be open to the public, and the commencement of operations will occur. The dispensary will follow state and local regulations related to hours of operation as they are

required. The anticipated hours are 8 am to 7 pm every day.

18.9 - THE HOURS OF OPERATION DURING WHICH THE FACILITY WILL BE OCCUPIED

BY THE APPLICANT'S EMPLOYEES; IF NOT CONTINUOUS, THE AFTER-HOURS

CONTACT INFORMATION FOR MANAGEMENT

The dispensary will be open according to State and local regulations, with the anticipated hours of 8 am to 7 pm every day. The facility will be fully occupied by an estimated 12 employees throughout the work day, with after-hours being decided during and after the commencement of operations, as needs arise. After-hours contact information is as follows:

**Chief Executive Officer** 

**Rinaben Patel** 

1-334-546-8901

**CONCLUSION** 

Kush Medicinal LLC's primary motive is not only to ensure the safety of our patients, dispensing agents, and any facility visitors, but also to prevent our products from being illegally diverted into the illicit market. Kush Medicinal LLC aims to serve as a model corporate citizen in Alabama by not only meeting but by exceeding regulatory compliance with respect to all of the LLC's dispensing facilities. Kush Medicinal LLC effectively ensures

that we maintain compliance now and well into the future as we expand our business operations.

### **Exhibit 19 - Security Plan**

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer	
Printed Name of Verifying Individual	Title of Verifying Individual	
Toral Patel	28 December 2022	
Signature of Verifying Individual	Verification Date	

# Table of Contents

Montgomery Facility Security Plans	. 3
Opelika Facility Security Plans	15

### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

The corporate duty of Kush Medicinal LLC is to ensure that no security breaches occur at any of its permitted facilities. They will provide effective controls and procedures to guard against unauthorized access to the premises or the business's electronic systems, theft, and diversion of cannabis. These systems will include systems to protect against tampering with electronic records. To this end, Kush Medicinal LLC's Security Plan will consist of a comprehensive suite of controls and procedures integrated with best-in-class physical and technological security infrastructures to guard against intrusions and tampering with its physical facilities and electronic systems or records. These safeguards will all fully comply with Section 19 and Ala. Code § 20-2A 583-x-8-.05(3)(m)

### **Security Plan**

### 19.1 Twenty-Four-Hour Alarm Systems

24-hour alarm systems will be installed in all facilities where cannabis or medical cannabis products are present. Such alarms will be provided and installed by experts in industry-standard commercial-grade alarm systems. Alarm systems will be fully operational, securing all entry points and perimeter windows, be equipped with motion detectors and pressure switches, and will cover all areas where cannabis or medical cannabis products are delivered, received, handled, stored, prepared, dispensed or sold.

### 19.2 Reception Area / Personnel Adjacent Alarms

Motion detectors, door status sensors, and glass-break detectors, as applicable, will be instituted for the following areas: areas of ingress and egress, including exterior doors and windows, emergency exits, and loading bays; rooms with exterior walls; mechanical air ventilation systems entrances; limited-access areas; and cannabis storage areas. Reception areas and personnel adjacent to ingress and egress points will have ready access to ready

access to duress panic and hold-up alarms that may be activated in the event of access by unauthorized personnel or intruders.

### 19.3 Broadcast Communication Devices

The company will confine with the following: Broadcast communication devices (cell phones, intercom equipment or the like) will be carried by each employee or installed in all areas of each facility designed for regular access by humans under **19.3(a)**. Per **19.3(b)**, devices will be accessible for communication by all personnel at all times, and particularly at perimeter ingress/egress stations, facility reception areas, and the security office. Lastly, devices will be capable of providing information with sufficient clarity to be heard and understood by all personnel and visitors within earshot of the employee receiving the communication following **19.3(c)**.

### 19.4 Audio / Video Surveillance Systems

The company, at each of its facilities, will maintain an audio/video surveillance system that will be in continuous operation 24 hours per day. Cameras will be fixed in place covering both the interior and exterior of the facility, in such quantity, with such lighting, and at such a resolution to allow for the clear identification of individuals and activities in all reasonably accessible areas of the premises, including but not limited to all entrances, exits, parking lots, and any area where cannabis or medical cannabis is delivered, received, handled, stored, prepared, dispensed, or sold. Audio/Video surveillance recordings will clearly and accurately display the time and date. Audio recordings will clearly and accurately capture sound within camera range at a level of 20 decibels or greater. Audio/Video surveillance records will be kept for a minimum of 60 days, and longer upon the request of the Commission, its inspectors, or any law enforcement personnel. Audio/Video recordings potentially reflecting an incident of actual or attempted diversion will be kept for at least two years, or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the actual or attempted diversion. The video surveillance system will be installed to prevent the loss, theft, or diversion of cannabis and ensure proper inventory controls in the facility's interior and exterior. Kush Medicinal LLC will contract with a licensed third-party security company, which the facility

manager will oversee to ensure all aspects of the surveillance system are professionally selected and installed for maximum and uninterrupted coverage. Kush Medicinal LLC will equip interior and exterior premises with electronic monitoring, video cameras, and panic buttons. We will ensure these systems are in working order and operating at all times, with remote viewing by the Commission.

### **Video Surveillance System: Ensuring Continuous Power**

In the event of a failure of the security alarm system due to a loss of electrical support or mechanical malfunction that is expected to last longer than eight hours, uninterrupted power supply units will provide continuous power to all electronic equipment and will be backed up by a diesel or natural gas generator to provide over 48 hours of continuous operation in the event of a power outage. To account for mechanical malfunctions of cameras, Kush Medicinal LLC will provide alternative security measures approved by the Commission or close the authorized physical addresses impacted by the failure or malfunction until the security alarm system is restored to full operation. Spare surveillance cameras will be securely stored in the security office to replace faulty cameras within eight hours of failure. Servers will employ redundant power supplies with resilient data drives and scalable high-density storage architecture, multiple-path network interfaces, virtualized environments for failover capabilities, and other enterprise-level features to provide uninterrupted processing and storage. Kush Medicinal LLC will implement security measures that protect the premises, consumers, and cannabis business personnel. Safety and security alarms will be maintained in good working order, and a thorough testing and maintenance protocol to ensure continuous, 24-hour operation.

### Video Surveillance System: Surveillance Records

All surveillance recordings will be archived for a minimum of 90 days or longer at the request of law enforcement to assist with the completion of any audit, inspection, or investigation. Surveillance logs will be maintained that include employees who monitor the surveillance system, remove and store surveillance data, and destroy recordings after the required archive period has expired. Surveillance data is subject to regulatory inspection

and will be made available to the local Chief of Police, authorized regulatory agents, or law enforcement officers immediately upon request.

### Video Surveillance System: System Backup

A video surveillance system will be installed and operated to monitor all critical control activities of the cannabis business and will be in working order and operating at all times Kush Medicinal LLC shall provide access for remote viewing by the Commission. This system shall be approved by the Commission before license issuance. The aforementioned video cameras and data storage devices will be equipped with a failure notification so that any problem with recording or data storage can be immediately addressed to ensure a complete archive of required footage. Surveillance system cameras and recording equipment will be installed on a network with a transmission control protocol (TCP) so that real-time live footage can be remotely accessed through the Internet by the local Chief of Police and other local or state law enforcement upon request. The original tapes or digital pictures produced by this system shall be stored in a safe place with a 30-day archive.

### 19.5 Facility Perimeter Barrier

Any facility owned by the company at which medical cannabis is maintained, except a dispensing site, the company will surround the perimeter of such facility with a sufficient fence or barrier to prevent access by unauthorized persons and must have sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn or at any other time when ambient lighting requires enhancement to permit the identification of individuals and activities upon or immediately adjacent to the premises. Indoor premises must likewise be sufficiently lit to allow for the identification of individuals and activities.

### 19.6 Facility Exterior Doors

Exterior doors of each facility operated by the Applicant will be designed or reinforced to withstand unlawful forcible entry; exterior doors shall remain locked against outside intruders at all times, while allowing free egress by the facility's occupants in the event of

an emergency; doors will permit ingress to employees and other appropriate persons (other than patients and caregivers) only by means of a keycard or other similar electronic access device. Patients and caregivers will be granted access by Dispensary personnel only upon showing a valid, unexpired and unrevoked medical cannabis card.

#### 19.7 Facility Exterior Walls

The exterior walls of each facility operated by the Applicant will be reinforced to withstand unlawful forcible entry. Windows, likewise, will be reinforced to prevent breakage by outside intruders. Additionally, following 583-x-8-.05(3)(m)(7), a dispensary site will be housed (A) in a stand-alone building or (B) within a multi-use structure, strip mall or other such retail facility; the area occupied by the dispensary site is not to be accessible to or used by neighboring businesses, other tenants or others not employed by the company. To the extent that the dispensary site is housed within a multi-use structure, strip mall or other such retail facility, the dispensary site will be self-contained, or at a minimum, segregated from other businesses and activities being conducted in the multi-use structure, strip mall or other such retail facility by separate points of ingress and egress or, at a minimum, separately keyed and electronically protected entryways accessible only to employees of the company; patients and caregivers; AMCC representatives and their guests; representatives of other licensees; vendors, cleaning crew personnel, and repair workers carrying out business-related functions on the premises; representatives of the lessor during routine inspections or similar circumstances warranting a physical visit to the premises; or other appropriate individuals.

# 19.8 Facility Security

The company ensures that there will be at least one security officer at each facility, 24 hours per day and seven days per week, where company dispensing facilities will maintain sufficient staffing of security guards at each facility where cannabis and medical cannabis is present to reasonably ensure the safety of the products stored therein; however, the company will provide, at a minimum, one (1) security guard per facility during the facility's business/operating hours. Security officers will be responsible for visitor management, surveillance, managing all video surveillance and alarm systems, providing a safe working

environment for all staff, and ensuring a safe and secure environment for customers. Kush Medicinal LLC will implement appropriate security and safety measures to deter the theft of cannabis and prevent unauthorized entrance into areas containing cannabis, including the continuous presence of security staff, in addition to adequate lighting, video surveillance, and alarm systems, which will also discourage unauthorized entry, loitering, and other activity in or in the vicinity of facilities to prevent cannabis theft or diversion. Onsite security officers will be contracted through a vetted third-party local security firm that is licensed. Security officers will be properly trained and hold a currently valid occupational license.

#### **Qualifications of Security Personnel**

Kush Medicinal LLC's Safety and Security Plan will be immensely valuable to the staff and patients. The company will train and manage the trusted 3rd party security staff across the organization on core company values.

The CSO will be responsible for overseeing the design, set up, and implementation of all security processes, procedures, and systems; communicating with law enforcement in the event a situation requires; training the security team - initially and on an ongoing basis; implementing a diversion prevention plan; supervising the transportation team, which includes coordinating distribution and delivery; managing the employee and visitor policies and procedures, and all alarm systems and video and in-person surveillance.

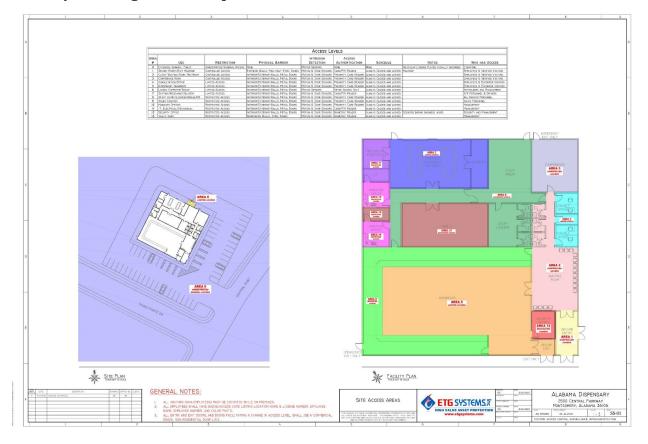
#### 19.9 Facility Access Controls

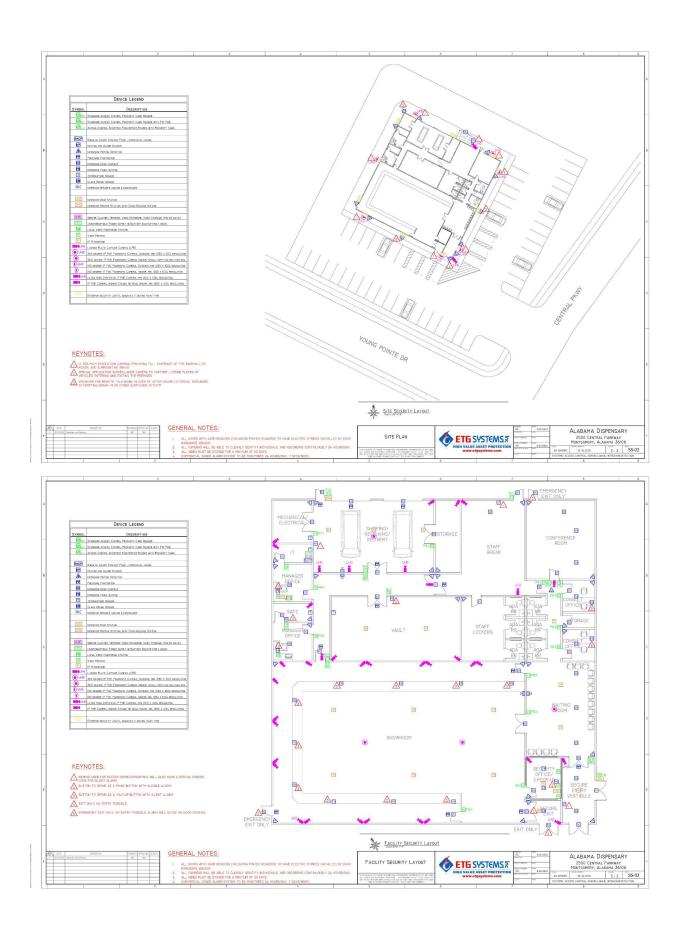
Strict access controls will protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored – in a secured, locked room or vault. Secured storage areas will be constructed of steel-reinforced concrete masonry blocks on all walls and ceilings and will be climate-controlled to prevent product degradation. Air intake to the facility and storage areas will be filtered to avoid the intrusion of pests that may cause product deterioration. All currency and cannabis, including quarantine and waste cannabis, will be kept in a steel safe or vault with an Underwriters Laboratory (UL) Group 1 rating. Vaults and safes will have doors secured by an outside combination lock and pin code and

will only be accessible by identified Type 1 Key Employees. Vault doors will be attached to steel-reinforced concrete or similar masonry at least eight inches thick. Safes will be bolted or cemented to the floor or wall so they cannot be readily removed. Vaults and safes will be secured with a commercial-grade combination pin code reader for authorized personnel to enter. The combination will be changed at irregular intervals not to exceed 90 days. A log of all safe/vault entries and code changes will be maintained with the security records. Designated storage areas for cannabis, including separated areas for in-process materials and waste, will be located in limited access areas to prevent cross-contamination and product diversion. Kush Medicinal LLC will strictly limit the number of individuals accessing cannabis storage areas to the minimum number necessary.

Storage areas will be maintained in a clean and orderly condition, be free of infestation by pests or vermin, and have adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions to ensure the safety and quality of stored cannabis. Cannabis will be stored in containers that are non-reactive and non-absorptive and that are located off of the floor. Storage areas will have automatic lighting that turns on when employees are present but is otherwise turned off to limit product exposure to light and reduce energy consumption. Cannabis storage areas will also be climate controlled to ensure adequate ventilation, limit daily temperature fluctuations, and maintain ideal humidity levels to protect the product quality and prevent mold growth. Storage climate will be controlled by an automated control system for the facility's HVAC system. The automated control system will record and log temperature, humidity, and other data collected by electronic sensors to verify stable target storage conditions, and alarms will notify personnel of deviations from 7 monitored conditions. Temperature, humidity, and other data collected will be stored per Kush Medicinal LLC's recordkeeping policies.

# **Security Drawings of the Proposed Location**





#### 19.10 Cash Movement Protocols

The company will establish protocols for beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas, as well as a plan for maintaining security of daily cash on hand at all times. Facility storage policies are designed to ensure all cannabis and cash or currency are protected from diversion, theft, loss, and degradation. Secure storage for cannabis inventory and currency will be located in limited access areas, including refrigeration for perishable cannabis products.

# 19.11 Medical Cannabis Card Access Requirement

Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, are not allowed inside a company dispensing site. All visitors will be required to sign a visitor's logbook, which will be stored and managed per our recordkeeping policies.

#### 19.12 Recordkeeping

Records, whether electronic or manual, will be kept of all persons on the premises at a facility at all times, including employees, vendors, transporters or other licensees, and all official visitors, recording each individual's name, the date and time of ingress and egress, and (as to non- employees) the reason for their presence. Records will be kept for a minimum of two years, and longer at the request of the Commission or law enforcement. Each visitor will also be issued a uniquely numbered visitor's badge that will be displayed at all times while on the licensed premises. All visitors will be accompanied throughout the facility by an employee and monitored to prevent theft or diversion of cannabis, with one employee not escorting or monitoring more than five visitors.

#### **Diversion Prevention Plan**

Preventative measures protect Kush Medicinal LLC's most essential assets: those working there. As a preventive strategy, cannabis diversion will be managed by implementing proper inventory control. The first step toward preventing diversion involves a strong inventory control system that is audited and maintained regularly. Kush Medicinal LLC will conduct a comprehensive inventory of all cannabis at its facility. After that, comprehensive

inventory audits will be conducted without notice and before, during, and after an investigation. Such comprehensive inventories will account for all cannabis in possession of the facility, including damaged, defective, expired, or contaminated cannabis awaiting disposal. During ongoing operations, inventory audits will be conducted periodically, no less frequently than once per month, to account for all stored, usable, and unusable cannabis. Such audits will reconcile the physical cannabis inventory with the inventory recorded.

#### 19.13 Employee Identification Badges

As required, employees will be required to visibly wear an above-the-shirt employee identification badge containing a current employee photo and their name and employee type. This badge will be issued upon hire and returned to Kush Medicinal LLC upon separation from the company.

#### 19.14 Visitor Pass

Visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives will wear a "visitor pass" or "AMCC Official" pass, as applicable, at all times while on the premises. Visitors, including approved contractors and vendors, will be required to enter through an identified visitor's entrance, where they will be screened and checked in. The company will keep access from the outside to a minimum.

# 19.15 Theft / Loss Reporting

In the event of an unlawful security breach, the company will maintain, review and update policies to report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.

#### 19.16 Security Plan Verification

Per **583-x-8-.05(3)(m)(16)**, upon request, the company will make available to the Commission or its inspectors all information relating to security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video

footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, and any other security-related information deemed relevant by the Commission or its inspectors.

# **19.17 Signage**

For signage per **583-x-8-.05(3)(m)(18)**, the company will prominently display at each entrance point to a dispensing site and in at least one location in the sales area of the dispensing site signs stating as follows: "WARNING: This facility is monitored at all times using audio and video surveillance. Entry to this business and purchases within are strictly prohibited except as to registered patients and caregivers presenting valid identification as required by law."

#### Conclusion

The essential asset for Kush Medicinal LLC to protect is their employees and the consumers who will enjoy their products. Robust standard operating procedures, well-trained staff prepared for various emergencies, and a strong security culture throughout the facility's design ensure the safety of everyone involved. These standards allow the company to fulfill its corporate duty to create a secure business model.

Exhibit 19 - Security Plan (Opelika Facility)

#### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

The corporate duty of Kush Medicinal LLC is to ensure that no security breaches occur at any of its permitted facilities. They will provide effective controls and procedures to guard against unauthorized access to the premises or the business's electronic systems, theft, and diversion of cannabis. These systems will include systems to protect against tampering with electronic records. To this end, Kush Medicinal LLC's Security Plan will consist of a comprehensive suite of controls and procedures integrated with best-in-class physical and technological security infrastructures to guard against intrusions and tampering with its physical facilities and electronic systems or records. These safeguards will all fully comply with Section 19 and Ala. Code § 20-2A 583-x-8-.05(3)(m)

#### **Security Plan**

#### 19.1 Twenty-Four-Hour Alarm Systems

24-hour alarm systems will be installed in all facilities where cannabis or medical cannabis products are present. Such alarms will be provided and installed by experts in industry-standard commercial-grade alarm systems. Alarm systems will be fully operational, securing all entry points and perimeter windows, be equipped with motion detectors and pressure switches, and will cover all areas where cannabis or medical cannabis products are delivered, received, handled, stored, prepared, dispensed or sold.

#### 19.2 Reception Area / Personnel Adjacent Alarms

Motion detectors, door status sensors, and glass-break detectors, as applicable, will be instituted for the following areas: areas of ingress and egress, including exterior doors and windows, emergency exits, and loading bays; rooms with exterior walls; mechanical air ventilation systems entrances; limited-access areas; and cannabis storage areas. Reception areas and personnel adjacent to ingress and egress points will have ready access to ready

access to duress panic and hold-up alarms that may be activated in the event of access by unauthorized personnel or intruders.

#### 19.3 Broadcast Communication Devices

The company will confine with the following: Broadcast communication devices (cell phones, intercom equipment or the like) will be carried by each employee or installed in all areas of each facility designed for regular access by humans under **19.3(a)**. Per **19.3(b)**, devices will be accessible for communication by all personnel at all times, and particularly at perimeter ingress/egress stations, facility reception areas, and the security office. Lastly, devices will be capable of providing information with sufficient clarity to be heard and understood by all personnel and visitors within earshot of the employee receiving the communication following **19.3(c)**.

# 19.4 Audio / Video Surveillance Systems

The company, at each of its facilities, will maintain an audio/video surveillance system that will be in continuous operation 24 hours per day. Cameras will be fixed in place covering both the interior and exterior of the facility, in such quantity, with such lighting, and at such a resolution to allow for the clear identification of individuals and activities in all reasonably accessible areas of the premises, including but not limited to all entrances, exits, parking lots, and any area where cannabis or medical cannabis is delivered, received, handled, stored, prepared, dispensed, or sold. Audio/Video surveillance recordings will clearly and accurately display the time and date. Audio recordings will clearly and accurately capture sound within camera range at a level of 20 decibels or greater. Audio/Video surveillance records will be kept for a minimum of 60 days, and longer upon the request of the Commission, its inspectors, or any law enforcement personnel. Audio/Video recordings potentially reflecting an incident of actual or attempted diversion will be kept for at least two years, or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the actual or attempted diversion. The video surveillance system will be installed to prevent the loss, theft, or diversion of cannabis and ensure proper inventory controls in the facility's interior and exterior. Kush Medicinal LLC will contract with a licensed third-party security company, which the facility

manager will oversee to ensure all aspects of the surveillance system are professionally selected and installed for maximum and uninterrupted coverage. Kush Medicinal LLC will equip interior and exterior premises with electronic monitoring, video cameras, and panic buttons. We will ensure these systems are in working order and operating at all times, with remote viewing by the Commission.

# **Video Surveillance System: Ensuring Continuous Power**

In the event of a failure of the security alarm system due to a loss of electrical support or mechanical malfunction that is expected to last longer than eight hours, uninterrupted power supply units will provide continuous power to all electronic equipment and will be backed up by a diesel or natural gas generator to provide over 48 hours of continuous operation in the event of a power outage. To account for mechanical malfunctions of cameras, Kush Medicinal LLC will provide alternative security measures approved by the Commission or close the authorized physical addresses impacted by the failure or malfunction until the security alarm system is restored to full operation. Spare surveillance cameras will be securely stored in the security office to replace faulty cameras within eight hours of failure. Servers will employ redundant power supplies with resilient data drives and scalable high-density storage architecture, multiple-path network interfaces, virtualized environments for failover capabilities, and other enterprise-level features to provide uninterrupted processing and storage. Kush Medicinal LLC will implement security measures that protect the premises, consumers, and cannabis business personnel. Safety and security alarms will be maintained in good working order, and a thorough testing and maintenance protocol to ensure continuous, 24-hour operation.

# Video Surveillance System: Surveillance Records

All surveillance recordings will be archived for a minimum of 90 days or longer at the request of law enforcement to assist with the completion of any audit, inspection, or investigation. Surveillance logs will be maintained that include employees who monitor the surveillance system, remove and store surveillance data, and destroy recordings after the required archive period has expired. Surveillance data is subject to regulatory inspection

and will be made available to the local Chief of Police, authorized regulatory agents, or law enforcement officers immediately upon request.

# Video Surveillance System: System Backup

A video surveillance system will be installed and operated to monitor all critical control activities of the cannabis business and will be in working order and operating at all times Kush Medicinal LLC shall provide access for remote viewing by the Commission. This system shall be approved by the Commission before license issuance. The aforementioned video cameras and data storage devices will be equipped with a failure notification so that any problem with recording or data storage can be immediately addressed to ensure a complete archive of required footage. Surveillance system cameras and recording equipment will be installed on a network with a transmission control protocol (TCP) so that real-time live footage can be remotely accessed through the Internet by the local Chief of Police and other local or state law enforcement upon request. The original tapes or digital pictures produced by this system shall be stored in a safe place with a 30-day archive.

#### 19.5 Facility Perimeter Barrier

Any facility owned by the company at which medical cannabis is maintained, except a dispensing site, the company will surround the perimeter of such facility with a sufficient fence or barrier to prevent access by unauthorized persons and must have sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn or at any other time when ambient lighting requires enhancement to permit the identification of individuals and activities upon or immediately adjacent to the premises. Indoor premises must likewise be sufficiently lit to allow for the identification of individuals and activities.

#### 19.6 Facility Exterior Doors

Exterior doors of each facility operated by the Applicant will be designed or reinforced to withstand unlawful forcible entry; exterior doors shall remain locked against outside intruders at all times, while allowing free egress by the facility's occupants in the event of

an emergency; doors will permit ingress to employees and other appropriate persons (other than patients and caregivers) only by means of a keycard or other similar electronic access device. Patients and caregivers will be granted access by Dispensary personnel only upon showing a valid, unexpired and unrevoked medical cannabis card.

#### 19.7 Facility Exterior Walls

The exterior walls of each facility operated by the Applicant will be reinforced to withstand unlawful forcible entry. Windows, likewise, will be reinforced to prevent breakage by outside intruders. Additionally, following 583-x-8-.05(3)(m)(7), a dispensary site will be housed (A) in a stand-alone building or (B) within a multi-use structure, strip mall or other such retail facility; the area occupied by the dispensary site is not to be accessible to or used by neighboring businesses, other tenants or others not employed by the company. To the extent that the dispensary site is housed within a multi-use structure, strip mall or other such retail facility, the dispensary site will be self-contained, or at a minimum, segregated from other businesses and activities being conducted in the multi-use structure, strip mall or other such retail facility by separate points of ingress and egress or, at a minimum, separately keyed and electronically protected entryways accessible only to employees of the company; patients and caregivers; AMCC representatives and their guests; representatives of other licensees; vendors, cleaning crew personnel, and repair workers carrying out business-related functions on the premises; representatives of the lessor during routine inspections or similar circumstances warranting a physical visit to the premises; or other appropriate individuals.

# 19.8 Facility Security

The company ensures that there will be at least one security officer at each facility, 24 hours per day and seven days per week, where company dispensing facilities will maintain sufficient staffing of security guards at each facility where cannabis and medical cannabis is present to reasonably ensure the safety of the products stored therein; however, the company will provide, at a minimum, one (1) security guard per facility during the facility's business/operating hours. Security officers will be responsible for visitor management, surveillance, managing all video surveillance and alarm systems, providing a safe working

environment for all staff, and ensuring a safe and secure environment for customers. Kush Medicinal LLC will implement appropriate security and safety measures to deter the theft of cannabis and prevent unauthorized entrance into areas containing cannabis, including the continuous presence of security staff, in addition to adequate lighting, video surveillance, and alarm systems, which will also discourage unauthorized entry, loitering, and other activity in or in the vicinity of facilities to prevent cannabis theft or diversion. Onsite security officers will be contracted through a vetted third-party local security firm that is licensed. Security officers will be properly trained and hold a currently valid occupational license.

## **Qualifications of Security Personnel**

Kush Medicinal LLC's Safety and Security Plan will be immensely valuable to the staff and patients. The company will train and manage the trusted 3rd party security staff across the organization on core company values.

The CSO will be responsible for overseeing the design, set up, and implementation of all security processes, procedures, and systems; communicating with law enforcement in the event a situation requires; training the security team - initially and on an ongoing basis; implementing a diversion prevention plan; supervising the transportation team, which includes coordinating distribution and delivery; managing the employee and visitor policies and procedures, and all alarm systems and video and in-person surveillance.

#### 19.9 Facility Access Controls

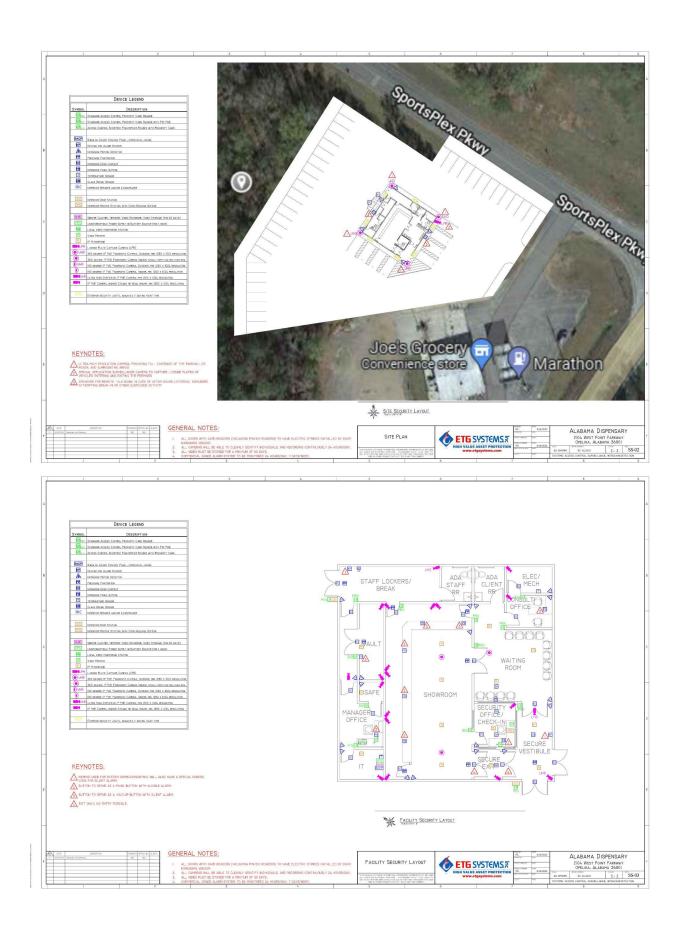
Strict access controls will protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored – in a secured, locked room or vault. Secured storage areas will be constructed of steel-reinforced concrete masonry blocks on all walls and ceilings and will be climate-controlled to prevent product degradation. Air intake to the facility and storage areas will be filtered to avoid the intrusion of pests that may cause product deterioration. All currency and cannabis, including quarantine and waste cannabis, will be kept in a steel safe or vault with an Underwriters Laboratory (UL) Group 1 rating. Vaults and safes will have doors secured by an outside combination lock and pin code and

will only be accessible by identified Type 1 Key Employees. Vault doors will be attached to steel-reinforced concrete or similar masonry at least eight inches thick. Safes will be bolted or cemented to the floor or wall so they cannot be readily removed. Vaults and safes will be secured with a commercial-grade combination pin code reader for authorized personnel to enter. The combination will be changed at irregular intervals not to exceed 90 days. A log of all safe/vault entries and code changes will be maintained with the security records. Designated storage areas for cannabis, including separated areas for in-process materials and waste, will be located in limited access areas to prevent cross-contamination and product diversion. Kush Medicinal LLC will strictly limit the number of individuals accessing cannabis storage areas to the minimum number necessary.

Storage areas will be maintained in a clean and orderly condition, be free of infestation by pests or vermin, and have adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions to ensure the safety and quality of stored cannabis. Cannabis will be stored in containers that are non-reactive and non-absorptive and that are located off of the floor. Storage areas will have automatic lighting that turns on when employees are present but is otherwise turned off to limit product exposure to light and reduce energy consumption. Cannabis storage areas will also be climate controlled to ensure adequate ventilation, limit daily temperature fluctuations, and maintain ideal humidity levels to protect the product quality and prevent mold growth. Storage climate will be controlled by an automated control system for the facility's HVAC system. The automated control system will record and log temperature, humidity, and other data collected by electronic sensors to verify stable target storage conditions, and alarms will notify personnel of deviations from 7 monitored conditions. Temperature, humidity, and other data collected will be stored per Kush Medicinal LLC's recordkeeping policies.

# **Security Drawings of the Proposed Location**





#### 19.10 Cash Movement Protocols

The company will establish protocols for beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas, as well as a plan for maintaining security of daily cash on hand at all times. Facility storage policies are designed to ensure all cannabis and cash or currency are protected from diversion, theft, loss, and degradation. Secure storage for cannabis inventory and currency will be located in limited access areas, including refrigeration for perishable cannabis products.

# 19.11 Medical Cannabis Card Access Requirement

Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, are not allowed inside a company dispensing site. All visitors will be required to sign a visitor's logbook, which will be stored and managed per our recordkeeping policies.

#### 19.12 Recordkeeping

Records, whether electronic or manual, will be kept of all persons on the premises at a facility at all times, including employees, vendors, transporters or other licensees, and all official visitors, recording each individual's name, the date and time of ingress and egress, and (as to non- employees) the reason for their presence. Records will be kept for a minimum of two years, and longer at the request of the Commission or law enforcement. Each visitor will also be issued a uniquely numbered visitor's badge that will be displayed at all times while on the licensed premises. All visitors will be accompanied throughout the facility by an employee and monitored to prevent theft or diversion of cannabis, with one employee not escorting or monitoring more than five visitors.

#### **Diversion Prevention Plan**

Preventative measures protect Kush Medicinal LLC's most essential assets: those working there. As a preventive strategy, cannabis diversion will be managed by implementing proper inventory control. The first step toward preventing diversion involves a strong inventory control system that is audited and maintained regularly. Kush Medicinal LLC will conduct a comprehensive inventory of all cannabis at its facility. After that, comprehensive

inventory audits will be conducted without notice and before, during, and after an investigation. Such comprehensive inventories will account for all cannabis in possession of the facility, including damaged, defective, expired, or contaminated cannabis awaiting disposal. During ongoing operations, inventory audits will be conducted periodically, no less frequently than once per month, to account for all stored, usable, and unusable cannabis. Such audits will reconcile the physical cannabis inventory with the inventory recorded.

# 19.13 Employee Identification Badges

As required, employees will be required to visibly wear an above-the-shirt employee identification badge containing a current employee photo and their name and employee type. This badge will be issued upon hire and returned to Kush Medicinal LLC upon separation from the company.

#### 19.14 Visitor Pass

Visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives will wear a "visitor pass" or "AMCC Official" pass, as applicable, at all times while on the premises. Visitors, including approved contractors and vendors, will be required to enter through an identified visitor's entrance, where they will be screened and checked in. The company will keep access from the outside to a minimum.

# 19.15 Theft / Loss Reporting

In the event of an unlawful security breach, the company will maintain, review and update policies to report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.

#### 19.16 Security Plan Verification

Per **583-x-8-.05(3)(m)(16)**, upon request, the company will make available to the Commission or its inspectors all information relating to security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video

footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, and any other security-related information deemed relevant by the Commission or its inspectors.

# **19.17 Signage**

For signage per **583-x-8-.05(3)(m)(18)**, the company will prominently display at each entrance point to a dispensing site and in at least one location in the sales area of the dispensing site signs stating as follows: "WARNING: This facility is monitored at all times using audio and video surveillance. Entry to this business and purchases within are strictly prohibited except as to registered patients and caregivers presenting valid identification as required by law."

#### Conclusion

The essential asset for Kush Medicinal LLC to protect is their employees and the consumers who will enjoy their products. Robust standard operating procedures, well-trained staff prepared for various emergencies, and a strong security culture throughout the facility's design ensure the safety of everyone involved. These standards allow the company to fulfill its corporate duty to create a secure business model.

# **Redaction Grounds and Authority**

Per the United States District Court of the Northern District of Alabama, found on the website (<a href="https://www.alnd.uscourts.gov/proper-redaction-techniques">https://www.alnd.uscourts.gov/proper-redaction-techniques</a>) accessed on 12/30/2022, Federal Rule of Civil Procedure 5-2, for example, restricts the filing (either e-filing or manual filing) of certain personal data to:

- Last 4 digits of a social-security or taxpayer ID number;
- Year of an individual's birth (not month or day);
- Minor's initials;
- Last 4 digits of a financial-account number.

Other types of information appropriate for redaction include:

- Medical information;
- Trade secrets;
- Sensitive security information;
- Other forms of unique identifiers, such as home addresses.
- Any security plans.

# **Exhibit 20 - Personnel**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# FORM G: PERSONNEL ROSTER & VERIFICATION

Business License Applicant Nar	me	License Type
		(30) days prior to the date of application, the Applicant. Attach additional forms if
Leader/Employee Name		Title/Position
SSN	Telephone	 Email
Street Address		
City	State	Zip
Leader/Employee Name		Title/Position
SSN	Telephone	Email
Street Address		
City	State	Zip
Leader/Employee Name		Title/Position
SSN	Telephone	Email
Street Address		
City	State	Zip

Leader/Employee Name		Title/Position
SSN	 Telephone	 Email
Street Address		
City	State	Zip
Leader/Employee Name		Title/Position
SSN	Telephone	 Email
Street Address		
City	State	Zip
Leader/Employee Name		Title/Position
SSN	Telephone	Email
Street Address		
City	State	Zip
Leader/Employee Name		Title/Position
SSN	Telephone	Email
Street Address		
City	 State	

License Type: Dispensary Title/Position Leader/Employee Name SSN Telephone Email **Street Address** City State Zip Leader/Employee Name Title/Position SSN Telephone Email **Street Address** City Zip State Leader/Employee Name Title/Position SSN Telephone Email **Street Address** City Zip State undergo appropriate pre-employment background checks.

**Applicant Verification**: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual listed hereinabove (and attached, as necessary) will be registered to the AMCC website and will

Printed Name of Verifying Individual Title of Verifying Individual Toral Patel Signature of Verifying Individual Verification Date

Form G: Personnel Roster & Verification Page 3

# **Exhibit 21 - Business Leadership Credentials**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: Completed

#### Introduction

Forming a thriving business requires the assembly of a talented network with key individuals demonstrating their skills in a combination of their education, experience, and expertise. As enterprises begin to root, this will be paramount and evident in the company's leadership team. It will be of the utmost importance to the company to vet all prospective employees based on their qualifications and credentials to ensure the utmost success of the business. Additionally, as this is a pioneering new sector in the state of Alabama, to ensure mutual success and cooperation between the company and the Commission, to provide detailed job descriptions of each role involved in the process of medical cannabis. Additionally, the company orchestrating this new industry in Alabama will be a long-term facility, ideally retaining talented employees for lengthy careers. It is with due diligence that a five-year hiring plan will be included with this application.

# 21.1 Curriculum Vitae Kush Medicinal LLC - Demonstrated Leadership Education and Experience, Including all Scientists and Engineers

A curriculum vitae for the company is provided below, which demonstrates the company's leadership skills, education, experience, inclusive of all scientists and engineers employed at each facility.

The Chief Executive Officer (CEO) is responsible for maintaining the strategic direction and development of the overall business operations. In essence, the CEO's primary responsibilities entail making day-to-day management decisions and implementing the company's short- and long-term goals. The CEO bears significant accountability, commitment, and authority within the company, which inherently makes them responsible for the organization's direction, mission, and vision. In addition, the CEO acts as a direct liaison between company managers and the Board of Executives, which can involve representing the company to government authorities, stakeholders, public entities, shareholders, and employees. Other interactions a CEO will have are between the company

President, Compliance Officer, Chief Operations Officer, Chief Financial Officer, General Counsel, and Administrator to ensure the company directives are being met within set budgets and timelines.

CEO Rinaben Patel has a Bachelor of Education and Master of Arts and History. She is also a successful entrepreneur who owns and manages three companies, and has over six years of experience at improving operations through efficiency updates, cost control strategies, and profit management optimization. As the owner/manager of BPS One Stop store, Z Threading and Spa, and Clandon Petro convenience and liquor store, Patel was responsible for compliance and training, and increased accuracy and reduced risk by documenting and enforcing company policies. She mentored employees on quality service delivery, resulting in improved customer loyalty and retention, while maintaining daily operational strategy, applying business acumen and industry-specific knowledge with skills that will be highly applicable to the medical cannabis industry. Rinaben will be responsible for day to day operations at the medical cannabis dispensary.

The Chief Operations Officer (COO) is responsible for overseeing the overall operation of the facility with a primary focus on her relationship with vendors, employees, and community members. Some of the key duties of a Chief Operations Officer include working directly with the other executives to manage day-to-day operations, guiding director-level employees in managing team members, and maintaining accountability for the facility's total production (e.g., record keeping, patient confidentiality, security, facility cleanliness). Toral Patel is the COO of the company, and has a passion for helping people improve their state of wellness. Patel received both her B.A. in Biology from Rutgers University and her Doctorate in Physical Therapy from New York Institute of Technology. Dr. Patel is an experienced executive who is passionate about helping people achieve an active lifestyle. She has owned her own physical therapy office, nurturing a successful business since 2013. Dr. Patel treats patients from all ages and backgrounds with passion and professionalism. She understands the importance of becoming a real member of the community by providing free arthritis awareness/pain management in-service presentations at economically disadvantaged areas such as Plainfield senior center and Jersey city adult day

care centers. Dr. Patel's extensive experience in business operations, biology, physical therapy, wellness practices, and client management and care will allow her to excel in the medical cannabis trade. Dr. Patel will be responsible for training, management, and company strategies related to the dispensary, and driving profitability. Additionally, she will work as a community liaison by becoming a contributing member of the surrounding area, and ensuring the company's success as a source of tax revenue for the State of Alabama.

Furthermore, Dr. Patel is the Chief Compliance Officer of Silverleaf Wellness LLC, a licensed medical cannabis dispensary operator in the State of New Jersey. Owing to Dr. Patel's prior experience in the licensed medical cannabis dispensing industry, she will serve to ensure that Kush Medicinal LLC dispenses high-quality medical cannabis to qualifying Alabama patients in a wholly compliant manner.

The Chief Financial Officer (CFO) is accountable for the financial, administrative, and risk management operations of an organization, which would involve developing operation and financial strategies, the metrics tied to the process, and ongoing monitoring and development of control systems designed to preserve company assets. This position will ensure the accuracy of all financial reporting, the adequacy of internal accounting controls, and compliance with all state department requirements. Other key responsibilities of this position will include overseeing employee benefit plans, implementing financial, operational best practices, and supervising tax or human resource operations associated with the company's economic well-being.

CFO Mitalbahen Patel is an accomplished business owner with 15+ years of hands on experience in business development, key accounts management and strategic relationship development. She has a proven history of running multiple businesses, driving significant revenue growth, and profitability within highly competitive markets. She will be responsible for staying compliant with applicable federal, state, and county tax and any other relevant regulations. Under **26 U.S.C. s.280E (280E)**, no deduction or credit shall be allowed for any amount paid or incurred during the taxable year in carrying on any trade

or business if such work or business (or the activities which comprise such trade or business) consists of trafficking in controlled substances, within the meaning of Schedule I and II of the Controlled Substances Act (CSA), which is prohibited by Federal law or the law of any State in which such trade or business is conducted. Under Federal law, cannabis remains classified as a Schedule I controlled substance under the **CSA**, **21 U.S.C. §§ 801 et seq.** Although Alabama has established local laws and policies that permit cannabis-related activities as a Schedule I controlled substance, Patel is prepared to navigate federal laws, including 280E, that impact tax filing.

The Chief Compliance Officer (CCO) will ensure that the dispensary facility remains in strict compliance with all relevant regulatory requirements. In essence, the Chief Compliance Officer will interface with local state agencies to interpret state laws, apply them to the facility operations, and communicate all compliance developments to appropriate staff. Other duties of the Chief Compliance Officer will include overseeing the regular inspection of facilities and evaluation whether they follow Standard Operating Procedures, working directly with the controller personnel and security to ensure cross-functional adherence to all regulations, and reporting the status of facility regulatory compliance in all appropriate staff.

CCO Adam Dalton Adam began his career as a Client Manager at the International Dark-Sky Association. In the aforementioned role, held since 2018, Adam led over 200 multinational land managers through complex certification processes aimed at reducing light pollution globally and influenced global and domestic lighting policies in numerous jurisdictions and agencies. He has formally presented at the Taiwanese Legislative Yuan, the New Zealand Parliament, and within numerous other jurisdictional capacities. Educationally, Adam holds a Master of City and Metropolitan Planning degree from the University of Utah, at Utah he specialized in ecological planning and interdisciplinary sustainability. As an undergraduate, Adam attended Grinnell College, where he double-majored in Economics and Mandarin Chinese.

As the VP of Operations of the internationally recognized cannabis consulting firm, 3C Consulting, Dalton experiences day-to-day operations in diverse facets of the ever-changing multinational cannabis industry. This has allowed Adam to attain a tremendous personal knowledge base, which he is able to utilize to every client's advantage. Through his extensive body of work with multinational stakeholders in a primarily remote workspace, along with his knowledge of public policy, client management procedures, technical writing, and real estate economics, Adam was able to support 3C as part of a select team of professionals as a client management specialist and application preparation developer. Experiencing day-to-day operations in diverse facets of the ever-changing multinational cannabis industry has allowed Dalton to attain a tremendous personal knowledge base, which he is able to utilize to every client's advantage.

The Vice President of Operations (VPO) oversees day-to-day operations and aims to support growth within the company. A VPO's chief responsibilities include goal-setting and strategic planning, directing operations, and ensuring the executive team's visions are implemented and executed. In addition, the VPO is responsible for keeping the organization on track and ensuring all deadline expectations are met. The VPO must have strong communication skills—both verbal and written—to effectively implement and execute a VPO's essential duties.

When California introduced Adult-Use cannabis legislation in 2016, VPO Sergio Barraza-Ingstrom left a career in education and technology based in China (Beijing and Hong Kong) for a chance to begin a new bonafide industry. Through his persistence and key insights, Sergio soon launched his own consulting company focused on cannabis licensing in California, working with major brands on applications in early desert cities such as Cathedral City, Desert Hot Springs, and Palm Springs while also winning coveted licenses in West Hollywood and Union City and Hayward in the Bay.

He joined 3C in 2018, expanding his repertoire from just California to 42 different states and 27 different countries. Since joining, Sergio has secured lucrative licenses for clients in locations such as Portugal, Illinois, New Jersey, California, and many others. Sergio is an

expert in licensing, business processes, and financial modeling. In 2020, Sergio briefly left 3C to pursue an MBA in financial analytics and work as an interim Director of Finance for a cannabis nutrient start-up. After graduating in 2021, Sergio rejoined 3C's team and began taking the lead on financial modeling and capital raising. Sergio is a graduate of Phillips Exeter, Columbia, and the University of Cambridge.

## 21.2 Role of Every Leader, Scientist, and Engineer

Please see 21.1 for a detailed description on the role of every leader at the company.

Because it is a medical dispensary, no scientists or engineers will be hired in the next 5 years.

# 21.3 Five-Year Hiring Plan for Leaders, Scientists, and Engineers

The company does not plan to hire any additional leaders, scientists, or engineers in the next five years. The current leaders listed in **section 21.1** of this exhibit lists their qualifications, roles, and responsibilities planned for the dispensary.

#### Conclusion

Launching a new business is an exciting endeavor, even more so in a pioneering industry. However, it is imperative to start on the right foot, starting with evaluating and hiring qualified individuals to run operations is the first step to ensure that from cultivation to product use, nothing but the finest medical cannabis products are produced and sold to consumers. Additionally, by thoroughly addressing the roles and responsibilities of team members, there can be mutual assurance between the company and the Commission that the company's highly skilled staff will faithfully and professionally execute all job duties. Lastly, it is vital to consider that while this is a budding new sector within the state of Alabama, it will be established for the long term. Providing the Commission with our five-year hiring plan will reflect the growth and business the company anticipates to serve the consumer and have long-term careers for prospective employees.

# **Exhibit 22 - Employee Handbook**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

# Introduction

Employee Alarm Systems	3
Exit Routes and Emergency Planning	8
Shelter-in-Place	9
Basic First Aid	11
Hurricane/Tropical Storm Earthquakes	12
Flooding	14
Pandemic/COVID-19 Preparedness Plan	15
Training	16
Robbery	19
Active Shooter	23
Alcohol and Drug-Free Workplace	24
Emergency Aid	25
Cardiopulmonary Resuscitation (CPR)	27
Stab Wounds	31
Gunshot Wounds	32
How to Stop Bleeding	33
Cyber Security	33
Conclusion	34
Conclusion	34
	38

#### Introduction

The document below is a verified copy of the Applicant's proposed Employee Handbook and Emergency Action Plan (EAP), including safety policies, including personnel safety and crime prevention techniques. Kush Medicinal LLC has established this EAP to protect its employees and business in an emergency. Additionally, as per Section **5(a)(1) of the OSH Act of 1970**, the company will provide a workplace free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees and will comply with occupational safety and health standards promulgated under this Act. Employees must comply with all applicable safety and health standards, rules, regulations, and orders, including company procedures and safe work practices. Kush Medicinal LLC will maintain a written copy of this plan at each facility for employees to review; facilities with ten or fewer employees may communicate this plan orally.

This plan will include, at a minimum, procedures for reporting emergencies, and emergency evacuations, including exit route assignments, critical operations before evacuating and accounting for personnel after an evacuation. Also, it will identify the individuals to contact for more information about the plan. The company will designate and train employees to assist others in ensuring a safe and orderly evacuation. Kush Medicinal LLC will review this EAP with each affected employee; when the plan is developed or the employee is assigned initially to a job, their responsibilities change, and when the plan is changed.

# **Employee Handbook Summary**

A responsible company takes charge of ensuring the safety of all of its employees. Given the dynamics of the world, no one person or company is entirely immune from facing the daily challenges that have affected other companies and their employees in the past. Whether that is keeping employees and customers safe from violent situations, extreme weather events that can paralyze communities in an instant for prolonged periods, or navigating new challenges such as a global pandemic, it is the responsibility of the company to have designed a safe work environment and to have educated their employees to be prepared if ever necessary.

One significant component in assisting employees during an emergency is rooted in building design, ensuring that employees understand how to alert one another and safely exit the workplace or shelter in place. In an emergency, alerting employees about danger will be an essential first step in safe and planned evacuation. As technology chronically evolves, it will be critical keeping pace with the newest technology in updating alarm systems and making them visible throughout the company. If audible, distinctive, so all personnel recognize the alarm. In addition, there will be plans for authorities to contact in reporting an emergency by posting contact information in conspicuous locations.

Afterward, any damaged alarms will be replaced, and others will be reactivated so that all alarms are functioning and reset in the event of an additional emergency, all alarms are functioning and reset. Lastly, to ensure absolute reliability, the company will have reputable routine maintenance on all alarms to ensure absolute reliability.

In the design of the building, construction requirements will be satisfied to satisfy the fire code. They will adhere to the required fire rating applicable to the building code. They will only have the necessary number of openings to permit access to the exit(s) from occupied areas of the building. Any openings will have a self-closing fire door that either remains closed or automatically closes in the event of a fire alarm. Exit routes will be well-planned and marked following OSHA standards.

Following an emergency requiring evacuation is leaving the building in an organized manner. In order to do as such, individuals will be designated by the company as "evacuation wardens" to assist fellow employees from danger to a designated safe area in the event of an emergency. Designated safe areas will be designated as "assembly areas" where employees will exit in the event of an evacuation, and indoor assembly areas will have sufficient space to accommodate the capacity of each area. In these assembly areas, evacuation wardens will conduct a headcount, and any employees that cannot be accounted for will then be alerted to the proper supervisor.

The state of Alabama is in a unique position, geographically speaking, and is not immune from potential natural disasters such as hurricanes, flooding, earthquakes, or a pandemic.

In the event of a natural disaster, there will be regulations for sheltering in place and training that includes basic first aid.

Shelter-in-place will be defined as taking refuge in an interior room or rooms within the facility, preferably with no or few windows. Employees will be provided training to understand the importance of deciding whether to stay in place or move to another location. Multiple events could lead to the need to shelter in place, including, but not limited to, a hazardous incident, a person deemed a threat or extreme weather.

If the company's immediate medical facilities to treat injured employees are not accessible, there will be at least one person trained to administer first aid. On the company grounds, first aid supplies will be available and stocked with fresh supplies sufficient to cover most common injuries which would require first aid. First aid supplies will also include eye wash stations in appropriate locations.

Having operations in Alabama, hurricane season is a fact of life, and while severity varies on the storm cell and by location. The company will have an emergency plan in place to protect the employees. Weather will be consistently monitored, keeping accurate updates on the progression of the storm. If the event of a hurricane or tropical storm occurs while employees are on site, all first aid kits will be fully stocked, and the company will be prepared to communicate the emergency evacuation plan. This will vary on storm intensity, as will other assigned duties. Employees will be aware of which designated part of the building with as few windows as possible to head to during the storm, and once it has passed, a damage assessment will then be performed.

Earthquakes are not as prominent in Alabama as in other parts of the country. Nonetheless, an emergency plan will be developed by the company. Employees will be educated on the proper protocols on actions to take during an earthquake, and potential hazards in the company will be identified and rectified to minimize any possible injury. If an earthquake happens, employees will be instructed on which part of the building to take cover from any falling debris. A damage assessment will then be performed.

Flooding is a natural disaster that can occur anywhere at any time. Employee safety is the primary goal of the company, in addition, there will be established plans to minimize equipment loss so that the company can return to standard operations as soon as possible. Each location will be unique in its geography, with variables making it more or less prone to flooding. These factors will be routinely monitored.

2020 changed the world forever with the COVID-19 pandemic. The virus is still in our communities and is likely to have waves, especially as new virus variants develop. Additionally, while rare, the possibility of a new pandemic or outbreak is always on the horizon. Adherence to practical protocols will be essential in protecting the health and well-being of employees. The company will have policies and procedures in place to operate safely in the event of a pandemic, additionally when deemed appropriate to return to standard operating procedures.

Violent crime is an unfortunate event that has occurred across multiple communities in our nation. While some communities are more prone to experiencing violent crime than others, it is of great importance that the company has an emergency action plan to ensure the safety of employees and customers should the event occur. In the case of a robbery, the company will establish procedures for employees' safety and minimize loss with multiple safety measures in the design of the facility and in operating procedures. Employee safety will never be compromised and will work in compliance, never putting themselves in danger. It is recommended that if employees can identify any distinguishing features when safe to contact law enforcement. Additionally, if there is an active shooting situation, employee safety is the company's primary concern, and the company will train employees to adhere to stringent, proven federal guidelines.

There will be no tolerance for the use of drugs or alcohol on company premises. There will be established times for screening employees, such as pre-employment and times of reasonable suspicion. The company will assist employees who seek treatment.

Covering all listed potential emergencies, the company will offer training for emergency aid to employees, including first aid, cardiopulmonary resuscitation (CPR), knowledge on treating gunshot wounds (GSW), and stab wounds with all employees protected under the Good Samaritan Act. All training will be by well-respected and established guidelines.

Lastly, data breaches and malware attacks can have a devastating impact on a company. The company will develop various administrative and technical security measures to protect confidential data and its infrastructure.

### **Assignment of Responsibility**

Kush Medicinal LLC will designate an executive to manage its EAP upon licensure. They will also be responsible for maintaining all training records about this plan and scheduling routine tests of the emergency notification system with the appropriate authorities. Furthermore, the Emergency Plan Manager will be responsible for coordinating with local public resources, such as the fire department and emergency medical personnel, for ensuring that they are prepared to respond as outlined in this plan, including allowing emergency responders to walk through the facility to familiarize themselves with the layout of the structures, types, and volume of hazardous chemical storage. Other hazards they may encounter when responding. This EAP will include feedback from emergency responders.

Employees of Kush Medicinal LLC will be responsible for knowing the procedures outlined in this plan and appropriately acting upon them. Before an emergency, employees will become familiar with the contents of the company's EAP, who to report emergencies to, the designated evacuation routes, and the assigned meeting locations. Employees must assist the Emergency Response Team if requested, follow instructions on how and when to evacuate, report any emergencies such as a bomb threat or threats of violence to their supervisor immediately, and report immediately to their designated meeting location after evacuating the facility.

### **Employee Alarm Systems**

Kush Medicinal LLC's emergency employee alarms will be installed, maintained, tested, and inspected following 29 CFR §1910.165. The company ensures that employee alarm systems will provide warnings for necessary emergency action as called for in the EAP, for reaction time for the safe escape of employees from the workplace or the immediate work area, or both 29 CFR §1910.165(b)(1). Additionally, the alarm will be capable of being perceived above ambient noise or light levels by all employees in the affected portions of the workplace. Tactile devices will be used to alert those employees who would not otherwise be able to recognize the audible or visual alarm 29 CFR §1910.165(b)(2). Kush Medicinal LLC ensures that the alarm will be distinctive and recognizable as a signal to evacuate the work area or to perform actions designated under the EAP 29 CFR §1910.165(b)(3).

Per **29 CFR §1910.165(b)(4)**, employees will be notified of the preferred means of reporting emergencies, such as manual pull box alarms, public address systems, radio, or telephones. The company will post emergency numbers near telephones, employee notice boards, and other conspicuous locations when telephones serve to report emergencies. Where a communication system also serves as the employee alarm system, all emergency messages will have priority over all non-emergency messages. Also, the company will ensure that all devices, components, combinations of devices, or systems constructed and installed to comply with this standard are approved. Steam whistles, air horns, strobe lights or similar lighting devices, or tactile devices meeting the requirements of this section are considered to meet this requirement for approval 29 CFR §1910.165(b)(5). As stated in **29 CFR §1910.165(c)(1)**, Kush Medicinal LLC ensures that all devices, components, combinations of devices, or systems constructed and installed are approved and comply with **29 CFR §1910.165**; this includes all steam whistles, air horns, strobe lights or similar lighting devices, and tactile devices. In addition, as per 29 CFR §1910.165(c)(2), all employee alarm systems will be restored to normal operating conditions as promptly as possible after each test or alarm. Spare alarm devices and components subject to wear or destruction will be available in sufficient quantities and locations for prompt system restoration.

Kush Medicinal LLC also ensures that all employee alarm systems are maintained in operating condition except when undergoing repairs or maintenance 29 CFR §1910.165(d)(1). Non-supervised employee alarm systems will be tested for reliability and adequacy at least every two months. A different actuation device will be used in each test of a multi-actuation device system. No individual device is used for two consecutive tests 29 CFR §1910.165(d)(2).

The company will maintain or replace power supplies as often as necessary to ensure a fully operational condition. Back-up means of alarm, such as employee runners or telephones, will be provided when systems are out of service 29 CFR §1910.165(d)(3). Additionally, any employee alarm circuitry installed after January 1, 1981, capable of being supervised, is supervised and will provide positive notification to assigned personnel whenever a deficiency exists in the system. All supervised employee alarm systems will be tested annually for reliability and adequacy 29 CFR §1910.165(d)(4). All servicing, maintenance, and testing of employee alarms will be done by a person trained in the designed operation and functions necessary for the reliable and safe operation of the system 29 CFR §1910.165(d)(5). As stated in 29 CFR §1910.165(e), all manually operated actuation devices in conjunction with employee alarms are unobstructed, conspicuous, and readily accessible.

#### **Exit Routes and Emergency Planning**

Kush Medicinal LLC's EAP will include exit routes that meet the design and construction requirements of 29 CFR §1910.36(a), which include each exit route will be a permanent part of the workplace 29 CFR §1910.36(a)(1); construction materials used to separate an exit from other parts of the workplaces will have a one-hour fire resistance-rating if the exit connects three or fewer stories and a two-hour fire resistance-rating if the exit connects four or more stories 29 CFR §1910.36(a)(2); and that an exit is permitted to have only those openings necessary to allow access to the exit from occupied areas of the workplace, or to the exit discharge. An opening into an exit will be protected by a self-closing fire door that remains closed or automatically closes in an emergency upon sounding a fire alarm or

employee alarm system. Each fire door, including its frame and hardware, will be listed or approved by a nationally recognized testing laboratory **29 CFR §1910.36(a)(3)**.

Kush Medicinal LLC ensures that all exit routes comply with 29 CFR §1910.37. Additionally, as stated in 29 CFR §1910.37(b)(1), each exit route will be adequately lighted so that an employee with normal vision can see along the exit route, clearly visible and marked by a sign reading "Exit" 29 CFR §1910.37(b)(2), be free of decorations or signs that obscure the visibility of the exit route door 29 CFR §1910.37(b)(3). Signs will be posted indicating the direction of travel to the nearest exit if the direction of travel is not apparent 29 CFR §1910.37(b)(4), and doorways or passageways that could be mistaken for an exit will be marked "Not an Exit" or similar designation 29 CFR §1910.37(b)(5). The company will ensure that each exit sign will be illuminated following the requirements of 29 CFR §1910.37(b)(6) and in lettering that complies with the requirements of 29 CFR §1910.37(b)(7). Employees will not occupy a workplace during construction, repairs, or alterations until the exit routes are completed, and adequate fire protection is available.

#### **Evacuation Wardens**

The company will designate "evacuation wardens" to assist individuals from danger to safe areas during an emergency. Evacuation wardens will check offices, bathrooms, and other spaces before being the last person to exit an area. The company will provide such persons with the appropriate training, including the facility's layout, various evacuation routes, the buddy system, and any hazardous areas to avoid. Visitors must sign in to ensure they are accounted for during an evacuation.

#### **Assembly Areas**

Kush Medicinal LLC will designate areas for employees to gather after evacuating. Inside assembly areas will have sufficient space to accommodate the capacity of each area. Outside assembly areas will be utilized when the building is partially or completely evacuated, located within an open area away from highly populated areas. Each designated evacuation warden will conduct a headcount and provide the name and last known location of individuals that cannot be accounted for to the appropriate supervisor.

#### Shelter-in-Place

Kush Medicinal LLC defines shelter-in-place as taking refuge in an interior room or rooms within its facility, preferably one with no or few windows. Employees will be provided training to understand the importance of deciding whether to stay in place or move to another location. The company will establish a means of alerting employees to shelter in place; this alert will be easily distinguishable. They will also communicate the importance of checking televisions, radios, and the internet for information or official instructions as they become available. Kush Medicinal LLC will conduct shelter-in-place drills regularly and maintain a sufficient stock of battery-operated radios, flashlights, and first aid kits.

Employees will be aware of the company's shelter-in-place procedures, which include shutting and locking all windows and doors; turning off all air circulation systems; going to the designated rooms for refuge; sealing all windows, air vents, and doorways; turning on any available television or radio; waiting for instructions that everything is clear.

#### **Shelter-in-Place for Hazardous Incidents**

If hazardous materials, including chemical, biological or radiological, are released into the atmosphere, whether accidentally or intentionally, employees will be instructed to take refuge in rooms with no windows open or can open and with little to no ventilation. Individuals who cannot move will be instructed to close any open doors.

### Shelter-in-Place for Persons Deemed a Threat

If a person is deemed a threat, employees will be instructed to stay in their room, lock the doors, and cover any windows. Additionally, employees will encourage others to remain calm, stay where they are, and only come out when directed by a recognized authority. Any suspicious activity or foreign odor will be immediately reported to the appropriate supervisor.

#### **Shelter-in-Place for Extreme Weather**

In extreme weather conditions, such as a hurricane or tornado, employees will be instructed to move to an interior room with no windows or a hallway on the lowest floor

possible; stairwells will be utilized if all rooms have windows. They will also be instructed to stay in the center of the room and remain in place until the threat has passed.

#### **Basic First Aid**

Kush Medicinal LLC ensures that there will be an adequately trained person to render first aid in the event an infirmary, clinic, or hospital, which is used to treat all injured employees, is not near the facility, which is used to treat all injured employees **29 CFR §1910.151(b)**; also, adequate first aid supplies will be readily available. As stated in **29 CFR §1910.151(c)**, facilities for drenching or flushing the eyes and body will be provided for immediate emergency use in areas where the eyes or body of an employee are exposed to injurious corrosive materials.

**Z308.1-1998** "Minimum Requirements for Workplace First-aid Kits.". Kush Medicinal LLC will ensure that if it is reasonably anticipated employees may be exposed to blood or other potentially infectious materials, first aid kits will comply with provisions of the Occupational Exposure to Bloodborne Pathogens Standard, CFR 29 §1910.1030(d)(3).

Item	Minimum Quantity		Minimum
	Class A Kits	Class B Kits	Size/Volume
Adhesive Bandage	16	50	1 X 3 in.
Adhesive Tape	1	2	2.5 yd. (total)
Antibiotic Application	10	25	1/57 oz.
Antiseptic	10	50	1/57 oz
Breathing Barrier	1	1	
Burn Dressing (Gel Soaked)	1	2	4 X 4 in.
Burn Treatment	10	25	1/32 oz.
Cold Pack	1	2	4 X 5 in.

Eye Covering (with means of Attachment)	2	2	2.9 sq. in.
Eye/Skin Wash	1 fl. oz. total	4 fl. oz. total	
First Aid Guide	1	I	NIA
Hand Sanitizer	6	10	1/32 oz.
Medical Exam Gloves	2 pair	4 pair	NIA
Roller Bandage (2inch)	1	2	2 in. X 4 yd.
Roller Bandage (4inch)	0	I	4 in. x 4 yd.
Scissors	1	1	N/A
Splint	0	I	4.0 X 24in.
Sterile Pad	2	4	3 X 3 in.
Tourniquet	0	I	1 in.(width)
Trauma Pad	2	4	5 X 9 in.
Triangular Bandage	1	2	40x40x56 in.

Table 1: American National Standard (ANSI) Z308.1-1998 "Minimum Requirements for Workplace First-aid Kits."

Employees designated by Kush Medicinal LLC to provide emergency care to an individual in the event of an injury will be trained in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use. Such training will be, at minimum, equivalent to the American Heart Association (AHA) Heartsaver AED standards and the American Safety and Health Institute (ASHI) standards. Once notified of an emergency, the designated responder will contact the appropriate local emergency department and provide the operator with the facility's address, type of emergency, and contact information.

If an individual not employed by Kush Medicinal LLC is injured, first aid supplies will be provided. Additionally, only a designated emergency responder who has completed the appropriate training will provide any necessary first aid; the local emergency department will be contacted if treatment beyond basic first aid is required.

# **Hurricane/Tropical Storm**

Kush Medicinal LLC understands the devastation a hurricane/tropical storm can have on its business. This section will outline the company's procedures before, during, and after a hurricane/tropical storm.

### Preparing for a Hurricane/Tropical Storm

Kush Medicinal LLC will take various precautions to minimize the impact a hurricane will have on its business and ensure its employees' safety and health. Staying up to date on the weather is essential during hurricane season, from early June through late November. Furthermore, the company will communicate the different warnings and watches to its employees, as defined by the National Weather Service (NWS); these include

**Tropical Storm Watch:** Which is issued when Tropical Storm conditions include winds of 39-73 mph and pose a possible threat within 48 hours.

**Tropical Storm Warning:** This is issued when Tropical Storm Watch conditions are expected within 36 hours or less.

**Hurricane Watch:** This is issued when sustained winds of 74 mph or higher are possible and issued 48 hours before tropical storm-force winds arrive.

**Hurricane Warning:** This is issued when the conditions of a Hurricane Watch are expected within 36 hours in advance of the onset of tropical storm-force winds.

Additionally, they will review and revise, if needed, its shelter-in-place procedures, ensure that all first aid kits are adequately stocked, and communicate the company's emergency evacuation plan to its employees. The company will maintain backups of vital records and documentation on a secure cloud base server or in a secure location offsite. They will conduct a worksite inspection regularly to ensure that drains and gutters are properly free of debris and that heavy equipment, such as air conditioning units and exhaust vents, are anchored and securely fastened.

If the region that the company is operating in receives a watch or warning. In that case, it will move all essential equipment and inventory to higher storage locations to minimize any

potential damages or losses. Non-critical devices, such as computers, point-of-sale systems, and other electrical equipment, will be turned off and covered with plastic tarps.

### **During a Hurricane/Tropical Storm**

Employees of Kush Medicinal LLC will remain in designated areas and rooms free from windows and glass. If possible, designated personnel with adequate training will patrol the facility and record any structural deficiencies caused by the storm. Weather updates via television, radio, or the internet will be continuously monitored for emergency alerts and to stay informed on the storm's progress.

### Recovering from a Hurricane/Tropical Storm

Once the region is declared safe, a designated person will ensure the storm has passed. The company will conduct a damage assessment of the facility. This includes contacting the appropriate insurance companies, capturing damages through photos and videos, taking a detailed inventory of products and equipment, separating damaged property, ensuring adequate security measures, and contacting partnering contractors to start repairs.

### **Earthquakes**

Kush Medicinal LLC recognizes the danger of an earthquake and has established safe work practices and procedures for employees to follow before, during, and after such a disaster.

### Preparing for an Earthquake

The company will identify safe areas, such as under a sturdy desk or table, and inform employees of the "drop, cover, and hold-on" procedures. This includes dropping under a desk or table, holding on to its legs, and keeping its head down to protect itself. Drills will be conducted periodically to minimize hesitation in an earthquake. Additionally, employees will be provided training on the company's emergency evacuation procedures. Kush Medicinal LLC will periodically perform a job hazard analysis to identify and mitigate potential hazards associated with earthquakes. This includes ensuring that furniture and heavy equipment are secure, cabinet doors have latches, and windows are made of laminated glass if possible.

# **During an Earthquake**

In an earthquake, employees will be instructed to take cover in designated areas that are safe from falling debris and stay in that position until the ground stops shaking. Employees will stay inside to avoid being injured from potential falling hazards such as trees, power poles or lines, and other objects.

### Recovering from an Earthquake

Kush Medicinal LLC will conduct an assessment following the event of an earthquake. This will include ensuring that all individuals involved in the incident are accounted for, and injury-free, monitoring local news stations for emergency information, identifying any new hazards, such as structural, electrical, or hazardous material leaks, and ensuring the proper emergency services are contacted. If rescue operations are necessary, they will be conducted by personnel that has been properly trained. The company will provide them with the appropriate personal protective equipment {PPE}, including head, foot, and hand protection.

### **Flooding**

Kush Medicinal LLC has established these safe work practices and procedures to ensure the safety and health of its employees and business in the event of a flood. These measures will assist in minimizing any potential product or equipment loss and enable the company to return to normal operations more quickly.

### Responsibilities

Kush Medicinal LLC will provide employees with, at minimum, general awareness training, including the company's emergency procedures and evacuation plan in the event of a flood. The company will designate personnel to be responsible for implementing these procedures and will review and revise them as necessary. Each employee will be designated a role and informed of the responsibilities of that role.

# **Planning for Flood**

Facilities in a region prone to flooding will contact the local flood management authorities to determine any factors that may encourage flooding. Additionally, the company will measure the water levels and how those levels rise after rainfall in nearby waterways, such as rivers, lakes, or streams. These readings will help establish the appropriate response times and implementation procedures. The company will install localized water-level gauges to monitor the conditions near the facility.

The company will establish a routine facility maintenance plan and will review its effectiveness at least annually. This plan will ensure that equipment and emergency power generators are checked regularly and are in good working condition. In addition, facility inspections will be conducted to identify any potential hazards that may occur in the event of a flood, such as ensuring that the roof is not susceptible to heavy rain or high wind speeds, establishing flood protection measures for areas located below-ground, and the appropriate fire protection is serviceable and readily available. Flood emergency kits will be readily available and adequately stocked; emergency shutdown procedures for vulnerable or critical equipment will be stored within these kits. If possible, sewage disposal and drainage lines will be equipped with manually operated release valves to prevent the reverse flow of sewage waste.

#### Flood Advisories

When flooding may occur in the facility's region, Kush Medicinal LLC will monitor the local news via television or radio for additional information or flood advisory alerts. The company will follow the advice of local authorities to shelter in place or evacuate. Also, various advisory alerts will be communicated to the employees, as defined by the National Weather Service (NWS), which include:

**Flood Advisory:** *Be Aware.* This is issued when flooding is not expected, but caution should be exercised.

**Flood Watch:** *Be Prepared* This is issued when favorable conditions for flooding, but flooding is not guaranteed.

**Flood Warning:** *Take Action* This is issued when flooding is imminent.

**Flash Flood Warning:** *Take Action* This is issued when a flash flood, a sudden violent flood that can take minutes to hours to develop, is imminent or occurring.

### Responding to a Flood

If flooding is imminent, the company will be notified immediately. Once alerted, they will monitor the situation, communicate any local authorities' instructions to the workforce, and begin implementing emergency procedures. This will include shutting down and unplugging noncritical and nonessential electrical equipment, relocating water-sensitive products and equipment above expected flood levels, and anchoring or weighing down buoyant materials that cannot be relocated. Additionally, the company will take all the necessary steps to prevent the release of potentially hazardous chemicals, such as moving them to a safe location.

# **During the Flood**

Kush Medicinal LLC will emphasize that the safety and health of its employees take precedence and will encourage them to follow the instructions from the local authorities. As flooding occurs, the local news will be continuously monitored, and designated personnel will continue to conduct emergency procedures as long as it is safe. A headcount or roll call will be conducted periodically to maintain employee accountability. A logbook that documents the event's details will be maintained (e.g., instructions given, various alarm stages, shelter-in-place or evacuation, etc.). This record will help determine damages and losses during the recovery phase and allow the company to identify and improve the response plan.

### Recovering from a Flood

As soon as floodwaters recede, employees will be instructed to gather at the designated assembly area, individuals seriously injured will not be moved, and a headcount will be conducted. If possible, employees will be instructed to stay clear of downed utility wires and out of the floodwater. Emergency services will only be connected if necessary or if not everyone can be accounted for. Once the facility is deemed safe, the company will designate a competent person to conduct an assessment of the entire worksite and facility. The

assessment will also identify any hazards, the corresponding hazard levels, and the measures needed to mitigate those hazards.

Before initiating clean-up operations, the assessment will be reviewed for any of the hazards that were identified. Local utility companies and emergency response establishments that the company has partnered with will be contacted. The company will ensure that gas and electric sources will be turned off, and any spills containing hazardous chemicals or asbestos-containing materials will be mitigated before facility access is allied. Employees performing any clean-up duties will be provided with the appropriate personal protective equipment (PPE), such as gloves, hard hats, and protection for the feet, eyes, and hands. During clean-up, damaged and undamaged items will be separated and inventoried; any damages or losses will be reported to the appropriate insurance company. Once clean-up operations are completed, a final inspection will be conducted to ensure that all hazards have been identified and remediated.

# Pandemic/COVID-19 Preparedness Plan

Kush Medicinal LLC is committed to protecting its employees from potential workplace exposures to highly-infectious diseases and viruses, including SARS-CoV-2, more commonly known as coronavirus disease 2019 (COVID-19). The company has established the following pandemic preparedness plan to help reduce, control, and eliminate any risk of contracting and spreading a highly infectious disease. This plan is designed to identify the risks of an outbreak and provide the necessary steps for prevention, containment, and elimination.

### Responsibilities

Kush Medicinal LLC will establish and maintain an effective prevention plan, including procedures for reporting and investigating potential cases, working from home, and workplace controls. They will provide employees with the necessary procedures, resources, and training to protect themselves and others around them in a pandemic. Kush Medicinal LLC will comply with all local, state, and federal guidelines and will communicate them to employees as they become available. Employees will be responsible for following the

company's established procedures and the guidelines set forth by local, state, and federal authorities. Additionally, they are required to attend and participate in the provided training. Employees who exhibit symptoms will self-report to the appropriate supervisor immediately and stay home if illness symptoms are present before reporting to work.

#### **Communication Systems**

An effective two-way communication system will be established for employees to immediately report all symptoms, potential exposures, and infectious hazards at the workplace to the appropriate supervisor without fear of retaliation or reprisal. Employees with underlying health conditions will utilize this system to inform the company of any required accommodations. If testing is required due to guidelines enforced by local, state, or federal authorities, or workplace exposure, the company will communicate its testing procedures and inform any affected employees.

#### **Investigation and Response**

Kush Medicinal LLC will investigate workplace exposure reports to discover any potential cases. Investigations will confidently ask the suspected case general questions that may confirm possible exposure. If a positive case is discovered, the company will document the last day the positive case was in the workplace and when symptoms began. Contact tracing will be conducted of any individual, location, and equipment exposed to the positive case. Individuals potentially exposed will be notified that the case was confirmed positive within one business day. The company will determine if workplace conditions contributed to the exposure and implement any necessary controls. Kush Medicinal LLC ensures that employee medical records and personal identifying information of individuals involved in the investigation process will be kept confidential following the Health Insurance Portability and Accountability Act (HIPAA). During the investigation process.

#### **Physical Distancing**

Depending on the severity of the pandemic and its anticipated health effects, employees will maintain the appropriate distance between each other and customers. Workstations will be modified to comply with the recommended distance and visual cues indicating the

appropriate distance throughout the workplace. Physical barriers, such as clear panels or transparent curtains, will be installed when social distancing cannot be maintained. Occupancy of common areas, break rooms, and bathrooms will be limited, while staff meetings will be conducted via virtual or voice calls. Modified work schedules that alternate days, shifts, and breaks will be implemented appropriately; remote work arrangements will also be approved individually.

### **Face Coverings**

Kush Medicinal LLC will enforce any guidelines regarding masks from local, state, and federal authorities. Face coverings must cover the nose, mouth, and chin and fit snugly to ensure no gaps between the face and covering. Employees will ensure that face coverings properly fit over the nose and mouth, approved by the Centers for Disease Control and Prevention (CDC), are clean, undamaged, and worn at all required times. The company will provide employees with face coverings or surgical masks, at no additional cost to the employee, except for employees whose work responsibilities require a respirator or similar equipment. The company will provide replacement coverings for employees conducting tasks where coverings are at risk of becoming wet or soiled.By Title VII of the Civil Rights Act of 1964, individuals who are unable to wear or have difficulty wearing certain types of face coverings due to a disability or who need a religious practice will be provided reasonable accommodations. The company will acquire coverings where the mouth is visible to ensure that deaf or hard-of-hearing employees can communicate.

#### **Ventilation**

Facilities and ventilation systems will be modified to improve air ventilation throughout the structure. Windows and doors will be opened if weather conditions permit. This will increase the introduction of outdoor air. In addition, fans will be placed securely in a window to increase their effectiveness. Air filters will be inspected to ensure they are within the recommended service life and are as high as possible without significantly reducing design airflow. Racks that house the filters will also be inspected to ensure the correct filter is installed and fits properly. Portable high-efficiency particulate air (HEPA) filtration systems will be considered for areas with high occupancy or limited ventilation.

# Housekeeping and Hygiene

Kush Medicinal LLC will establish cleaning and disinfecting procedures following any guidelines enforced by the local, state, and federal authorities. If no guidelines have been established, employees must comply with the company's procedures until further notice. The company will provide cleaning products containing soap, detergent, and disinfectants approved by the Environmental Protection Agency (EPA). Frequently touched items such as display cases, point-of-sale systems (POS), and door handles will be cleaned and sanitized frequently throughout the day. In addition, high-traffic areas and common areas, such as bathrooms, sales floor, and break areas, will be thoroughly cleaned and sanitized and the end of each workday. Employees must practice good personal hygiene and wash their hands frequently during the day. Touchless dispensers for hand sanitizer, paper towels, and soap will be provided throughout the workplace.

### **Returning to Work**

Employees who have been confirmed as a positive case, or have had close contact with a confirmed or suspected case, will be advised to stay home from work. If no guidelines have been established by local, state, or federal authorities, employees will remain home from work and contact Kush Medicinal LLC once all signs or symptoms have passed. Employees must contact their supervisor if they have symptoms or if a household member is ill. The company will establish and implement flexible, non-punitive sick leave to prevent and reduce employee transmission. Benefits like the Family Medical Leave Act (FMLA) will be communicated and promoted to eligible employees.

### **Personal Protective Equipment**

Disposable gloves, masks, and goggles will be provided to employees handling disinfectants. The company will conduct a risk assessment to determine the need for additional PPE and provide it at no additional cost to employees. Employees are not permitted to reuse disposable gloves and will replace them as soon as they become visibly contaminated or torn. Personal eyeglasses will not be considered adequate eye protection.

Equipment and cleaning supplies will be properly disposed of and stored in their designated area.

#### **Vaccination**

Kush Medicinal LLC will comply with the guidelines established by local, state, and federal authorities regarding vaccines. Employees will be provided the appropriate allotted time to receive vaccinations and the recommended recovery time afterward. Depending on the severity of the pandemic and the guidance from the appropriate governing entities, employees not vaccinated will not be able to return to the workplace.

### **Training**

Kush Medicinal LLC will provide adequate training to employees and ensure they comprehend and understand their responsibilities and the importance of following the established protective measures. The company acknowledges the complexity of a pandemic and the continuity and recovery process; they will provide timely, up-to-date training appropriate for each pandemic. Employees will be informed of all human resources (HR) related issues, including paid and unpaid sick time, overtime and wages, employee assistance programs, vaccinations, declinations, quarantines, and return-to-work procedures.

Each training will include, at a minimum, an explanation of the relevant infectious disease, its signs and symptoms, and its modes of transmission; methods for recognizing activities that involve potential exposure; appropriate engineering controls, work practices, and PPE; description of the roles and responsibilities assigned to each employee; and information on the availability, efficacy, safety, method of administration, and benefits of available vaccines and treatments. Training will also include the company's procedures for social isolation; reporting exposure or potential exposure; self-monitoring and reporting, stay-at-home procedures relating to school and childcare closings; at-home care of ill family members; and designated contact points.

# Robbery

Kush Medicinal LLC has adopted these safe practices and procedures to ensure the safety of its employees in the event of a robbery.

### **Robbery Prevention**

The company will have at least two employees during opening and closing hours. While opening, employees will inspect the facility for forcible entry and ensure that no one unauthorized is within the facility before closing. Point-of-sale systems will have a minimum amount of cash in the drawer, and any additional money will be kept in a securely locked safe. Large amounts of cash will not be counted in areas visible to customers. Bank deposits will be made at varying hours with at least two employees.

Both the facility's interior and exterior will be well-illuminated and easily visible from the street. Security cameras will be prominently displayed, and the company will visually publicize the use of good cash protection techniques and equipment. Physical barriers will be installed at the sales counter to separate the customers and the employees. Additional security measures will be installed to help the employees have a complete view, such as locating the registers in an area visible from the street and convex mirrors. Entrances and exits will be marked so that the height of individuals entering and exiting is easily identifiable. Employees will be provided with adequate training in the event of a robbery, including procedures for reporting suspicious behavior of individuals inside or near the facility and procedures to follow during and after a robbery. The company will consider equipping secure areas with doors that automatically lock when it closes, a silent alarm system with a panic button, and a dual key, drop or delay-action time-lock safe.

### **During a Robbery**

Employees involved in a robbery situation will be instructed to remain calm and to never argue with the robber in order not to cause any agitation. Also, commands and requests from the robber will be complied with without questioning or offering additional assistance, such as handing over more than requested. Alarm systems will only be activated if they can be done safely and undetected. Anything that may surprise or startle the robber

will be communicated, such as the return of a co-worker or manager. Employees will gather as much information about the suspect as possible, including age, eye and hair color, race, height, weight, etc. Also, attempt to identify the weapon; doing this briefly with no sudden movements will help law enforcement with their investigation.

#### **After the Robbery**

Kush Medicinal LLC will establish roles and responsibilities for each employee in the event of a robbery. After the suspect leaves the facility, employees will be prohibited from attempting to chase or follow the robber or getaway vehicle. A getaway vehicle description will be obtained if it is safe, such as the make, model, color, and license plate number. The company will temporarily shut down business until law enforcement arrives and conducts an investigation. When contacting law enforcement, the employee will provide the time the suspect left the facility, the suspect's description, and the direction and method of travel. Additionally, the dispatcher will be notified of any injured individuals during the incident. Areas that may contain evidence will be left alone and preserved for law enforcement. Employees and individuals involved in the robbery will write down the sequence of events and a description of the suspect. Individuals not employed by Kush Medicinal LLC will be asked to stay until law enforcement arrives; individuals who cannot stay will be asked to provide their statement, name, address, and phone number. Employees will assist in the investigation and cooperate with directions given by the authorities.

### **Active Shooter**

Kush Medicinal LLC is dedicated to providing a safe work environment for its employees and has adopted the following procedures from the Department of Homeland Security's (DHS) "Active Shooter: How to Respond" booklet in the event of an active shooter in the workplace. Employees must immediately notify a supervisor of a suspicious individual or situation.

### **Preparation and Prevention**

Measures will be established to prepare and prevent incidents of an active shooter. Such as ensuring at least two evacuation routes and posting them in conspicuous locations

throughout the workplace. Also, providing employees with tools to allow them to indicate the potential to identify workplace violence and the remedial actions to take accordingly. This includes the Cybersecurity and Infrastructure Security Agency's (CISA) "Power of Hello" technique, which indicates using the right words can be an effective tool to start a conversation. Starting a casual conversation will help employees assess an individual and their intent. The risk they may pose will be identified by the observed behavior. Management will be notified immediately if the risk is determined to be substantial.

### **Responding to an Active Shooter**

The company will follow DHS's Active Shooter guidelines that break down the process into three actions: Evacuate, Hide Out, and Take Action. Evacuation will be attempted only if there is an accessible escape path and the escape route is planned, even if others are unwilling or unable to evacuate. Emergency personnel will be contacted once it is safe to do so, or if police have arrived, Instructions from officers will be followed. If evacuation is not possible, employees will be instructed to Hide Out, and seek refuge in an area that does not limit movement, is out of the active shooter's view, and protects from any gunfire, such as an office or closet with the door closed. Room doors will be locked and barricaded with heavy furniture to prevent any entry. If the active shooter is nearby, employees will remain quiet and silence any noise, including cell phones, televisions, and radios. If evacuation or hiding is not feasible, attempt to notify authorities by calling 911. If you cannot speak, keep the dispatcher on the line so they can listen. As an absolute last resort, if the employee's life is in imminent danger, they will Take Action, act as aggressively as possible and attempt to disable and injure the active shooter. This will be accomplished by yelling, throwing items at the shooter, improvised weapons, and committing to their actions once they decide to strike.

#### **Responding to Law Enforcement**

Police officers will be determined by identifying a patrol uniform, an external bulletproof vest, or other tactical equipment. When law enforcement arrives, hands will be visible with the fingers spread, and sudden gestures will be avoided. Employees will only exit the building when instructed to do so, will not stop speaking with law enforcement, and will

proceed in the direction that officers are entering the facility. Cooperation with authorities will be complied with once in a safe location, including answering questions honestly and assisting emergency personnel. No one will be allowed to leave the premises until instructed to do so by law enforcement.

#### **Training**

Kush Medicinal LLC will conduct drills to ensure employees know how to respond to an active shooter. They will utilize local law enforcement agencies as resources when developing training exercises that include detecting the sound of gunfire and reacting when gunshots are heard or when witnessing a shooting. In addition, training will include procedures for calling 911, responding when law enforcement arrives, and adopting the survival attitude during times of crisis are all options. Kush Medicinal LLC will fill out and utilize the DHS Emergency Action Plan Guide: Active Shooter Preparedness as a guideline to perform training. In addition, employees will be required to watch the DHS Active Shooter PowerPoint Presentation and Webinar video, which will provide a visual guide to understand better the development of the company's emergency action plan.

# **Alcohol and Drug-Free Workplace**

#### Introduction

Kush Medicinal LLC has established this alcohol and drug-free workplace (ADFWP) to ensure its employees' safety and health and meet the requirements of applicable laws and regulations, including the Drug-Free Workplace Act of 1988. This policy will also establish restrictions on legal substances within the workplace, such as alcohol, cigarettes, cannabis, and prescription drugs.

### Responsibilities

To ensure that this ADFWP is implemented properly, Kush Medicinal LLC will enforce this policy consistently, communicate what is prohibited, and the disciplinary actions for any violations. Additionally, they will offer an employee assistance program (EAP) to provide substance abuse help, which may include counseling and other support or treatment programs. The company will provide awareness-level training to help educate employees

about substance abuse and addiction. All individuals employed by Kush Medicinal LLC must attend all required training, acknowledge they understand the company's ADFWP and the consequences for failing to comply with it, and adhere to all aspects regarding testing and any follow-up actions. In addition, employees are expected to report all prescribed medication to the appropriate supervisor immediately

### **Safe Practices (Procedures)**

Kush Medicinal LLC prohibits any individual from manufacturing, cultivating, distributing, dispensing, possessing, or using illegal drugs or other unauthorized, mind-altering, or intoxicating substances, including alcohol, while on company property or while engaging in work-related activities away from the workplace.

# **Pre-Employment Testing**

During the hiring process, individuals may be subject to a drug and alcohol screening before receiving an employment offer. Refusal to submit to testing will result in disqualification of further employment consideration.

### **Reasonable Suspicion Testing**

Employees may be required to submit a drug and alcohol screening whenever they reasonably suspect they have violated this policy, including when they are involved in a work-related accident. A designated person other than the suspected employee's immediate supervisor will be considered to determine the facts and evidence of an incident that constitutes reasonable suspicion. If the suspicion is confirmed, the affected employee will receive a copy of the findings and any appropriate disciplinary action.

### **Post-Accident Testing**

Employees will be tested if they are responsible for causing or contributing to an accident that causes serious damage to Kush Medicinal LLC property or an injury that requires medical attention. The company will immediately conduct an incident investigation to determine if the circumstances constitute probable cause that the employee responsible

was under the influence of alcohol or any unauthorized substance; if so, that employee will be subject to testing.

# **Testing Process and Standards**

Individuals subject to an alcohol screening will be transported to the company's designated laboratory, certified by the Department of Health and Human Services, where they will provide a breath sample. Trained technicians will test the sample using federally approved breath alcohol testing devices capable of producing printed results identifying individuals. Potential hires and employees subject to a drug screening will be transported to the company's designated laboratory, certified by the Department of Health and Human Services, where they will provide a urine sample. This specimen will be sent to a federally certified laboratory and tested for amphetamines and methamphetamines, cocaine, opiates (narcotics), phencyclidine (PCP), barbiturates, benzodiazepines, and methaqualone. Information on confirmed positive results will be provided to Kush Medicinal LLC's medical review officer (MRO). The MRO will determine the appropriate procedures to follow and provide the appropriate supervisor and the affected employee with a written explanation of the test results. The company will adhere to the cutoff levels outlined in 49 CFR Part 382 (alcohol) and 49 CFR §40.87 (all other substances).

#### **Employee Rights**

During the collection process, employees will be provided an opportunity to disclose factors other than illegal drug use, such as taking legally prescribed medication that could cause a positive test result. The employee may submit this information in a sealed envelope to be opened only by the MRO, but only if positive. Employees suspected of violating this policy will be entitled to representation during interviews, including discussions with the MRO regarding that particular incident. In addition, the company will provide the affected employee with all related documentation of the testing process and a full copy of any test results. Employees will have up to 72 hours to rebut the positive result and request their split specimen tested again, this request will be at the employee's own expense.

#### **Employee Assistance**

Employees who abuse alcohol or drugs may be able to use any accrued or unused sick leave to enroll in a qualified treatment program. Employees who fail to enter, remain, or complete a qualified treatment may result in disciplinary action, including termination. Participation in a qualified treatment does not relieve an employee of the obligation to satisfy any standards regarding employee performance. Additionally, it will not prevent any disciplinary actions the company deems appropriate. Employees may be required to be evaluated by a physician. Entrance into a treatment program will not relieve an employee of their obligation to satisfy Kush Medicinal LLC's standards regarding employee performance. Additionally, participation will not prevent the company from administering disciplinary action for violating its policies.

### Recordkeeping

Test results will be maintained for all affected employees and considered confidential. These records will only be released to the employee who was tested or their designated representative and the designated MRO. Individuals that determine or assist in determining what action should be taken in response to test results or require them to supervise or assign the employee appropriately will have limited access to test results. The company will use a similar chain of custody procedure as the Substance Abuse and Mental Health Services Administration (SAMHSA), which includes documenting the date and purpose each time a sample is handled or transferred and the identity of every individual in the chain of custody. Training records will be documented and maintained for at least three (3) years and made available to employees. Documentation will include the date and time, attendee signatures, and any applicable information on the instructors for each training program.

#### **Training**

Kush Medicinal LLC will provide all new hires and affected employees with appropriate training, including the company's safe work practices and procedures, signs of drug or alcohol abuse, reasonable suspicion, testing procedures and standards, employee rights, and potential assistance programs and recordkeeping procedures. Employees who operate

company vehicles must possess a commercial driver's license and take 60 minutes of training on substance abuse and another 60 minutes on the symptoms of alcohol abuse.

### **Emergency Aid**

Kush Medicinal LLC is committed to providing a safe and healthy workplace. It encourages its employees to provide temporary medical aid to others in an emergency within their scope of training. Emergency aid includes treating puncture wounds, cardiopulmonary resuscitation (CPR), and any other medical aid that requires professional medical assistance. The company has adopted the principles of the Good Samaritan Act, which does not hold individuals rendering emergency aid liable and protects them from any civil damages. In addition, Kush Medicinal LLC will establish procedures if emergency aid is required, such as a gunshot or stab wound.

# Responsibilities

Kush Medicinal LLC ensures that employees who are competent to perform emergency aid will possess any required CPR certification, at least equivalent to the American Heart Association, American Red Cross, or the National Safety Council (NSC). The company will provide awareness training regarding medical aid, bloodborne pathogens, and the Good Samaritan Act elements. Additionally, they will provide and ensure appropriate personal protective equipment (PPE) use. Employees are responsible for attending and participating in the required training and complying with the company's safe work practices and procedures. Employees designated to perform emergency aid are responsible for completing the required training and maintaining the appropriate certifications.

#### **Good Samaritan Act**

The company will establish and communicate the following elements of the Good Samaritan Act to protect employees who willingly perform emergency aid. Employees will only render medical aid within the scope of their knowledge and will possess the appropriate certifications. Additionally, they will not provide medical aid with the intent of financial compensation and ensure that the area is safe and does not endanger themselves or others. The employee will ensure that aid is necessary and it is performed in an

appropriate and non-reckless manner. The victim or legal guardian will obtain consent before attempting any physical aid. Consent will be implied depending on the injury and if the victim cannot provide consent due to being unconscious, impaired, or delusional. Any medical aid will only be provided if professional medical assistance has not arrived in an emergency.

### **Cardiopulmonary Resuscitation (CPR)**

The company will provide employees with general guidance to perform CPR in the event an individual becomes unconscious, has difficulty breathing or has no pulse. This will be administered until the victim becomes responsive and their condition is stable, emergency personnel has arrived, or the employees become fatigued.

Before administering CPR, check the victim's breathing. If breathing appears normal, gently roll them onto their side. CPR will be required if there is no sign of breathing or if breathing seems abnormal. Open the victim's airway by placing them on a flat, firm surface, gently tilt the head back, lift the chin, and ensure it is clear of any blockage, such as vomit, blood, or food. Employees that are not CPR-certified will perform hands-only CPR or compression-only CPR.

If necessary, an employee certified to do so will perform two rescue breaths or mouth-to-mouth resuscitation every 30 chest compressions.

Chest Compression: Place the heels of the hands-on top of each other in the center of the victim's chest; keep the shoulders directly over the hands with the elbows locked; press straight down approximately one-third of the chest depth; release the pressure allowing the chest to return to its normal position after each compression.

Mouth to Mouth: Close the victim's nostrils; seal the mouth over the victim's and blow air, ensuring no air leaks; give two full breaths, then check the victim's chest for movement; if no movement is detected, pinch the victim's nostril tightly and seal the mouth to the victim's; if there is still no movement check the airway for obstruction; continue with 30 chest compressions, followed by two rescue breaths.

#### **Stab Wounds**

Victims of a stab wound will frequently experience shock caused by a lack of oxygen to the tissues. Symptoms of shock include a bluish tinge to lips or fingernails; rapid pulse and shallow breathing; irregular heartbeat; and cool, clammy skin. Emergency services will be contacted immediately while the employee continues to render medical aid. If the object is still impaled on the victim, it should not be pulled out. The victim should not be touched unless specifically directed by the dispatcher. CPR will be performed if the victim is not breathing or no pulse can be found.

#### **Gunshot Wounds**

In the event of a gunshot wound, get the victim to a safe location. Emergency services will be contacted immediately, and the weapon will be secured for accidental shootings. Employees will know that gunshot wounds can cause injuries beyond the puncture site. Additionally, bullets can bounce around inside, remain in the body, or exit after doing significant damage. The severity of a gunshot wound will depend on the wound's location and the projectile's size and speed.

### **How to Stop Bleeding**

Employees will be trained in the Department of Homeland Security (DHS): Stop the Bleed procedures. In addition, employees will participate in the classes provided on the DHS website. Employees performing emergency aid that involves blood or other bodily fluids must wear gloves or wash their hands if no gloves are available. Encourage the victim to sit or lay down in a position that will prevent the least blood loss, and the location of the wound will be determined. Direct pressure will be applied to the wound to try to stop the bleeding, and if possible, an absorbent material will be used. If an object is lodged in the wound, direct pressure will be applied around the object. Pressure will be applied for at least ten minutes to ensure the blood clots. When bleeding slows, a dressing will be applied to the wound. If the dressing becomes soaked additional dressing will be applied, or direct pressure will be used if additional dressing does not work. As a last resort, employees will follow the procedures outlined in DHS's Stop the Bleed: Applying a Tourniquet. They will stop the bleeding by applying direct pressure; applying the tourniquet at least 2-3 inches

from the wound; adjusting the tourniquet, so it is between the heart and the wound, manually tightening the tourniquet as much as possible; using the windlass rod to tighten the tourniquet further; secure the windlass rod so it will not unwind, and make not the time the tourniquet was applied.

#### **Cyber Security**

Kush Medicinal LLC understands the devasting impact a breach of its information infrastructure would have on its business and reputation. These may range from data security failures to malware and spyware attacks. As a result, the company will establish various administrative and technical security measures to protect confidential data and its infrastructure. Confidential data includes company finances, sales, business procedures, usernames and passwords, company contracts, legal documents, and sensitive employee, vendor, and client information. The company will only use, collect, and retain necessary data to conduct its business operations. Data and retained information will be periodically reviewed to determine whether it is still relevant and necessary; if it is not vital, it will be properly destroyed.

# Responsibilities

The company acknowledges the importance of its responsibilities to protect and maintain the confidentiality, integrity, and availability of information and related infrastructure assets. Additionally, they will manage the risk of security exposures and compromises; maintain a secure and stable IT environment; identify and respond to events involving information asset misuse, loss, or unauthorized disclosure; monitor systems for anomalies that might indicate compromise; and promote and increase the awareness of information security. Employees will be expected to attend all required training, report all suspected information security incidents or weaknesses to the appropriate supervisor, and adhere to the company's established safe work practices and procedures.

Kush Medicinal LLC will designate an individual or group to be responsible for the risk management function and assure that risk-related considerations for information assets and individual information systems, including authorization decisions, are viewed as an

enterprise concerning the overall strategic goals and objectives of carrying out its core missions and business functions; and the management of information assets and information system-related security risks is consistent reflects the risk tolerance, and is considered along with other types of risks, to ensure mission/business success. The company will designate a Chief Information Security Officer (CISO), who will establish and maintain the company's information security policies and procedures and advise on potential security risks.

#### Plan for Securing Information Technology (IT) System and Infrastructure

Kush Medicinal LLC ensures that all information created, acquired, or used to support business activities will only be used for its intended purpose. Employees will be provided general security awareness training within 30 days of hire and reinforced at least annually.

### **Administrative Safeguards**

Following the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR §164.308, Kush Medicinal LLC will implement policies and procedures to prevent, detect, contain, and correct security violations. They will conduct a risk analysis to determine any potential risks or vulnerabilities to the confidentiality, integrity, and availability of any sensitive data, including medical information, retained by the company; security measures will be implemented to mitigate those deficiencies. Kush Medicinal LLC ensures that consistent sanctions will be enforced on individuals that violate the company's privacy, confidentiality, or information security policies. Kush Medicinal LLC will designate and identify the individual responsible for implementing and enforcing these policies and procedures.

#### **Monitoring**

Periodic monitoring will be conducted of computer files and all forms of electronic communication, such as internal messaging applications, emails, and phone systems.

Information systems will be monitored to ensure no unauthorized local, network, or remote connections. An internal alert system will be established in case of suspicious activity on

any secure company network or server. Systems will automatically update to ensure the most up-to-date security software is installed.

#### **Identification and Authentication**

Employees will be assigned unique identifiers (user IDs) to minimize the risk of unauthorized access to the company servers. Employees will be assigned unique identifiers (user IDs). Also, employees will be responsible for maintaining a password containing various alphabetic and numeric characters. Passwords will not include anything that may be easily guessed, such as birthdays, phone numbers, and consecutive characters. The company will regularly audit these user IDs and passwords and remove all inactive ones. User IDs with consecutive failed login attempts will be locked until unlocked by an administrator. Systems that access or use confidential information will be password protected and use a time-sensitive screensaver when unattended. Passwords will never be shared unless instructed to do so by a systems administrator.

#### **Access Control**

Information systems will be protected by various access control systems; these include internal controls, such as passwords and encryption, and external controls, such as firewalls and server authentications. The designated system administrators will be the only ones to grant employees additional access and system permissions. Access to confidential data will only be provided to employees whose job responsibilities require such access. Individuals with access to sensitive data, including customer information, will sign a confidentiality agreement. To ensure that employees have the appropriate access, the company will conduct an access entitlement review annually.

### **Email Security**

Employees who are issued a company email will be provided with an email signature that includes a legal disclaimer required to be within every outbound email. Company email addresses will be created through a secure email hosting service or a web-based encryption service. Attachments from unknown senders or suspicious email addresses will never be opened and will be immediately reported to the appropriate person. Employees will be

aware never to include any personal information within an email and only to use company email accounts for job-related purposes

# **Transferring Data**

Kush Medicinal LLC recognizes the security risks of transferring confidential data. Confidential data will be encrypted and only shared over the company's local network to reduce these risks. Additionally, when transferring confidential data, the employee will ensure that any recipient has adequate security measures.

### **Sanitizing and Disposal**

Confidential information not necessary to the company will be rendered inaccessible by being cleared, purged, or destroyed. Paper documents that contain sensitive information will be shredded before being disposed of. Equipment that is being disposed of will have all data wiped from it and will be factory reset. External storage and media devices no longer needed will be sanitized and destroyed following the National Institute of Standards and Technology (NIST) SP 800-88.

#### **Remote Access**

Individuals that have to access company systems or servers remotely will do so by using a portal, direct application access, remote system control, or tunneling, more commonly known as a virtual private network (VPN). The designated security administrator will approve devices and software used for remote access. Kush Medicinal LLC will regularly conduct operational processes to maintain remote access security; this includes deploying updates, reconfiguring access control features, and detecting and documenting anomalies within the remote access infrastructure. Additionally, remote servers will be kept fully patched and only be accessible to designated IT personnel.

#### **Securing Physical Infrastructure**

Facilities housing Kush Medicinal LLC's physical infrastructure will have a defined security perimeter and appropriate security barriers with access controls. The company will periodically conduct risk assessments of these facilities to determine whether existing

controls are operating correctly and implement the appropriate measures to mitigate any deficiencies. Also, IT equipment will be physically protected from environmental hazards and security threats to minimize any potential for it being physically compromised.

### **Training**

Kush Medicinal LLC ensures that employees will be provided with, at a minimum, awareness-level training regarding the importance of information security. Employees will be informed of the company's cybersecurity policies and procedures; roles and responsibilities, identifying key IT personnel; password usage and management, minimum criteria and protection guidelines; web usage, monitoring user activity; administrative safeguards, applicable HIPAA regulations; access control, internal and external access control systems; email security, required signature and identifying unauthorized emails; and appropriate disposal and sanitization procedures of confidential data. The company will review its awareness training program annually and make the necessary revisions accordingly. Each training session will be documented and maintained, including the date the training took place, attendees, topics discussed, and the instructor's name and qualification. Employees will be encouraged to provide feedback which will assist the company in improving the program.

#### Conclusion

A company that is prepared to manage various situations ranging from natural disasters, violent crime, and ever more prevalent cyber threats. A well-trained and educated staff to understand policies and procedures is essential should an adverse event occur. Natural disasters are a fact of life. Understanding common risks in the area and being able to respond quickly will ensure the safety of employees and minimize potential loss of merchandise or damage to property. In addition, understanding how to diffuse dangerous situations is paramount to the company to ensure the safety of employees and customers. Lastly, with the increasing threat of cybercrime, plans on the safe, confidential information

of the company will minimize any potential information lost and protect the integrity of customer information.

# Exhibit 23 - Quality Control/Quality Assurance Plan

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: Completed

### Introduction

The company has provided a plan below for performing, at their own expense after licensure, quality control and testing of a qualified sampling (as defined in 538-x-10-.01 et seq.) of medical cannabis in their control, regardless of whether said medical cannabis has been packaged, labeled and sealed. Such testing shall be conducted by the State Testing Laboratory (as detailed in 538-x-10-.01, et seq. of this Chapter). Per section 23.1 of this application, the company will provide a quality control and quality assurance plan below identifying an overview of the steps to be taken in the process to provide high-quality products and to ensure the safety, potency, stability, lifespan, and consistency among batches of the same product, whether as required by law or otherwise; What tests will be conducted, if any, at each stage or stages of the process; Whether the testing at each location will be in-house, unofficially by private testing through a State Testing Laboratory, or solely by official testing through a State Testing Laboratory. A plan for return and remediation or destruction of any failed test samples, including entry of the event on the Statewide Seed-to-Sale Tracking System.

### 23.1 Quality Control Overview

Below is an overview of the steps to be taken in the process to provide high-quality products and to ensure the safety, potency, stability, lifespan, and consistency among batches of the same product, whether as required by law or otherwise; For the highest quality products, Kush Medicinal LLC's workflow management plan requires regular training, standardization, and accountability on every level of the organization.

## **Quality Assurance Training**

Kush Medicinal LLC will focus on quality assurance and quality control through every process and procedure. From packaged products to the delivery to the customer, Kush Medicinal LLC will ensure internal processes are well thought out, and the team is trained

to focus on quality. This level of attention to detail and tracking in the inventory system will ensure that products Kush Medicinal LLC sell at their retail storefront are safe and efficacious for consumers and patients alike. Each team member employed directly by the company will be required to complete a series of four training modules that will reinforce SOPs and quality assurance procedures and offer foundational knowledge necessary to perform retail tasks effectively. Attaining occupational licensure and successfully finishing Retail Modules I and II are both mandatory before starting work:

# **Occupational Training Certification**

- 1. The History of Cannabis Use, Prohibition, and Legalization
- 2. Introduction to Cultivation: Growing Regions, Plant Growth Cycles, Common Techniques and Chemotypes, and Harvesting Processes
- 3. Introduction to Processing: Fresh Frozen Process, Drying, and Curing
- 4. Packaging, Labeling, and Advertising
- 5. Cannabis Dependency
- 6. Cannabis Use and Health Education
- 7. Alabama Cannabis Law
- 8. Cannabis Handling and Workplace Safety

**Module I:** Cannabis Foundational Knowledge [Understanding the Plant]

**Module II:** Technical Knowledge [Understanding the Retail Process]

**Module III:** Emergency Management Training [Understanding Emergency Prevention and Response]

**Module IV:** Compliance [Understanding the Laws]

Training modules will take up to six months to complete, and all manuals will incorporate Alabama law referenced in the procedures listed below. The trainees will ask questions after each module section, and a written test will need to be passed to move on to the next training phase. Module testing results will be added to the employee's internal documents and trace their progress. Additional modules will be developed and offered to those interested in a management position and will need to be completed successfully to become certified. Employees with documented disabilities will be given any accommodations

necessary to aid in the successful completion of training.

Instead of traditional third-party cannabis training, in-house training will allow management to address internal concerns and then cater training and SOPs based on company-specific needs. SOPs will create clear rules, while training modules will reinforce internal procedures and be updated simultaneously. Additionally, ongoing dialogue and research from team members will be documented and shared with the rest of the staff by reviewing training materials with the Chief Operating Officer (COO). New volumes will be released based on recent retail trends and insights on technical knowledge.

# 23.2 Plan for Quality Control and Testing of a Qualified Sampling (Per Chapter 10) Conducting Laboratory Tests

Per section **23.2** of this application, the company has provided a plan below for performing, at their own expense after licensure, quality control and testing of a qualified sampling (as defined in **538-x-10-.01** et seq.) of medical cannabis in their control, regardless of whether said medical cannabis has been packaged, labeled and sealed. Such testing shall be conducted by the State Testing Laboratory (as detailed in **538-x-10-.01**, et seq. of this Chapter).

Per 23.2(a) and 23.2(b), Cannabis products will be tested by a 3rd party private company and a state-mandated testing facility. Kush Medicinal LLC will permit the State Testing Laboratory to enter the facility and collect representative samples for compliance testing. Cannabis products will be handled cleanly, and employees will be trained to identify contaminants such as molds and fungi. All storage areas will be maintained in a clean and sanitary condition, and all containers used for the storage of cannabis will be cleaned and sanitized. Tools that directly contact cannabis should be disinfected to protect product health. This product handling will mitigate potential product testing failures and allow for a consistent quality product at Kush Medicinal LLC operations.

The testing laboratory will produce a written report, also called a Certificate of Analysis (COA), detailing the testing results for each representative sample and provide it to Kush

Medicinal LLC. Kush Medicinal LLC will also provide a copy of the COA to each manufacturer or distributor who purchases our products so that end-users may have that information. Where feasible, Kush Medicinal LLC will use a QR code or other image that may be scanned on its finished product packaging to provide testing information to end-users. Kush Medicinal LLC will use the executive's combined knowledge of Good Laboratory Practices (GLP) to audit and approve state-licensed cannabis analytic labs. The principles of GLP encompass a high-level quality control system covering the metrics and conditions under which non-clinical health and environmental studies are planned, performed, and executed. The principles of GLP encompass a high-level quality control system covering the metrics and conditions under which non-clinical health and environmental studies are planned, performed, and executed. The tests to be performed include but are not limited to cannabinoid content, microbial analysis for mold and mildew, mycotoxins, heavy metals, pesticides, and terpene content.

GLP principles define the responsibilities of test facility management, directors and other staff, and quality assurance/quality control personnel operating within a GLP system. It also highlights minimum standards concerning the suitability of facilities and equipment, calibrating equipment, maintaining standard operating procedures, reviewing and approving test results, documenting aggregated data, performing study reports, and archiving lab records.

Kush Medicinal LLC will send samples for testing. The full lab results will be readily available to Kush Medicinal LLC to send to the Commission when necessary. Any usable cannabis product sample pending laboratory test results will be batched and held in a secure vault storage area completely segregated from approved cannabis until a passing test has been completed. Once the test results have been received and the product has been found to meet its specifications, it will be moved from the pending products storage area to the approved products cannabis vault. Kush Medicinal LLC will also evaluate labs based on any additional accreditations or certifications, including Patient Focused Certification (PFC). Currently, the only **ISO 17065-accredited** cannabis compliance program in the US.

# **R&D** and Compliance Testing

Kush Medicinal LLC will submit each batch of products for mandatory compliance testing as identified by the Commission. Kush Medicinal LLC is committed to providing diverse cannabis products to consumers and manufacturers to develop products with unique cannabinoid and terpene profiles. As permitted, Kush Medicinal LLC may submit new cultivars for testing to provide products that meet the varied chemovar types and may offer a medicinal benefit to those patients seeking products in the adult-use market. A comprehensive testing program will also ensure Kush Medicinal LLC 's products remain free from adulteration or contamination. Information provided regarding testing, whether written or verbal, about the identity, quality, and conditions of cannabis must be accurate.

Kush Medicinal LLC will also periodically conduct microbiological contaminant testing on contact surfaces and room walls to monitor the growth of potential contaminants of public health concern. This testing will allow Kush Medicinal LLC to understand if all HEPA filtration and air-flow devices function correctly and clean and sanitize procedures effectively. It will also aid in identifying potential issues within the testing laboratory and allow Kush Medicinal LLC to consider alternative testing laboratories.

#### **PFC Certification**

As stated previously, Kush Medicinal LLC will evaluate labs based on any additional accreditations or certifications they have obtained, including PFC. PFC is a non-profit, comprehensive, third-party certification program that offers employee training, compliance inspections, ongoing monitoring, regulatory updates, and an independent complaint process for consumers.

The PFC program is currently offered as a voluntary certification program. It provides the following benefits: The PFC program is currently offered as a voluntary certification program and provides the following benefits: Kush Medicinal LLC will identify a testing lab or laboratories that meet the State minimum and Kush Medicinal LLC standards for cannabis testing. At a minimum, the laboratory will follow GLP, become **ISO/IEC** 

**17025:2017 and 17065** accredited or equivalent, and follow other third-party standards Kush Medicinal LLC may choose to require, including but not limited to gaining PFC.

- Offering regulators a third-party auditing option to ensure that licensed businesses are meeting standards required under regulation
- Being overseen by a Peer Review Board that has over 300 years of collective expertise in USDA food and product safety protocols; federal regulatory development; medical cannabis research, pharmacology, biochemistry, and industry practices
- Providing a logo that lets consumers, policymakers, regulators, community members, and healthcare providers know that companies are meeting compliance and product safety standard requirements
- Monitoring violations of regulations as well as complaints from patients, caregivers, health care practitioners, regulators, and community members
- Providing training that includes: Legal Issues, Raid and Robbery Preparedness, Patient Education, Good Neighbor Policies, Safe Handling Protocols, Working with Patient Populations, Understanding Test Results and Delivery Systems, Adherence to Local Laws and Regulations, and Adherence to AHPA and AHP standards
- Providing participants with educational materials for patients, caregivers, health care
  providers, and regulators that describe the certification program
- Verifying through independent auditors that state and local rules and other standards are followed by companies, ensuring patient safety and product quality, purity, and reliability.
- Offering third-party certification that can reduce regulatory program costs and burden
- Having independent third-party auditors that can be contracted for regulatory agencies
- Providing companies and, if required, regulators with annual Audit Reporting.

Government and regulatory agencies can look for the Patient Focused Certification seal of approval to verify cannabis operations are compliant with all local and state laws and regulations. By working directly with PFC, government and regulatory agencies can focus on developing and updating cannabis laws and regulations, leaving the compliance verification to PFC and other third-party auditor opportunities.

# **Quality Control: Test Types and Location of Testing**

# **Procedures for Receiving Test Results**

Once all compliance testing has been completed, the laboratory will provide the results to Kush Medicinal LLC 's Chief Compliance Officer (CCO) in an electronic format, who is responsible for managing and storing all testing data. The CCO will review all test results to determine if the product does or does not meet the required specifications. If the product does meet specifications, it will be assigned an expiration date, released, and approved for distribution. If the product does not meet specifications, it will be quarantined in a separate storage area and destroyed or remediated.

# **Reporting Test Results**

A supervisor at the testing laboratory will validate the accuracy of the information in the written report and sign and date the written report. Kush Medicinal LLC will promptly provide test results to the Commission to ensure product safety, as requested and proactively. Reports will include information about the representative batch size, tested sample size, cannabinoid content, presence of pests or foreign materials, microbial analysis for mold and mildew, mycotoxins, heavy metals, pesticides, and terpene content.

Stability tests from products six or 12 months past their production date will be provided to ensure product potency, purity, and test expiration date. Stability testing will include, at a minimum, microbial contamination analysis, water activity, and heavy metal testing for vaporized formulations. In an adverse event involving testing, Kush Medicinal LLC will report test results, batch management/disposal, and data collected to the Commission and contact all cannabis businesses participating in the products and products batch supply chain.

## **Procedures for Reporting Test Results to Other Businesses**

The responsibility of Kush Medicinal LLC is to promulgate laboratory test results to consumers and distributors of the finished products. The chosen laboratory will be required to acquire from the company a representative sample from a batch of usable

cannabis or a lot of cannabis products, then test it and provide a written report to the company. Kush Medicinal LLC will provide the written report to any other cannabis business receiving the usable cannabis or cannabis product. To report test results to other businesses and disperse analytical test results, Kush Medicinal LLC will utilize Confident Cannabis (CC). This online platform assists companies in building partnerships with the right companies and distributes analytical test results.

CC will store and distribute testing information from the laboratory to the company and its distributors. The lab results will be readily available to vendors, distributors, and the Commission for reporting. They will also be documented digitally to other businesses to ensure that Kush Medicinal LLC customers access real-time accurate test results for all batches and products sold. Additionally, Kush Medicinal LLC will affix the company's website and other contact information directly on the product labels of products that will be distributed to other businesses, embedding them with QR codes to track each sale to a consumer. If recall problems arise, reaching out to those who purchased each product will be easy while maintaining confidentiality.

# 23.3 Plan for Return and Remediation of Failed Test Samples Plan for Return, Remediation, and Destruction of Failed Test Samples

The company maintains and reviews, at least annually, a clear written contamination and recall plan detailing steps to be undertaken in discovering cannabis or medical cannabis contamination within the possession and control of the licensee. The plan must account for the safety of employees and others on the premises, notification of proper authorities, proper disposal of contaminated cannabis and medical cannabis, and steps to be taken for the preservation of cannabis or medical cannabis with reasonable efforts to maintain access to medical cannabis by those who depend on it. The Chief Compliance Officer (CCO) will be responsible for initiating and implementing the company's recall procedure and the receipt, handling, and disposition of any returned usable cannabis or cannabis products.

Responsible handling, managing, and an effective recall process is a means of establishing a compliant business model and a crucial step toward maintaining a safe and hygienic environment for the local community and employees.

Recalled cannabis will be combined using an industrial-grade mulcher or grinder/shredder so that the cannabis waste becomes unusable and unrecognizable. Wasted cannabis or cannabis plants will be either composted on-site or rendered unidentifiable and then disposed of in a locked waste receptacle that will be held within a limited access area until it is removed by local waste management. All waste procedures will be conducted following the Commission.

# Steps to be Undertaken In the Event of Contamination of Cannabis

Procedures will be established to identify the course of action after factors that necessitate a recall procedure. Cannabis and cannabis products considered necessary to recall will include any defective or adulterated cannabis or any cannabis that has failed the rigorous analytical lab testing and internal quality control measures created to prevent a recall before it happens.

The quality assurance (QA) department will be responsible for reviewing all recalled cannabis items. In addition, they track and segregate the recalled items in quarantine until the Commission authorizes disposal. At this point, Kush Medicinal LLC will ensure that the recalled cannabis items are disposed of in a manner that renders them unusable.

In the event of a recall, Kush Medicinal LLC will have established standard operating procedures (SOPs) and will notify the Commission within the appropriate timeframe once alerted of the recall. Dedicated personnel will be trained regularly for preventative measures and appropriately prepare them for an unfortunate situation. All items that a recall has impacted, are expired, or otherwise adulterated will be separated from the rest of the products, quarantined according to the provisions of this plan, and properly logged, traced, and tracked by the QA team. The product's chain of custody will be documented and monitored throughout the process.

The plan accounts for the safety of employees and others on the premises. All employees in direct contact with the plant will be required to complete procedural training, and at least

once per year, there will be a mock recall to practice this series of tasks in the event of an emergency. Kush Medicinal LLC will establish written recall procedures and adequately provide employee recall training. By doing so, Kush Medicinal LLC will maintain its customers, employees, and the community's health and safety.

# Personnel Responsible for Initiating/Implementing Recall

Personnel Responsible for Initiating/Implementing Recall: Kush Medicinal LLC's QA department will conduct daily, weekly, and monthly audits and inspections of critical operation areas to ensure continued compliance with the company's established work practices and procedures. These areas include raw materials receiving, plant inspections, equipment logs, and training records. Data collected from such inspections will be entered into the track-and-trace system in addition to the internal Enterprise Resource Planning (ERP) system. Inspections are essential for ensuring cannabis products are free of foreign matter contamination and mold or disease. All products will have a unique identification number (UIN) that matches the product with its batch and lot number, facilitating tracking if the [REGULATORY AGENCY] initiates any warnings or recalls. Batch tracing exercises will be conducted regularly to ensure no data gaps in our documentation practices.

## **Conclusion**

Strict testing procedures allow Kush Medicinal LLC to implement a plan. Kush Medicinal LLC is committed to providing consumers with diverse products while emphasizing community safety and minimizing environmental impact. This goal will be accomplished by ensuring all products are free from harmful contaminants and adulterants and verifying that the facility is free from impurities. Above, Kush Medicinal LLC has provided a plan for receiving and reporting test results for cannabis items to consumers and other cannabis businesses consistent with the Commission. Kush Medicinal LLC will permit laboratory samplers to come into the facility and collect representative samples, after which testing results will be provided to the Commission, manufacturers, and retailers. Ultimately, Kush Medicinal LLC's various products, subject to rigorous testing procedures, will give consumers confidence in their products and determine what failed course of action for testing cannabis at different stages follow the most compliant course of action, as well as potential remediation steps best suit their unique needs. These guidelines support a quality-driven brand that is determined to create safe, quality-focused products for consumers in the most compliant way possible.

# **Exhibit 24 - Contamination and Recall Plan**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: Completed.

### Introduction

Per **583-x-8-.05(3)(1)**, the company will provide a detailed recall plan below that will be followed in the event one or more of the products, including any lots or batches thereof, is determined to require recall. The plan will include, but is not limited to, the following: Provisions for notifying the originating Processor or Integrated Facility and any other licensee in the chain of custody of an adverse event per 583-x-8-.05(3)(1)(1); Factors about an adverse event that would likely necessitate a recall and any potential for retesting or remediation per 583-x-8-.05(3)(1)(2); Responsible individuals or positions within the company's organization who will oversee the recall process per 583-x-8-.05(3)(1)(3); Notification protocols to other licensees and the Commission through the Statewide Seedto-Sale Tracking System per **583-x-8-.05(3)(l)(4)**; Processes to ensure that the recalled product is returned, remediated (and ultimately approved as safe), or destroyed; processes to report to the Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public per 583-x-8-.05(3)(1)(5); Steps to be taken to avoid further contamination, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it per 583-x-8-.05(3)(1)(6); and investigation and analysis of the factors that led to the unsafe condition requiring the recall, and any adjustments to internal protocols and processes to avoid recurrence per 583-x-8-.05(3)(l)(7).

# 24.1 Provisions for Notifying Originating Processor, Integrated Facility, or Other Licensee in the Chain of Custody of an Adverse Event

Every affected or likely affected distributor that received the recalled product will be notified of the recall—a mechanism to contact all cannabis businesses that receive cannabis items from or provide cannabis items. The track-and-trace system will be leveraged to aggregate a list of vendors associated with a recalled batch. Instructions for returning or destroying any recalled cannabis procedures will be in place to contact each

customer, including automatic digital communication and written and telephone communication protocols. As necessary and appropriate, communication and outreach through traditional and social media will also include information on the procedure for returning the recalled product and an offer to pay reimbursement for the recalled product. This may involve public notices, media notifications, and the use of social media to identify purchasers of affected products. A record of all customer communications will be maintained per Kush Medicinal LLC recordkeeping policies and procedures.

### **Recall Communication Outreach**

Kush Medicinal LLC's CCO will conduct and organize notification outreach first, should a voluntary or mandatory recall occur. Kush Medicinal LLC will encourage partnerships to sign up with our ERP system, as this will allow us to identify consumer information in the event of a recall quickly; however, those who do not have ERP profiles will be contacted through the information provided by the track-and-trace system created and maintained by the state. Communication is of critical importance during recalls and quarantines. As necessary to conduct the recall, outreach will include posting notices at retailer locations that may have sold affected products, posting information about the recall on Kush Medicinal LLC websites and social media accounts, and notifying the public through traditional media such as radio and television news outlets.

# 24.2 Factors About an Adverse Event to Necessitate a Recall and Potential for Retesting or Remediation

In the event of a recall, Kush Medicinal LLC will have established standard operating procedures (SOPs) and will notify the Commission within the appropriate timeframe once alerted of the recall. Dedicated personnel will be trained regularly for preventative measures and appropriately prepare them for an unfortunate situation. All items that a recall has impacted, are expired, or otherwise adulterated will be separated from the rest of the products, quarantined according to the provisions of this plan, and properly logged, traced, and tracked by the QA team. The product's chain of custody will be documented and monitored throughout the process.

The plan accounts for the safety of employees and others on the premises. All employees in direct contact with the plant will be required to complete procedural training, and at least once per year, there will be a mock recall to practice this series of tasks in the event of an emergency. Kush Medicinal LLC will establish written recall procedures and adequately provide employee recall training. By doing so, Kush Medicinal LLC will maintain its customers, employees, and the community's health and safety.

# 24.3 Personnel Responsible for Overseeing The Recall Process

Kush Medicinal LLC's QA department will conduct daily, weekly, and monthly audits and inspections of critical operation areas to ensure continued compliance with the company's established work practices and procedures. These areas include raw materials receiving, plant inspections, equipment logs, and training records. Data collected from such inspections will be entered into the track-and-trace system and the internal Enterprise Resource Planning (ERP) system. Inspections are essential for ensuring cannabis products are free of foreign matter contamination and mold or disease. All products will have a unique identification number (UIN) that matches the product with its batch and lot number, facilitating tracking if the Commission initiates any warnings or recalls. Batch tracing exercises will be conducted on a regular basis to ensure that there will not be any data gaps in our documentation practices.

# 24.4 Notification of Proper Authorities and Other Licensees Through the Statewide Seed-To-Sale Tracking System

Within 24 hours or less of determining that a recall action will occur, the CCO will obtain the appropriate information from the state tracking system and contact the Commission and other applicable regulatory agencies to share information regarding the recall. Information will include the type of product, its batch number, UIN, and additional relevant information as needed. Kush Medicinal LLC will continue communicating with applicable state departments until the issue is resolved.

The CCO will work closely with the company's QA Director to implement our contact protocols and procedures to facilitate absolute regulatory compliance and, above all,

ensure the safety of consumers and staff members. Effectively, Kush Medicinal LLC will contact the Commission by their soon-to-be-provided phone number and email. When an inspector is assigned, this person's contact information will be added to the facility's Authority Contact Plan. Any written emails sent to each department will include the following data, in addition to the information discussed above, in a pre-established template to facilitate a timely response.

Any correspondence with the various departments and agencies shall be in writing through an email form and a direct call and will include: **1.** The UIN of the cannabis product(s) under recall and any associated batch and lot numbers **2.** The product type and license type associated with the product(s) under recall; **3.** A detailed description and explanation of the reason for a recall, including supporting documents such as laboratory test results, customer complaints, evidence of adulteration, or any other issue, if applicable; **4.** Information about our plan of action for a recall, including how we will contact manufacturers, producers, cultivators, customers, and vendors/suppliers and how we intend to conduct product returns, quarantine, and destruction, respectively; **5.** A list of all purchasing receipts and invoices for the recalled product(s) generated by our inventory control and point-of-sale systems; **6.** A copy of public notices, including those posted in the store, on social media, and announced through news outlets regarding the recall and affected batches or lots.

# 24.5 Processes to Ensure Recalled Product is Returned, Remediated, and Destroyed

The facility is responsible for destroying recalled cannabis returned to the facility for whatever reason. After recalled and returned cannabis is received, quarantined, and tracked in the track-and-trace system, it will be destroyed and disposed of according to established cannabis waste disposal protocols. Kush Medicinal LLC will render recalled or wasted cannabis or cannabis products unusable and unrecognizable. Wastage of cannabis and cannabis plants will be accomplished by mulching, grinding, and incorporating the cannabis into other ground materials. The resulting mixture is at least 51% non-cannabis material by volume. Standard industry practice involves mixing cannabis waste with either general landfill or compostable material at a 1:1 ratio by volume. Cannabis waste and non-

cannabis materials are typically mixed using an industrial-grade mulcher or grinder/shredder so that the cannabis waste becomes unusable and unrecognizable. This waste will then be disposed of at an approved waste facility.

In the event of a recall, cannabis materials will be combined using an industrial-grade mulcher or grinder/shredder so that the cannabis waste becomes unusable and unrecognizable. Wasted cannabis or cannabis plants will be either composted on-site or rendered unidentifiable and then disposed of in a locked waste receptacle that will be held within a limited access area until it is removed by local waste management. All waste procedures will be conducted following the Commission.

# 24.6 Process of Contacting the Commission, Regulatory Parties Regarding Crisis Response, and Mitigating and Avoiding Danger to the Public

Any health-related event associated with using an Kush Medicinal LLC undesirable, unexpected, or unusual product may constitute an adverse event that may indicate a problem with the product itself. The QA department may initiate a voluntary recall if the result of a complaint investigation suggests a possible adverse event or if laboratory testing and other QA checks indicate a contaminated or adulterated product. The basis of Kush Medicinal LLC's Recall Plan includes an established procedure and mechanism reasonably calculated to contact those purchasers/consumers who have, or are likely to have, obtained the subject product. The SOP will provide details on communicating with the applicable public agencies within 24 hours of discovering defective or potentially defective products. The SOP will also provide information on mock recall and batch tracing exercises.

Kush Medicinal LLC will establish an SOP for publicly communicating a recall of usable cannabis or cannabis products manufactured from that usable cannabis or other cannabis products that present a probability that exposure to the product could cause serious adverse health consequences or temporary or medically reversible adverse health consequences. Recall contact procedures may also be initiated as mandatory actions by regulatory agencies to protect public health and safety. Recall practices will also comply with the requirements of **21 CFR Part 7** regarding product recall enforced by the Food and Drug Administration.

Written notification will be sent to each vendor through the addresses listed on their occupational license/internal vendor profile records, which are required to enter the facility via United States Postal Service Certified Mail (USPSCM). We will utilize USPSCM to track and confirm that the customer received the notification. Simultaneously, employees will call each vendor and communicate the recall and the steps they need to take to ensure they are safe and that their product is properly returned for destruction. Suppose the product did not originate at the facility but is handled or processed by the facility. In that case, the originating business will also be notified of a recall involving any product that originated with them. Facility employees will inform vendors of the nature of the memory, identify the specific product at hand, including details on batch and lots numbers, and inform them of the date and time the product was made and sold. The Commission may, at its discretion, order a cannabis business to undertake a recall. Kush Medicinal LLC will comply with any recalls ordered by the Commission.

# 24.7 Steps Toward the Preservation of Cannabis and Reasonable Efforts to Maintain Access to Medical Cannabis By Those Who Depend Upon It

The preservation of cannabis encompasses accountability, organization, and security culture to ensure and maintain access to medical cannabis by those dependent upon it. Employees will be trained on standard procedures related to product preservation. All perishable products will be monitored and inventoried based on the basic "first in, first out" method, where the oldest products are brought to the front and sold first. These products will be checked daily. If the product expires, it will be removed from the internal and state-mandated tracking system and marked as waste. For loss prevention purposes, Kush Medicinal LLC will limit access to cannabis item storage areas to the minimum number of authorized personnel necessary to maintain safe and orderly operations. When visitors must be present in or pass through cannabis item storage areas, the company will provide adequate observation of the area by employees specifically authorized by policy or job description to supervise the activity. Kush Medicinal LLC will identify specific personnel with access to the storage area, including those authorized to supervise visitors in storage areas. Visitors will not be permitted in cannabis storage areas unless they perform

maintenance activities. Storage areas will be equipped with cameras that meet all Commission requirements to view facial features.

Kush Medicinal LLC will securely store cannabis, including finished usable cannabis and cannabis products that are ready for sale, in a locked area. All currency and cannabis, including quarantine and waste cannabis, will be kept in a steel safe or vault with an Underwriters Laboratory (UL) Group 1 rating. Vaults storing cannabis or currency will be secured in separate vaults with a commercial-grade combination pin code reader for authorized personnel to enter. The combination will be changed at irregular intervals not to exceed 90 days. Vaults and safes will have doors secured by an outside combination lock and pin code and will only be accessible by identified key staff. Vault doors will be attached to steel-reinforced concrete or similar masonry at least eight inches thick. Safes will be bolted or cemented to the floor or wall so they cannot be readily removed. More procedures for secure storage will be detailed in the security plan located in another section of this application.

# 24.8 Investigation and Analysis of Factors Leading to a Recall

Procedures will be established to identify the course of action after factors that necessitate a recall procedure. Cannabis and cannabis products considered necessary to recall will include any defective or adulterated cannabis or any cannabis that has failed the rigorous analytical lab testing and internal quality control measures created to prevent a recall before it happens. The quality assurance (QA) department will review all recalled cannabis items. In addition, they track and segregate the recalled items in quarantine until the Commission authorizes disposal. At this point, Kush Medicinal LLC will ensure that the recalled cannabis items are disposed of in a manner that renders them unusable.

Following Good Distribution Practice (GDP), the effectiveness of the arrangements for product recall will be evaluated regularly, at least annually. Recall operations will be capable of being initiated promptly and at any time. The company will follow the instructions of a recall message, which will be approved, if required, by the governing

authorities. Any recall operation will be recorded at the time it is carried out. Records will be made readily available to the governing authorities.

The distribution records will be readily accessible to the person(s) responsible for the recall. They will contain sufficient information on distributors and directly supplied customers (with addresses, phone and fax numbers inside and outside working hours, batch numbers at least for medicinal products bearing safety features as required by legislation and quantities delivered), including those for exported products and medicinal product samples. The progress of the recall process will be recorded for a final report.

Audits by independent external experts may also be helpful but may not be used as a substitute for self-inspection. All self-inspections will be recorded. Reports will contain all the observations made during the inspection. The management and other relevant persons will provide a copy of the report. If irregularities and deficiencies are observed, their cause will be determined, and the corrective and preventive actions (CAPA) will be documented and followed up.

#### Conclusion

Poor communication and a lack of compliance with standard operating procedures are a recipe for disaster. Seemingly minor complications with producing cannabis products can cause significant consequences. Kush Medicinal LLC will develop and implement a recall plan that addresses the concerns of the Commission, the consumer, and the staff. The responsible handling, management, and recall of cannabis are not just a means of establishing a compliant business model. Maintaining public safety is a corporate duty. Kush Medicinal LLC is prepared to support a capable team with a transparent chain of command that precisely executes recalls and associated documentation and messaging. An integral part of the Kush Medicinal LLC company culture is to strive for overall quality. Staff will be trained to spot inconsistencies and follow a strict set of recall procedures to uphold Kush Medicinal LLC's steadfast commitment to keeping the community safe.

# **Exhibit 25 - Marketing and Advertising Plan**

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: In Progress with completion expected 90 days after award of license

#### Introduction

Building a solid brand and effectively marketing a business are fundamental to the operation's long-term success. Building and marketing the company is an essential first step, but every bit is as important as understanding the consumer and catering to them. Due to the unnecessary stigma that has wrongfully surrounded cannabis for most of the 20th century, advertising and marketing can propose a unique challenge; however, with the creative skills of many professionals, they have successfully branded many companies in multiple states with some level of legal cannabis. While all legal markets have individual regulations, one essential principle to follow is regulatory compliance and advertising while doing it correctly. Is it well known and understood that false or misleading claims cannot and will not be made; it is also understood that logos cannot brand the cannabis plant itself or consist of designs that may lead toward attracting minors. In such compliance with the Commission outlined in part **25.1** of this application that any proposed logos, branding, messaging, or other marketing or advertising communications, providing exemplars of any specific advertisements shall be provided to the Committee to assure strict compliance. Additionally, regarding 25.2 of the application, social media outlets or dedicated, established cannabis marketing brands will be identified. Per 25.3, any third-party individual or entity, inclusive of any contracts, will be included.

# 25.1 Proposed Logos, Branding, Messaging, or Other Marketing or Advertising

Proposed logos, branding messaging, other marketing and advertising are listed below. Per **41.1**, plans to develop the proposed logos, branding messaging, and other marketing and advertising listed below. Kush Medicinal LLC will enter into an agreement with a creative agency within 90 days of licensure. They will develop logos, packaging labeling, branding and messaging plans and will manage Kush Medicinal LLC's public relations and social media accounts. Only capable, award winning companies with medical cannabis

experience that demonstrate an understanding of and a commitment to strict compliance with Alabama rules and regulations will be considered, including Greene Street Creative, Wick & Mortar, Studio Linear, and Cannabis Creative. Consistent with Ala. Admin. Code r. 538-X-4-.17(1), any advertisement likely to reach or appeal to minors is prohibited and will not be utilized by Kush Medicinal LLC. Similarly, advertising for medical cannabis will not contain any statements, illustrations, or other material that would be appealing to minors per Code of Ala. § 20-2A-61(b). In addition, Kush Medicinal LLC's advertising and marketing campaigns will not encourage, promote, or otherwise create any impression that cannabis is legal, therapeutic, or beneficial, except as specifically authorized by the Darren Wesley "Alo" Hall Compassion Act and Commission rules. Ala. Admin. Code r. 538-X-4-.17(2).

Per Ala. Admin. Code r. 538-X-4-.17(3), Kush Medicinal LLC will not use a name, logo, sign, advertisement, or other marketing campaign or program unless the same, including all related materials, have been submitted to the Commision. Kush Medicinal LLC will submit to the Commission, among other materials, (a) to the extent possible, the name, logo, sign, advertisement or other marketing campaign or program proposed for use; (b) a brief description of the format, medium, and length of the distribution; (c) a verification that an actual patient is not being used on the advertisement; (d) verification that an official translation of a foreign language advertisement is accurate; and (e) a final copy of the advertisement, including a video where applicable, in a format acceptable to the Commission. Kush Medicinal LLC understands and acknowledges under Ala. Admin. Code r. 538-X-4-.17(4) that the Commission may, in its discretion, (1) require a specific disclosure be made in the advertisement in a clear and conspicuous manner if the advertisement would be false or misleading without such disclosure, (2) require changes as necessary to protect the public health, safety, and welfare; or (3) prohibit the use of the advertisement.

Consistent with **Ala. Admin. Code r. 538-X-4-.17**, Kush Medicinal LLC will not place or maintain, or cause to be placed or maintained, an advertisement of medical cannabis or any related product, in any of the following ways: (a) Within 500 feet of the perimeter of a

prohibited facility or any business or organization where, in the opinion of the Commission, the placement of the advertisement targets or is attractive to minors; (b) On a billboard; (c) On a radio or television broadcast, including a system for transmitting visual images and sound that are reproduced on screens, and includes broadcast, cable, on-demand, satellite, cinema, social media, or another internet-based platform; (d) On any handheld or other portable sign; (e) With respect to public places, on a brochure, handbill, pamphlet, leaflet, or flyer directly handed, deposited, fastened, thrown, scattered, cast, or otherwise distributed to any person; (f) Left upon any private property without the consent of the property owners; (g) On or in a vehicle, public transit vehicle, or public transit shelter; or (h) On or in a publicly-owned or operated property.

Similarly, with regard to any physical structure or vehicle owned, leased, or otherwise used by Kush Medicinal LLC, Kush Medicinal LLC will not (a) advertise medical cannabis brand names or use graphics related to cannabis or paraphernalia on the exterior of the physical structure or vehicle or (b) display medical cannabis products or paraphernalia so as to be clearly visible from the exterior of the physical structure or vehicle per **Code of Ala. § 20-2A-61(a)**. Kush Medicinal LLC understands and acknowledges that these restrictions shall apply to any item located on real property on which Kush Medicinal LLC's physical structures are located.

In addition, per Ala. Admin. Code r. 538-X-4-.17(6), any name, logo, sign, advertisement, or other marketing campaign or program of or on behalf of Kush Medicinal LLC, regardless of the medium, will not: (a) Include reference to, or be accompanied by, any image bearing a resemblance to a cartoon character or of any individual (actual or fictional) more than fifteen percent (15%) of whose audience is, or should be reasonably anticipated to be, composed of minors; (b) Market, distribute, offer, sell, license, or cause to be marketed, distributed, offered, sold, or licensed, any apparel or other merchandise related to the sale of medical cannabis; (c) Suggest, by direct or indirect reference, a relationship to edibles (including candy, cookies, brownies, cakes, and the like) or beverages; (d) Include designs or other presentational effects that are commonly used to target minors; (e) Suggest or otherwise indicate that the product or entity in the advertisement has been approved or

endorsed by the Commission, the State of Alabama or any person, entity or agency associated with the State of Alabama; (f) Advertise in a manner that is inconsistent with the medicinal and approved use of medical cannabis; (g) Encourage the use of medical cannabis for a condition other than a qualifying medical condition; (h) Contain any statement, design, representation, picture, or illustration that contains or communicates: 1. False or misleading statements; 2. Names other than the registered name of the Kush Medicinal LLC's registered business name or an approved d/b/a, or the registered name of medical cannabis or related products; 3. A depiction of cannabis plants or any part thereof, except with respect to: (a) signs, displays and marketing material provided inside a dispensing site, including but not limited to brochures or other written materials provided directly to patients and caregivers within the sales area of a dispensing site, or (b) on a website maintained by the Kush Medicinal LLC for the exclusive use of patients and caregivers. 4. Slang terms and similar references, including words or depictions directly or indirectly referring to, unlicensed uses of cannabis; 5. Disparagement of a competitor's products; 6. Obscene, indecent, or profane statements or depictions; or 7. Statements as to the health benefits or therapeutic benefits of cannabis or medical cannabis, and statements as to the safety or efficacy of cannabis or medical cannabis unless supported by substantial clinical data. Per Code of Ala. § 20-2A-32, Kush Medicinal LLC will not allow any registered certifying physician to advertise in the dispensary.

Lastly, in accordance with **Ala. Admin. Code r. 538-X-4-.17**, Kush Medicinal LLC will not do any of the following: (a) Display external signage larger than sixteen inches in height by eighteen inches in width that is not attached to the entity's permanent structure or vehicle; (b) Illuminate a sign advertising a medical cannabis product or strain at any time; (c) Sell or otherwise distribute clothing, apparel, or wearable accessories, unless such sale or distribution is to an employee for purposes of identification while at the licensed facility; (d) Advertise medical cannabis brand names or utilize graphics related to medical marijuana on the exterior of any building or vehicle operated by the Kush Medicinal LLC; or (e) Display medical marijuana, medical marijuana products, or medical marijuana paraphernalia that is visible from the exterior of the facility.

# Specific Media Outlets or Platforms Where Marketing/Advertising Campaigns will be Utilized

Specific media outlets or platforms where marketing/advertising campaigns have been discussed by executives, as outlined in **25.2**, are listed in this section below.

#### Website

In accordance with Ala. Admin. Code r. 538-X-4-.17(7), Kush Medicinal LLC plans to develop a website or otherwise establish a web presence advertising the name, business address, contact information, and services provided by Kush Medicinal LLC. The website will require each user's affirmation that the user is not a minor before access to the website is granted. If Kush Medicinal LLC establishes any type of web presence, Kush Medicinal LLC will not: (a) Allow for direct engagement between or among patients or patientgenerated content including but not limited to patient reviews or testimonials; notwithstanding the foregoing, the Kush Medicinal LLC understands it is not prohibited from seeking or obtaining direct patient feedback or sharing actual unsolicited statements made by patients to Kush Medicinal LLC, so long as the content of the statement does not otherwise violate any prohibitions contained in applicable rules and regulations. (b) Provide a medium for website users to transmit website content to minors; (c) Target a patient group with a high likelihood of reaching or appealing to minors; (d) Display or otherwise post content that has not been submitted to the Commission under Ala. Admin. Code r. 538-X-4-.17(4), if such content has been created or produced within Alabama or is specifically targeted to or available only to Alabama residents; (e) Transact business or otherwise facilitate a sales transaction to patients or businesses; or (f) Maintain a web presence that would otherwise violate applicable rules and regulations.

# **Search Engine Optimization**

Content plays a significant role in attracting new patients and adding value to the brand, predominantly due to its influence on SEO. With limited access to online advertising tools, SEO is significant for businesses in the Cannabis industry. Not only does Google prioritize quality long-form content over copy crammed with keywords, but the popular search engine also highlights local businesses related to search queries termed Google's "Local

Pack." The local pack comprises three local businesses that Google deems most related to the search terms entered. The results include the business's review rating, hours, and contact information.

The business's location, website citations, domain authority, and geo-specific vital terms are primary variables for ranking in the local pack. Citations are other websites that list the Cannabis business's name, address, and phone number (NAP). Examples of these sites are directory listings, the Google My Business listing, and Yelp. Google uses NAP listings to verify the business's identity. If the NAP is consistent across several third-party websites, Google will have more confidence in displaying the company in local packs.

To boost the domain authority, ranking, and pack potential, Kush Medicinal LLC will start with the following:

- Claim and Optimize the Google My Business Listing
- Utilize Google My Business Posts
- Utilize Social Media
- Manage Online Reviews
- List in Online Directories
- Keep track of where the NAP is listed
- Use Schema Markup

# **Blogging**

Blogging is one of the most powerful marketing tools at a company owner's disposal. It accomplishes many SEO, content generation, and social outreach goals simultaneously. For Kush Medicinal LLC, writing quality blog articles also achieves the mission of educating the patient base and becoming an expert in the industry. As previously mentioned, quality content is a driving force behind the website's ranking. The blog is a convenient platform for updating the website with fresh, relevant, and educational content that organically builds the brand, increases the domain authority, and converts visitors into patients. Google will include the post in related search results and rank it higher if the content links to quality websites that add value to the topic.

#### Youtube

Kush Medicinal LLC may develop educational videos for patients regarding product use and safe consumption methods. They will not, in any way, advertise product or recommend products that are sold at the store during these videos. YouTube is the 2nd largest search engine online. This content will be developed in consultation with a medical doctor, as well as the creative agency familiar with the state's regulations related to marketing and advertising. Consistent with **Ala. Admin. Code r. 538-X-4-.17**, such content will be noncommercial messages, i.e., the content of which is primarily for charitable, educational, or public service purposes and will not overtly seek profit or promote Kush Medicinal LLC or its products. As stated above and per **Ala. Admin. Code r. 538-X-4-.17(6)**, Kush Medicinal LLC will not encourage the use of medical cannabis for a condition other than a qualifying medical condition, and will not use statements as to the health benefits or therapeutic benefits of cannabis or medical cannabis, or statements as to the safety or efficacy of cannabis or medical cannabis unless supported by substantial clinical data.

#### **Podcasts**

Kush Medicinal LLC may use this platform to make guest appearances on prominent medical cannabis channels to provide educational value to the patient. As stated above and per Ala. Admin. Code r. 538-X-4-.17(6), Kush Medicinal LLC will not encourage the use of medical cannabis for a condition other than a qualifying medical condition, and will not use statements as to the health benefits or therapeutic benefits of cannabis or medical cannabis, or statements as to the safety or efficacy of cannabis or medical cannabis unless supported by substantial clinical data.

# **Projected Third Party Creative Agency**

Per **25.3**, Kush Medicinal LLC will enter into an agreement with a creative agency within 90 days of licensure. Companies under consideration include Greene Street Creative, Wick & Mortar, Studio Linear, and Cannabis Creative. Kush Medicinal LLC will make its decision based on experience with medical cannabis and will engage a company that demonstrates an understanding of and a commitment to strict compliance with Alabama rules and

regulations. Future copies of any contracts or contract forms proposed for use, if any, between itself and such media outlet or third-party individual or entity, will be disclosed to the Commission upon such agreement.

#### Conclusion

While adhering stringently to regulatory requirements of the state of Alabama regarding marketing and advertising is an integral part of starting a business, there are more elements to consider and respect in the same manner, namely regarding the customer. Each customer is unique in their medical needs and the methods that will work most effectively. Additionally, being in a new market, it is essential to respect the community as a whole, especially with an industry that is working to combat the stigmatization that has wrongfully haunted it for the majority of the 20th century. By working respectfully with the Commission, the community at large, and prospective customers, an effective marketing and advertising plan can be formulated for new thriving businesses.

# Exhibit 26 - Website and Social Media

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Toral Patel	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

#### Status of Plan

Per application requirements, the status for this plan is: In Progress with completion expected 5 days after award of license

# 26.1 A Complete Site Map of Each Website Owned or Operated by the Applicant

As of 30 December 2022, Kush Medicinal LLC operates one website, <a href="https://kushmedicinal.com">https://kushmedicinal.com</a>. Please see the below-provided six site maps corresponding to the LLC's website.



Figure 1: Site Map #1 for Kush Medicinal.com

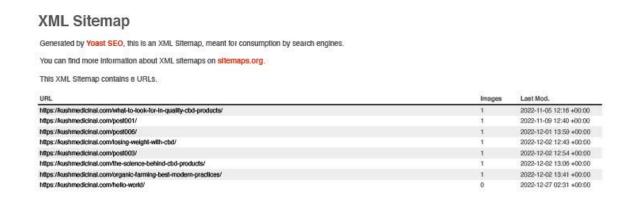


Figure 2: Site Map #2 for Kush Medicinal.com

# XML Sitemap

Generated by Yoast SEO, this is an XML Sitemap, meant for consumption by search engines.

You can find more information about XML sitemaps on sitemaps.org.

This XML Sitemap contains 18 URLs.

URL	Images	Last Mod.
https://kushmedicinal.com/	24	2022-12-29 19:01 +00:00
https://kushmedicinal.com/home2/	0	2020-05-31 14:25 +00:00
https://kushmedicinal.com/privacy-policy-2/	0	2020-09-27 15:07 +00:00
https://kushmedicinal.com/terms-and-conditions/	0	2020-09-27 15:07 +00:00
https://kushmedicinal.com/shop-2/	0	2021-05-07 12:10 +00:00
https://kushmedicinal.com/shop-2/cart/	0	2021-05-07 12:10 +00:00
https://kushmedicinal.com/shop-2/checkout/	0	2021-05-07 12:10 +00:00
https://kushmedicinal.com/shop-2/my-account/	0	2021-05-07 12:10 +00:00
https://kushmedicinal.com/shop-2/stripe-checkout-result/	0	2021-05-26 11:42 +00:00
https://kushmedicinal.com/contact/	0	2021-06-13 11:03 +00:00
https://kushmedicinal.com/magazine/	0	2022-12-02 16:25 +00:00
https://kushmedicinal.com/demo-design-system/	0	2022-12-04 10:06 +00:00
https://kushmedicinal.com/login/	0	2022-12-05 15:20 +00:00
https://kushmedicinal.com/sample-page/	0	2022-12-27 02:31 +00:00
https://kushmedicinal.com/shop/	0	2022-12-29 13:11 +00:00
https://kushmedicinal.com/cart/	0	2022-12-29 13:11 +00:00
https://kushmedicinal.com/checkout/	0	2022-12-29 13:11 +00:00
https://kushmedicinal.com/my-account/	0	2022-12-29 13:11 +00:00

Figure 3: Site Map #3 for Kush Medicinal.com

# **XML Sitemap**

Generated by Yoast SEO, this is an XML Sitemap, meant for consumption by search engines.

You can find more information about XML sitemaps on sitemaps.org

This XML Sitemap contains 9 URLs.

URL	Images	Last Mod.
https://kushmedicinal.com/shop-2/	0	2022-11-30 14:18 +00:00
https://kushmedicinal.com/product/product002/	1	2022-11-30 13:23 +00:00
https://kushmedicinal.com/product/product001/	1	2022-11-30 13:37 +00:00
https://kushmedicinal.com/product/product010/	1	2022-11-30 13:52 +00:00
https://kushmedicinal.com/product/product004/	1	2022-11-30 13:57 +00:00
https://kushmedicinal.com/product/product007-2/	1	2022-11-30 14:03 +00:00
https://kushmedicinal.com/product/product008/	1	2022-11-30 14:12 +00:00
https://kushmedicinal.com/product/product006/	1	2022-11-30 14:16 +00:00
https://kushmedicinal.com/product/product007/	1	2022-11-30 14:18 +00:00

Figure 4: Site Map #4 for Kush Medicinal.com

# XML Sitemap

Generated by Yoast SEO, this is an XML Sitemap, meant for consumption by search engines.

You can find more information about XML sitemaps on sitemaps.org.

This XML Sitemap contains 1 URLs.

 URL
 Images
 Last Mod.

 https://kushmedicinal.com/category/uncategorized/
 0
 2022-12-27 02:31 +00:00

Figure 5: Site Map #5 for Kush Medicinal.com

# ### Company Co

Figure 6: Site Map #6 for Kush Medicinal.com

# 26.2 The Web Address of Each Webpage, Social Media Page, or Other Online Site Owned

Kush Medicinal LLC owns the following webpage and social media pages, as of 30 December 2022:

Webpage: <a href="https://kushmedicinal.com/">https://kushmedicinal.com/</a>

# **Facebook Page:**

https://www.facebook.com/profile.php?id=100089253363424&is tour dismissed=true

Instagram Page: <a href="https://instagram.com/kushdispensary.al?igshid=YmMyMTA2M2Y="https://instagram.com/kushdispensary.al?igshid=YmMyMid=Ym

Minority	<b>Ownership</b>	Documents
14111101101	OWILLISHID	Documents

# Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

<u>Toral Patel</u>	Chief Operating Officer
Printed Name of Verifying Individual	Title of Verifying Individual
Toral Patel	28 December 2022
Signature of Verifying Individual	Verification Date

Kush Medicinal will apply for a certification from the Office of Minority Business Enterprise through the Alabama Department of Economic and Community Affairs (ADECA) once the State of Alabama grants it a license for a medical cannabis dispensary. Specifically, Kush Medicinal cannot apply at this time as it will need a year of operations before it is eligible for the certification. Per the ADECA website, the requirements are:

# **Eligibility Requirements**

In order to be eligible for minority or woman-owned certification, an applicant business must meet certain requirements that include, but are not limited to the following:

 A business must be at least 51 percent minority/woman-owned, controlled and operated on a daily basis

Currently, Kush Medicinal is 100% minority-owned and 99% women-owned.

 Must have been in operation for at least one year prior to applying for minority business certification status

Currently, Kush Medicinal has not been in operation for one year.

- Must have a legal presence (license) to operate in Alabama *Kush Medicinal will only operate in Alabama.* 
  - Majority owner(s) must be a legal resident of the United States by birth or naturalization

All owners are US citizens and/or residents of the United States.

 Must be socially disadvantaged (defined as those individuals who have been subjected to racial or ethnic prejudice, sexual or cultural bias because of their identity as a member of a group without regard to their individual qualities)

All members of Kush Medicinal belonged to a socially disadvantaged group.

 Must be economically disadvantaged (defined as those individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities)

Kush Medicinal is 99.5% owned and operated by US immigrants who come from an economically disadvantaged backgrounds.

 Must be a member(s) of an officially designated socially disadvantaged group such as African-American, Native American or Alaskan Native, Hispanic-American, Women, Asian-Pacific American, and Asian-Indian American

99.5% of Kush Medicinal is owned by disadvantaged groups as per this definition.



Hull & Company, LLC 8000 E Maplewood Ave, Suite 350 Greenwood Village, CO 80111 (303)217-4855 Fax: (866)610-8043

Managing General Agents ■ Wholesale Insurance Brokers

**DATE:** 03/31/2022

TO: Max Meade Agency Code: 89339
Brown & Brown of Delaware Valley

2000 Midlantic Drive

Suite 440

Mount Laurel, NJ 08054

FROM: Rachel Hauser Agency Fax: (856)494-1913

rachel.hauser@hullden.com

**BINDER** 

**Insurance Terms:** 

Insured: New Era Dispensary

9 azalea place, Piscataway, NJ 08854

Policy #: CUS046007318 Renewal of Policy #: NEW

Policy Type: Occurrence

Insurer: Non-Admitted

Canopius US Insurance, Inc. - 200 S. Wacker Dr, Ste 950 Chicago IL 60606 Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

**Effective Date:** 03/31/2022

Term of Policy Coverage: 03/31/2022 to 03/31/2023

 Premium:
 \$1,305.00

 Policy Fee
 \$150.00

 NJ SL Tax(5%)
 \$65.25

 Total:
 \$1,520.25

Commission: 12.5 %

Minimum Earned Percent: 25.00 % Minimum Earned Premium: \$ 326.25

Note: Policy fees are fully earned.

THIS INSURANCE IS ISSUED PURSUANT TO THE NEW JERSEY SURPLUS LINES LAW.

Locations:

80-88 Main Street, South Bound Brook, NJ, 08880

NJ SLA# G0676-22-02140

# Commercial General Liability

Coverage: General Liability - Policy Type: Occurrence

Limits:

General Aggregate: \$2,000,000 Products/Completed Operations Aggregate: **Excluded** Each Occurrence: \$1,000,000 Personal and Advertising Injury: \$1,000,000 Damages to Premises Rented To You: \$100,000 Medical Payments (any one person): \$5,000 Employee Benefits: Excluded Stop Gap: Excluded

Deductible: \$0

#### Loc #: 1 - 80-88 Main Street

<b>Class</b> 12375	<b>Description</b> Drugstores	<b>Sub-Line</b> Premises/Operations	<b>Basis</b> Gross Sales	<b>Exposure</b> 1,000,000	Final Rate 1.305	Premium \$1,305
49950	Additional Insured(s)	Additional Insured	Units	1	1	Included

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)

#### **Mandatory Common Forms/Endorsements**

CUS MJ 100 (03/18) Commercial Lines Common Policy Declarations

CUS MJ 199 (08/17) Schedule of Forms and Endorsements

CUS MJ 999 (08/17) Claims Notification

CUS CO 101 (05/20) - General Exclusions

CUS CO 102 (02/20) - Service of Suit Clause

CUS CO 103 (02/20) - Privacy Policy Statement

CUS CO 104 (08/17) Sanction Limitation and Exclusion Clause

CUS CO 105 (02/20) Premium Calculation Changes

CUS CO TNP (02/20) Policyholder Notice - Terrorism Coverage Not Purchased

IL 0021 (05/04) Nuclear Energy Liability Exclusion Endorsement

IL 0017 (11/98) Common Policy Conditions

#### Mandatory General Liability Forms/Endorsements

CUS MJ 102 (08/17) Commercial General Liability Declarations

CG 0001 (12/07) Commercial General Liability Coverage Part

CG 2136 (03/05) Exclusion-New Entities

CG 2147 (12/07) Employment-Related Practices Exclusion

CG 2149 (09/99) Total Pollution Exclusion

CUS GL 110 (05/20) Exclusion Absorption Inhalation or Disease

CUS GL 111 (05/20) Exclusion Cyber Liability

CUS GL 117 (05/20) Combination General Liability Endorsement

CUS GL 123 (08/17) Assault and/or Battery Exclusion

CUS GL 348 (11/20) Fines, Penalties, Punitive of Exemplary Damages

CG 2104 (11/85) Exclusion-Products/Completed Operations Hazard

CUS GL 236 (08/17) Audit Premium Amendatory Endorsement

CUS GL 241 (08/17) Exclusion-Sexual Abuse or Molestation

CUS GL 244 (08/17) Exclusion-Total Liquor

CUS GL 312 (08/17) Exclusion-Professional Liability

CG 2196 (03/05) Silica or Silica Related Dust Exclusion

CG 2144 (07/98) Limitation of Coverage to Designated Premises

CUS MJ 108 (08/17) Exclusion-Residential Occupancy

CG 2011 (01/96) Additional Insured-Managers or Lessors

03/31/22 Page 2 of 2

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

100% Minimum & Deposit

25% Minimum Earned Premium

Including, but not limited to, the attached schedule of forms.

No Flat Cancellations

Policy Fees are 100% Fully Earned

Policy is subject to audit

Premium payment is due within twenty (20) days from the effective date unless otherwise stipulated.

Subject to No Losses

#### **Additional Interests**

Additional Insured: TBD, Form: CG 2011

#### **Special Provisions:**

This binder is effective from 03/17/2022 to 04/16/2022 12:01 a.m. It is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. Standard Company and/or ISO forms are applicable. The issued policy will replace the binder. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

The annual premium is due with your Hull & Company, LLC statement, unless otherwise noted.

If the retail agent issues a certificate of insurance or evidence of insurance, it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, LLC, Denver ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

Olga Linney for Rachel Hauser olga.linney@hullden.com



Hull & Company, LLC 8000 E Maplewood Ave, Suite 350 Greenwood Village, CO 80111 (303)217-4855 Fax: (866)610-8043

Managing General Agents ■ Wholesale Insurance Brokers

**DATE:** 03/31/2022

TO: Max Meade Agency Code: 89339
Brown & Brown of Delaware Valley

2000 Midlantic Drive

Suite 440

Mount Laurel, NJ 08054

FROM: Rachel Hauser Agency Fax: (856)494-1913

rachel.hauser@hullden.com

**BINDER** 

**Insurance Terms:** 

Insured: New Era Dispensary

9 azalea place, Piscataway, NJ 08854

Policy #: CUS046007318 Renewal of Policy #: NEW

Policy Type: Occurrence

Insurer: Non-Admitted

Canopius US Insurance, Inc. - 200 S. Wacker Dr, Ste 950 Chicago IL 60606 Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

**Effective Date:** 03/31/2022

Term of Policy Coverage: 03/31/2022 to 03/31/2023

 Premium:
 \$1,305.00

 Policy Fee
 \$150.00

 NJ SL Tax(5%)
 \$65.25

 Total:
 \$1,520.25

Commission: 12.5 %

Minimum Earned Percent: 25.00 % Minimum Earned Premium: \$ 326.25

Note: Policy fees are fully earned.

THIS INSURANCE IS ISSUED PURSUANT TO THE NEW JERSEY SURPLUS LINES LAW.

Locations:

80-88 Main Street, South Bound Brook, NJ, 08880

NJ SLA# G0676-22-02140

# Commercial General Liability

Coverage: General Liability - Policy Type: Occurrence

Limits:

General Aggregate: \$2,000,000 Products/Completed Operations Aggregate: **Excluded** Each Occurrence: \$1,000,000 Personal and Advertising Injury: \$1,000,000 Damages to Premises Rented To You: \$100,000 Medical Payments (any one person): \$5,000 Employee Benefits: Excluded Stop Gap: Excluded

Deductible: \$0

#### Loc #: 1 - 80-88 Main Street

<b>Class</b> 12375	<b>Description</b> Drugstores	<b>Sub-Line</b> Premises/Operations	<b>Basis</b> Gross Sales	<b>Exposure</b> 1,000,000	Final Rate 1.305	Premium \$1,305
49950	Additional Insured(s)	Additional Insured	Units	1	1	Included

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)

#### **Mandatory Common Forms/Endorsements**

CUS MJ 100 (03/18) Commercial Lines Common Policy Declarations

CUS MJ 199 (08/17) Schedule of Forms and Endorsements

CUS MJ 999 (08/17) Claims Notification

CUS CO 101 (05/20) - General Exclusions

CUS CO 102 (02/20) - Service of Suit Clause

CUS CO 103 (02/20) - Privacy Policy Statement

CUS CO 104 (08/17) Sanction Limitation and Exclusion Clause

CUS CO 105 (02/20) Premium Calculation Changes

CUS CO TNP (02/20) Policyholder Notice - Terrorism Coverage Not Purchased

IL 0021 (05/04) Nuclear Energy Liability Exclusion Endorsement

IL 0017 (11/98) Common Policy Conditions

#### Mandatory General Liability Forms/Endorsements

CUS MJ 102 (08/17) Commercial General Liability Declarations

CG 0001 (12/07) Commercial General Liability Coverage Part

CG 2136 (03/05) Exclusion-New Entities

CG 2147 (12/07) Employment-Related Practices Exclusion

CG 2149 (09/99) Total Pollution Exclusion

CUS GL 110 (05/20) Exclusion Absorption Inhalation or Disease

CUS GL 111 (05/20) Exclusion Cyber Liability

CUS GL 117 (05/20) Combination General Liability Endorsement

CUS GL 123 (08/17) Assault and/or Battery Exclusion

CUS GL 348 (11/20) Fines, Penalties, Punitive of Exemplary Damages

CG 2104 (11/85) Exclusion-Products/Completed Operations Hazard

CUS GL 236 (08/17) Audit Premium Amendatory Endorsement

CUS GL 241 (08/17) Exclusion-Sexual Abuse or Molestation

CUS GL 244 (08/17) Exclusion-Total Liquor

CUS GL 312 (08/17) Exclusion-Professional Liability

CG 2196 (03/05) Silica or Silica Related Dust Exclusion

CG 2144 (07/98) Limitation of Coverage to Designated Premises

CUS MJ 108 (08/17) Exclusion-Residential Occupancy

CG 2011 (01/96) Additional Insured-Managers or Lessors

03/31/22 Page 2 of 2

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

100% Minimum & Deposit

25% Minimum Earned Premium

Including, but not limited to, the attached schedule of forms.

No Flat Cancellations

Policy Fees are 100% Fully Earned

Policy is subject to audit

Premium payment is due within twenty (20) days from the effective date unless otherwise stipulated.

Subject to No Losses

#### **Additional Interests**

Additional Insured: TBD, Form: CG 2011

#### **Special Provisions:**

This binder is effective from 03/17/2022 to 04/16/2022 12:01 a.m. It is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. Standard Company and/or ISO forms are applicable. The issued policy will replace the binder. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

The annual premium is due with your Hull & Company, LLC statement, unless otherwise noted.

If the retail agent issues a certificate of insurance or evidence of insurance, it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, LLC, Denver ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

Olga Linney for Rachel Hauser olga.linney@hullden.com

# FORM K: Affidavit of Entity Applicant for Alabama Medical Cannabis License

STATE O	F Alabama
Monto	SOMERY COUNTY )
	e, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, under oath as follows (please type or print legibly):
1. NAME	E OF ENTITY APPLYING FOR LICENSE: Kush Medicinal LLC
2. NAME	E OF AFFIANT:  Rinaben Rakesh Patel
3. AFFIA	NT'S POSITION WITH APPLICANT: Chief Executive Officer
4. AFFIA	NT IS THE APPLICANT'S (Check One):  (The affidavit of BOTH individuals is required)
5. TYPE	OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
	Cultivator Processor Secure Transporter
	Dispensary O Integrated Facility O State Testing Laboratory
6. On bel	half of the Applicant, I do hereby affirm under oath as follows:
a.	I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
b.	In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.  (Attach a copy of the entity applicant's written authorization to this Affidavit.)  A. L. INITIAL HERE
<b>C.</b>	I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.  ### INITIAL HERE
d.	That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with

those within the Applicant's business who have such personal knowledge, whose duties

# Form K: Affidavit of Entity Applicant for Alabama Medical Cannabis License Page 2

	exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.  [R. L. INITIAL HERE]
e.	Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.  ### INITIAL HERE
f.	Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.  [R-]  [NITIAL HERE]
g.	Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.  [2.2] INITIAL HERE
h.	Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.  [A. P INITIAL HERE]
i.	I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.  INITIAL HERE
j.	Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.    P   P   INITIAL HERE
	R-R-Rel-Pel Signature of Affiant
	Signature of Affiant Acting for and on behalf of:
	Kush Medicinal LLC
	Applicant
Sworn to a	and subscribed before me on this day of
	Sant Newwo
	Notark Public
	My Commission Expires: July 21, 2020 NO

# FORM K: Affidavit of Entity Applicant for Alabama Medical Cannabis License

ST	ATE OI	F	Flor	ida	assag ba	1				io d'historia. Iod alber app	
						jesti az.	i Alabana ka				
	Pir	nella	S	_COUNT	<b>'Y</b>	) digram musik				led for is a res	ing a later
						did appear			ght, and t	me first duly	
1.	NAME	OF	ENTITY	APPLYII	NG FOI	R LICENSE:	Kush Medicin	nal LLC			
2.	NAME	OF	AFFIAN	T:	Toral S	uryakant Pat		to fill the	o to respe Applicatio	in And entire	
3.	AFFIA	NT'	S POSIT	ON WIT	H APP	LICANT: C	hief Operating	Officer - k	Kush Medici	nal LLC	-
4.	AFFIA	. <b>NT</b> ]	IS THE A	PPLICA	NT'S (C	Check One):		•	ble Party of BOTH in	Conta	act Person required
5.	ТҮРЕ	OF L	ICENSE	BEING S	OUGH	T BY APPL	ICANT (Check				
		0	Cultiva	itor	0	Processo	r		Secure Tra	nsporter	
	(	•	Disper	isary	O	Integrate	d Facility	0	State Testi	ng Laborator	У
6.	On bel	half	of the A	pplicant,	I do h	ereby affirn	n under oath	as follov	vs:	d order are	
	a.		ars and		nt to p	t named in rovide this	Service Class Train Train Make Make State	above, a	m an adul	t, over the ag	e of 19
	b.	ide	entified i	n paragr	aph 1 he ent	above (her	einafter, "Ap	plicant")	to provide	zed by the Ap this Affidavit his Affidavit.	of the spinor
	c.	do	cuments ense of t	or othe	r exhi specifi	bits accom ed in parag	panying it, a graph 5 abov	re for th	ne purpose half of the	nts, informati of seeking of Applicant. No license on be	one (1) either I
			y jadivid		ny othe	er entity.	4 was a second	u Meurea	- Camillabil		
	d.	Appinvout	plication estigation tside my	n are tru on by m persona	e and e. To ll know	correct, ba the extent vledge or al	sed on my o any informa pility to affirm	wn perse ition pro n, I have j	onal know vided the personally	es provided ledge and a desire rein was her communicate ledge, whose	liligent etofore ed with

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and

		accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.  INITIAL HERE  Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.  INITIAL HERE									
	e.										
	f.	Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.  INITIAL HERE									
	g.	Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.									
	h.	<ul> <li>h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq. Code of Alabama 1975. </li></ul>									
	i.										
	j.	Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.									
State of Florida				Acting for and on well	half of:						
County of Pinellas				Kush Medicinal LLC Applicant	(TOR	AL PATE	<u>-)</u>				
Sworn	to a	nd subscribed before m	e on this _	day of	December	<u></u>	2022				
ARY PUS		ADRIAN ANTHONY PORRATA II			/	Porrata I	Afri				
		Notary Public - State of Florida  Commission # HH 297277	—	Notary Public Ac	Irian Anthony						
OF FLO	Q. Milli	Expires on August 3, 2026		My Commission Exp							
				ddebuff@proton.me	•		SEAL]				