



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**

i If 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) :

✓ Identification Number Type : FEIN

✓ Federal Tax Identification Number : 921030713

✓ Business Entity Name : Kush Medicinal LLC

✓ Business Entity Type : Limited Liability Company

✓ Secretary of State Entity ID Number : 001048881

✓ Federal Business Code No : 424590

✓ Date of Qualification, Organization or Incorporation: 11/11/2022

Applicant Street Address

✓ Street: 8107 WYNLAKES BL
VD

Unit No / Apt No:

✓ City: MONTGOMERY

✓ County: 51-Montgomery

✓ State: Alabama

✓ Zip Code: 36117

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: 8107 WYNLAKES BL
VD

Unit No / Apt No:

✓ City: MONTGOMERY

✓ State: Alabama

✓ Zip Code: 36117

✓ Address Verified?: Yes

Applicant Website:

✓ Applicant Email Address : neweradisensary.nj@gmail.com

✓ Applicant Phone Number : 5515803647

✓ Do you have a management service agreement in place?:

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? :Yes

✓ Does the applicant verify that it is: (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? :Yes

Primary Contact Person

✓ First Name: Toral

✓ Last Name: Patel

✓ Title: COO

✓ Phone Number: 2018503719

✓ Email: aminreena01@gmail.com

✓ Street: 9 AZALEA PL

Unit No / Apt No:

✓ City: PISCATAWAY

✓ State: New Jersey

✓ Zip Code: 08854

✓ Address Verified?: Yes

License Information

✓ License Type: Dispensary

Facility Information

Facility Information

✓ Facility Type: Dispensary

Physical Address

✓ Street: 2104 W POINT PKWY

Unit No / Apt No:

✓ City: OPELIKA

✓ County: 41-Lee

✓ State: Alabama

✓ Zip Code: 36801

✓ Address Verified? : Yes

Facility Information Questions

✓ Applicant's interest in property : Leases/Rents where proposed facility is located

✓ Is this facility under construction? : No

- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 180
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 210
- ✓ 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? : Yes

✓ Facility Type: Dispensary

Physical Address

- ✓ Street: 2500 Central Parkway Unit No / Apt No: City: Montgomery
- ✓ County: 51-Montgomery ✓ State: Alabama ✓ Zip Code: 36106
- ✓ Address Verified? : Yes

Facility Information Questions

- ✓ Applicant's interest in property : Agreement Contingent on Receipt of License where proposed facility is located
- ✓ Is this facility under construction? : No
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 180
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 210
- ✓ 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? : Yes

Ownership of Applicant

- ✓ Select type of record: Individual
- ✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

- ✓ Legal First Name : Rinaben ✓ Legal Middle Name : Rakesh ✓ Legal Last Name : Patel
- Suffix: ✓ Phone Number: 3345468901 ✓ Email Address: aminreena01@gmail.com
- ✓ Date of Birth: 03/20/1975 ✓ Social Security Number : ██████████ ✓ Race/Ethnicity: Asian

✓ Ownership Percentage of the Applicant : 43

✓ Role: Officer

Residence Address

✓ Street: 8107 WYNLAKES BLVD

Unit No / Apt No:

✓ City: MONTGOMERY

✓ State: Alabama

✓ Zip Code: 36117

✓ Address Verified? : Yes

✓ Select type of record: Individual

✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

✓ Legal First Name : Mitalbahen

✓ Legal Middle Name : Ramjibhai

✓ Legal Last Name : Patel

Suffix:

✓ Phone Number: 3342337249

✓ Email Address: patelmitalr01@gmail.com

✓ Date of Birth: 04/29/1975

✓ Social Security Number : ██████████

✓ Race/Ethnicity: Asian

✓ Ownership Percentage of the Applicant : 51

✓ Role: Officer

Residence Address

✓ Street: 8832 PEMBERTON PARK

Unit No / Apt No:

✓ City: MONTGOMERY

✓ State: Alabama

✓ Zip Code: 36117

✓ Address Verified? : Yes

✓ Select type of record: Individual

✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

✓ Legal First Name : Toral

✓ Legal Middle Name : Suryakant

✓ Legal Last Name : Patel

Suffix:

✓ Phone Number: 5515803647

✓ Email Address: toralpatel19@yahoo.com

✓ Date of Birth: 06/19/1986

✓ Social Security Number : ██████████

✓ Race/Ethnicity: Asian

✔ Ownership : 5
Percentage of
the Applicant

✔ 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:

✔ Phone Number: 2132986565

✔ Email Address: sergio@3ccannabis.co
m

✔ Date of Birth: 11/22/1988

✔ Social Security Number [REDACTED]

✔ Race/Ethnicity: Hispanic

✔ Ownership : 0.5
Percentage of
the Applicant

✔ Role: Officer

Residence Address

✔ Street: 6251 E 28TH ST

Unit No / Apt No:

✔ City: TUCSON

✔ State: Arizona

✔ Zip Code: 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:

✔ Phone Number: 5205611198

✔ Email Address: adam.d@3ccannabis.c
om

✔ Date of Birth: 12/12/1993

✔ Social Security Number : [REDACTED]

✔ Race/Ethnicity: Caucasian

✔ Ownership : 0.5
Percentage of
the Applicant

✔ Role: Officer

Residence Address

✔ Street: 236 S 3RD AVE

Unit No / Apt No:

✔ City: TUCSON

✔ State: Arizona

✔ Zip Code: 85701

✔ Address : Yes
Verified?

Cannabis Industry Entities

✔ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction?

- (1) an individual with an ownership interest in the applicant;
- (2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or
- (3) an entity with an ownership interest in the applicant.

✔ Select Individual: Individual
or Entity:

Individual

✔ Legal First Name : Toral

✔ Legal Last Name : Patel

Suffix:

✔ Cannabis Entity Name : Silver Leaf Wellness LLC

✔ Entity Type: Limited Liability Company

✔ Connection to Cannabis Entity : Individual

✔ Role in Cannabis Entity : Equity interest owner, Manager

✔ Percentage of ownership in cannabis entity : 31.7

Cannabis Entity's Physical Address

✔ Street: 1743 NJ - 27

Unit No / Apt No:

✔ City: Somerset

✔ State: New Jersey

✔ Zip Code: 08873

✔ Address : Yes
Verified?

Cannabis Entity's Primary Contact/Responsible Person

✔ First Name: Jessie

✔ Last Name: Vikani

✔ Title: CEO

✔ Phone Number: 2018503419

✔ Email Address: jessy.vikani@gmail.com

✔ Street Address: 14 JIBSAIL DR

Unit No / Apt No:

✔ City: BAYVILLE

✔ State: New Jersey

✔ Zip Code: 08721

✔ Address : Yes
Verified?

✔ **Select Individual:** Individual or Entity:

Individual

✔ **Legal First Name** : Toral

✔ **Legal Last Name** : Patel

Suffix:

✔ **Cannabis Entity Name** : New Era Dispensary, LLC

✔ **Entity Type:** Limited Liability Company

✔ **Connection to Cannabis Entity** : Individual Cannabis Entity

✔ **Role in Cannabis Entity** : Equity interest owner, Manager

✔ **Percentage of ownership in cannabis entity** : 100

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 Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✔ **First Name:** Toral

✔ **Last Name:** Patel

✔ **Title:** CEO

✔ **Phone Number:** 5515803647

✔ **Email Address:** neweradisensary.nj@gmail.com

✔ **Street Address:** 9 AZALEA PL

Unit No / Apt No:

✔ **City:** PISCATAWAY

✔ **State:** New Jersey

✔ **Zip Code:** 08854

✔ **Address Verified?** : Yes

✔ **Select Individual:** Individual or Entity:

Individual

✔ **Legal First Name** : Sergio

✔ **Legal Last Name** : Barraza-Ingstrom

Suffix:

✔ **Cannabis Entity Name** : Med leaf LLC

✔ **Entity Type:** Limited Liability Company

✔ **Connection to Cannabis Entity** : Individual Cannabis Entity

✔ **Role in Cannabis Entity** : Equity interest owner

✔ **Percentage of ownership in cannabis entity** : 5

Cannabis Entity's Physical Address

✔ **Street:** 201 PHILADELPHIA AVE

Unit No / Apt No:

✔ **City:** EGG HARBOR CY

✔ **State:** New Jersey

✔ **Zip Code:** 08215

✔ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

- ✓ **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 Verified?** : Yes
-

- ✓ **Select Individual:** Individual or Entity:

Individual

- ✓ **Legal First Name** : Sergio
- ✓ **Legal Last Name** : Barraza-Ingstrom
- Suffix:**
- ✓ **Cannabis Entity Name** : The Green Queen LLC
- ✓ **Entity Type:** Limited Liability Company
- ✓ **Connection to Cannabis Entity** : Individual
- ✓ **Role in Cannabis Entity** : Equity interest owner
- ✓ **Percentage of ownership in cannabis entity** : 10

Cannabis Entity's Physical Address

- ✓ **Street:** 101 NACO RD
- Unit No / Apt No:**
- ✓ **City:** BISBEE
- ✓ **State:** Arizona
- ✓ **Zip Code:** 85603
- ✓ **Address Verified?** : Yes

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
 - Unit No / Apt No:**
 - ✓ **City:** ORLANDO
 - ✓ **State:** Florida
 - ✓ **Zip Code:** 32878
 - ✓ **Address Verified?** : Yes
-

- ✓ **Select Individual:** Individual or Entity:

Individual

- ✓ **Legal First Name** : Sergio
- ✓ **Legal Last Name** : Barraza-Ingstrom
- Suffix:**
- ✓ **Cannabis Entity Name** : Napa Green LLC
- ✓ **Entity Type:** Limited Liability Company
- ✓ **Connection to Cannabis Entity** : Individual

✔ **Role in Cannabis Entity** : Equity interest owner

✔ **Percentage of ownership in cannabis entity** : 10

Cannabis Entity's Physical Address

✔ **Street:** 367 N MAIN ST

Unit No / Apt No:

✔ **City:** EAGAR

✔ **State:** Arizona

✔ **Zip Code:** 85925

✔ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✔ **First Name:** Anthony

✔ **Last Name:** Wong Shue Sr.

✔ **Title:** CEO

✔ **Phone Number:** 4077392917

✔ **Email Address:** awongshue@gmail.com

✔ **Street Address:** 650 N ALAFAYA TRL

Unit No / Apt No:

✔ **City:** ORLANDO

✔ **State:** Florida

✔ **Zip Code:** 32878

✔ **Address Verified?** : Yes

✔ **Select Individual or Entity:** Individual

Individual

✔ **Legal First Name** : Sergio

✔ **Legal Last Name** : Barraza-Ingstrom

Suffix:

✔ **Cannabis Entity Name** : Golden Goods LLC

✔ **Entity Type:** Limited Liability Company

✔ **Connection to Cannabis Entity** : Individual

✔ **Role in Cannabis Entity** : Equity interest owner

✔ **Percentage of ownership in cannabis entity** : 10

Cannabis Entity's Physical Address

✔ **Street:** W Business Loop

Unit No / Apt No:

✔ **City:** Bowie

✔ **State:** Arizona

✔ **Zip Code:** 85605

✔ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✔ **First Name:** Anthony

✔ **Last Name:** Wong Shue

✔ **Title:** CEO

✔ **Phone Number:** 4074883411

✔ **Email Address:** wongshue28@gmail.com

✔ **Street Address:** 1959 WEWATTA ST

✔ **Unit No / Apt No:** UNIT 208

✔ **City:** DENVER

✔ **State:** Colorado

✓ Zip Code: 80202

✓ Address : Yes
Verified?

✓ Select Individual: Individual
or Entity:

Individual

✓ Legal First Name : Adam

✓ Legal Last Name : Dalton

Suffix:

✓ Cannabis Entity Name : Everest Dispensary LLC

✓ Entity Type: Limited Liability Compa
ny

✓ Connection to : Individual
Cannabis Entity

✓ Role in Cannabis Entity : Equity interest owner

✓ Percentage of ownership in
cannabis entity : 5

Cannabis Entity's Physical Address

✓ Street: 1226 ATLANTIC AVE

Unit No / Apt No:

✓ City: ATLANTIC CITY

✓ State: New Jersey

✓ Zip Code: 08401

✓ Address : Yes
Verified?

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Manpreet

✓ Last Name: Gill

✓ Title: CEO

✓ Phone Number: 8052523876

✓ Email Address: mkgill@gmail.com

✓ Street Address: 1421 MARTIN LUTHER
KING JR DR

Unit No / Apt No:

✓ City: OXNARD

✓ State: California

✓ Zip Code: 93030

✓ Address : Yes
Verified?

✓ Select Individual: Individual
or Entity:

Individual

✓ Legal First Name : Adam

✓ Legal Last Name : Dalton

Suffix:

✓ Cannabis Entity Name : Everest GJN LLC

✓ Entity Type: Limited Liability Compa
ny

✓ Connection to : Individual
Cannabis Entity

✓ Role in Cannabis Entity : Equity interest owner

✓ Percentage of ownership in
cannabis entity : 5

Cannabis Entity's Physical Address

✓ Street: 82360 CA-111

✓ Unit No / Apt No: Suite C

✓ City: Indio

✓ State: California

✓ Zip Code: 92201

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Manpreet

✓ Last Name: Gill

✓ Title: CEO

✓ Phone Number: 8052523876

✓ Email Address: mkgill@gmail.com

✓ Street Address: 1421 MARTIN LUTHER KING JR DR

Unit No / Apt No:

✓ City: OXNARD

✓ State: California

✓ Zip Code: 93030

✓ Address Verified? : Yes

✓ Select Individual or Entity: Individual

Individual

✓ Legal First Name : Adam

✓ Legal Last Name : Dalton

Suffix:

✓ Cannabis Entity Name : Hillsborough AZ LLC

✓ Entity Type: Limited Liability Company

✓ Connection to Cannabis Entity : Individual

✓ Role in Cannabis Entity : Equity interest owner

✓ Percentage of ownership in cannabis entity : 100

Cannabis Entity's Physical Address

✓ Street: 1150 CIRCULO MERCADO

Unit No / Apt No:

✓ City: RIO RICO

✓ State: Arizona

✓ Zip Code: 85648

✓ Address Verified? : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ First Name: Adam

✓ Last Name: Dalton

✓ Title: CEO

✓ Phone Number: 5205611198

✓ Email Address: m.adamdalton@gmail.com

✓ Street Address: 236 S 3RD AVE

Unit No / Apt No:

✓ City: TUCSON

✓ State: Arizona

✓ Zip Code: 85701

✓ Address Verified? : Yes

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 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? : Yes

- ✔ **Select One:** Applicant
- ✔ **Name:** Toral Patel
- ✔ **Commercial license or certificate applied for** : Physical Therapist
- ✔ **Licensing Board or Commission** : New Jersey Office of Attorney General
- ✔ **Application Date:** 12/30/2021
- ✔ **Issued Date:** 01/03/2022
- ✔ **Expiration Date:** 01/31/2024

✔ **Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?:** No

✔ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction?** : Yes

✔ **Select One:** Applicant

✔ **Name:** Toral Patel

✔ **License Type:** Medical Dispensary

✔ **Licensing Board or Commission** : Cannabis Regulatory Commission

✔ **License Issued Date** : 12/20/2020

✔ **License Expiration Date** : 12/20/2024

✔ **Select One:** Applicant

✔ **Name:** Sergio Barraza-Ingstrom

✔ **License Type:** Cannabis Retail Dispensary

✔ **Licensing Board or Commission** : Cannabis Regulatory Commission

✔ **License Issued Date** : 11/20/2022

✔ **License Expiration Date** : 11/20/2023

✔ **Select One:** Applicant

✔ **Name:** Adam Dalton

✔ **License Type:** Cannabis Dispensary

✔ **Licensing Board or Commission** : Cannabis Regulatory Commission

✔ **License Issued Date** : 12/20/2022

✔ **License Expiration Date** : 12/20/2023

✔ **Select One:** Applicant

✔ **Name:** Toral Patel

✔ **License Type:** Recreational Dispensary

✔ **Licensing Board or Commission** : Cannabis Regulatory Commission

✔ **License Issued Date** : 09/20/2022

✔ **License Expiration Date** : 09/20/2023

✔ **During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant?** No

✔ **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?** : No

✔ **Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?:** No

✔ **Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?:** No

✓ Is any public official of any unit of government: : No
(1) an owner (directly or indirectly) of any financial or beneficial interest in the 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 relationship with the applicant?

✓ Is the spouse, parent or child of a public official of any unit of government: : No
(1) an owner (directly or indirectly) of any financial or beneficial interest in the 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 relationship with the applicant?

✓ Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, : No
arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise?

What is the applicant's anticipated or actual number of employees (including all facilities) at the prospective commencement of operations and during the first five calendar years thereafter?

✓ Commencement : 48 ✓ Year One: 48 ✓ Year Two: 60
of Operation

✓ Year Three: 72 ✓ Year Four: 84 ✓ Year Five: 96

✓ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, :Yes
as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)?

✓ Does the applicant verify that each of its proposed dispensing sites is at least 1000 feet from any school, daycare, or childcare : Yes
facility?

✓ Does the applicant consent as required by § 20-2A-55(d), Code of Alabama 1975 (as amended) to the inspections, examinations, :Yes
searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama 1975 (as amended)?

✓ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license : Yes
under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended))

✓ I attest that this application is truthful and complete based on the best available information as of the date of filing.: Yes

✓ Signature: Toral Patel

✓ Signature Date: 12/30/2022

Documents

✓ 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 _1_.pdf (/api/documents/gNSi26ln0/downl...

✓ 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...

✓ Financial Statements:	0494_Exhibit 5 - Financial Statements _1_.pdf (/api/documents/iA8TZ2760/down...
✓ Tax Plan:	0494_Exhibit 6_Tax Plan.pdf (/api/documents/l8ckslI0c/download)
✓ Business Formation Documents:	0494_Exhibit 7 - Business Formation Documents _1_.pdf (/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/Ylu4hITyM/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/YKlrazC7/...
✓ 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 (<https://www.alnd.uscourts.gov/proper-redaction-techniques>) 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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

Rinaben R Patel

43%

Individual with Ownership Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

Montgomery

AL

36117

City

State

Zip

06/2019

Current

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

Montgomery

AL

36116

City

State

Zip

06/2011

06/2019

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

Jersey City

NJ

07307

City

State

Zip

11/2010

06/2011

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

Patan

Gujarat/India

384265

City

State

Zip

05/2006

11/2010

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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

Dr. Babasaheb Ambedkar Open University Patan/Distance Learning Gujarat/India
 Institution City State
 01/2009 12/2009 Bachelor of Education
 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

Shri Smt PK Kotawala Arts College Patan Gujarat/India
 Institution City State
 12/1995 12/1997 Master of Arts (History)
 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

Shri Smt PK Kotawala Arts College Patan Gujarat/India
 Institution City State
 01/1993 12/1995 Bachelor of Arts (History)
 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 chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

BPS ONE STOP Rinaben Patel/Owner 334-409-9963
 Employer Contact Person Telephone
 5768 Woodmere Blvd
 Business Address
 Montgomery AL 36117
 City State Zip
 01/2021 Current
 Date Employed From (MM/YYYY) Date Employed To (MM/YYYY)

CLANTON PETRO (convenience and liquor store)	Rinaben Patel/Owner	205-755-2900
Employer	Contact Person	Telephone
500 7th St. S		
Business Address		
Clanton	AL	35045
City	State	Zip
01/2020	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Z Threding & Spa	Rinaben Patel /Owner	334-409-2857
Employer	Contact Person	Telephone
2768 Eastern Blvd		
Business Address		
Montgomery	AL	36117
City	State	Zip
01/2015	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Unemployed	N/A	N/A
Employer	Contact Person	Telephone
N/A		
Business Address		
N/A	N/A	N/A
City	State	Zip
02/2011	01/2015	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
DUNKIN DONUTS	Vijaybhai Patel	973-733-2837
Employer	Contact Person	Telephone
Newark Int'L Airport, Newark Airport Terminal C, By Gate 110		
Business Address		
Newark	NJ	07114
City	State	Zip
11/2010	02/2011	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

JALESHEWAR PALDI PRIMARY SCHOOL/Government of Gujarat

N/A

N/A

Employer

Contact Person

Telephone

Paladi

Business Address

[REDACTED]

Gujarat/India

384265

City

State

Zip

01/1997

11/2010

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC

Business License Applicant Name

MITALBAHEN R PATEL

Individual with Ownership Interest in Applicant

Dispensary

License Type

51%

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]

Residential Street Address

Montgomery

City

03/2011

Date Resided From (MM/YYYY)

AL

State

36117

Zip

Current

Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

Montgomery

City

08/2008

Date Resided From (MM/YYYY)

AL

State

36116

Zip

03/2011

Date Resided To (MM/YYYY).

[REDACTED]

Residential Street Address

Montgomery

City

08/2005

Date Resided From (MM/YYYY)

AL

State

36117

Zip

08/2008

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)

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 education attended; attach additional form(s) if necessary.

Smt. R. S. Patel Institute of Diploma Engineering	Palasar	GUJARAT/INDIA
Institution	City	State
01/1996	12/1998	BACHELOR OF PHYSICS EDUCATION
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

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

SUMUKH 3 INC	MITALBHAEN PATEL/OWNER	334-239-7048
Employer	Contact Person	Telephone
804 W Fort Williams St		
Business Address		
Sylacauga	AL	35150
City	State	Zip
03/2020	Current	
Date Employed From (MM/YYYY)	Date Employed 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)	Date Employed To (MM/YYYY)	
SUMUKH INC	MITALBAHEN/OWNER	334-239-7048
Employer	Contact Person	Telephone
24123 US Hwy 231		
Business Address		
Sylacauga	AL	35151
City	State	Zip
03/2020	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
JASHI INC	Bhavesh Patel	334-669-2602
Employer	Contact Person	Telephone
3445 Atlanta Hwy		
Business Address		
Montgomery	AL	36109
City	State	Zip
06/2018	02/2022	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
MUSKAN 2631 LLC	CK	334-220-7326
Employer	Contact Person	Telephone
1192 West Blvd		
Business Address		
Montgomery	AL	36108
City	State	Zip
05/2015	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

MBM 01 INC	MITALBHAEN PATEL/OWNER	334-239-7048
Employer	Contact Person	Telephone
3445 Atlanta Hwy		
Business Address		
Montgomery	AL	36109
City	State	Zip
12/2013	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
OM SAI 1 LLC	Bhavesh Patel	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 Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC

Business License Applicant Name

Toral Patel

Individual with Ownership Interest in Applicant

Dispensary

License Type

5%

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]

Residential Street Address

PISCATAWAY

City

04/2018

Date Resided From (MM/YYYY)

NEW JERSEY

State

08854

Zip

CURRENT

Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

SOUTH PLAINFIELD

City

09/2017

Date Resided From (MM/YYYY)

NEW JERSEY

State

07080

Zip

04/2018

Date Resided To (MM/YYYY).

[REDACTED]

Residential Street Address

SOUTH PLAINFIELD

City

01/2014

Date Resided From (MM/YYYY)

NEW JERSEY

State

07080

Zip

09/2017

Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

ISELIN

City

05/2012

Date Resided From (MM/YYYY)

NEW JERSEY

State

08830

Zip

12/2013

Date Resided 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 05/2009
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 education attended; attach additional form(s) if necessary.

<u>NEW YORK INSTITUTE OF TECHNOLOGY</u>	<u>OLD WESTBURY</u>	<u>NEW YORK</u>
Institution	City	State
<u>05/2009</u>	<u>05/2012</u>	<u>DOCTOR OF PHYSICAL THERAPY</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>RUTGERS STATE UNIVERSITY</u>	<u>NEWARK</u>	<u>NEW JERSEY</u>
Institution	City	State
<u>09/2007</u>	<u>05/2009</u>	<u>BACHELOR OF ARTS IN BIOLOGY</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>HUDSON COUNTY COMMUNITY COLLEGE</u>	<u>JERSEY CITY</u>	<u>NEW JERSEY</u>
Institution	City	State
<u>01/2005</u>	<u>05/2007</u>	<u>N/A</u>
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 chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

<u>NEW ERA DISPENSARY /OWNER</u>	<u>Toral Patel</u>	<u>551-580-3647</u>
Employer	Contact Person	Telephone
<u>80-88 Main Street</u>		
Business Address		
<u>South Bound Brook</u>	<u>New Jersey</u>	<u>08880</u>
City	State	Zip
<u>04/2021</u>	<u>Current</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

SilverLeaf Dispensary /CFO/PARTNER	Jessy Vikani	201-850-3419
Employer	Contact Person	Telephone
1743 NJ-27		
Business Address		
Somerset	New Jersey	08873
City	State	Zip
08/2018	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
ADVANCED PHYSICAL THERAPY AND REHAB /OWNER	Toral Patel	908-279-6890
Employer	Contact Person	Telephone
3000 Hadley Road		
Business Address		
South Plainfield	New Jersey	07080
City	State	Zip
10/2013	Current	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
TWIN BORO PHYSICAL THERAPY	Patricia Dunn	732-973-1558
Employer	Contact Person	Telephone
7 Parlin Drive		
Business Address		
Parlin	New Jersey	08859
City	State	Zip
09/2012	10/2013	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Unemployed-Attending Graduate School	N/A	N/A
Employer	Contact Person	Telephone
N/A		
Business Address		
N/A	N/A	N/A
City	State	Zip
05/2009	09/2012	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Dispensary
Business License Applicant Name	License Type
Adam Michael Dalton	0.5%
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]

_ Residential Street Address

Tucson	AZ	85701
City	State	Zip
07/2019		12/2022
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

Tucson	AZ	85705
City	State	Zip
07/2018		07/2019
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY).

[REDACTED]

Residential Street Address

Salt Lake City	UT	84103
City	State	Zip
06/2016		07/2018
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

Grinnell	IA	50112
City	State	Zip
08/2012		06/2016
Date Resided From (MM/YYYY)		Date Resided To (MM/YYYY)

Residential Street Address
Mason City IA 50401
City State Zip
08/1998 08/2012
Date Resided From (MM/YYYY) Date Resided 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 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 education attended; attach additional form(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 chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

3C Consulting LLC	Sergio Barraza-Ingstrom	213-298-6565
Employer	Contact Person	Telephone
1001 Bannock St, Suite #419		
Business Address		
Denver	CO	80204
City	State	Zip
09/2021	12/2022	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

License Type: Dispensary

International Dark-Sky Association	Dr. John Barentine	520-293-3198
Employer	Contact Person	Telephone
5049 E Broadway Blvd, #105		
Business Address		
Tucson	AZ	85711
City	State	Zip
07/2018	09/2021	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Stegner Center - Univ. of Utah	Danya Rumore	801-587-1453
Employer	Contact Person	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 Employed To (MM/YYYY)	
Mono Lake Committee	Robbie DiPaolo	760-647-6595
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 Employed To (MM/YYYY)	
UNEMPLOYED	N/A	N/A
Employer	Contact Person	Telephone
N/A		
Business Address		
N/A	N/A	N/A
City	State	Zip
12/1993	06/2016	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

License Type: Dispensary

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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Kush Medicinal LLC	Retail
Business License Applicant Name Sergio de Valdez Barraza-Ingström	License Type .5%
Individual with Ownership Interest in Applicant	Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]

Residential Street Address Tucson	AZ	85711
City 09/2014	State Present	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

[REDACTED]

Residential Street Address Los Angeles	CA	90004
City 09/2016	State 09/2020	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY).	

[REDACTED]

Residential Street Address New York	NY	10027
City 09/2008	State 09/2012	Zip
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	

[REDACTED]

Residential Street Address Exeter	NH	03833
City 09/2005	State 05/2008	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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

Quantic School of Business	Online	Online
Institution	City	State
01/2020	04/2021	MBA
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
University of Cambridge	Cambridge	UK
Institution	City	State
09/2015	06/2016	M.Phil
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
Columbia University	New York	NY
Institution	City	State
09/2008	05/2012	Bachelors
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 chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

3C Consulting	Kate Ramsay	970-312-7012
Employer	Contact Person	Telephone
1001 Bannock St		
Business Address		
Denver	CO	08204
City	State	Zip
09/2018	Present	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

License Type: Dispensary

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 Employed To (MM/YYYY)	
Margolin & Lawrence	Alison Margolin	310-717-1159
Employer 418 S Swall Dr	Contact Person	Telephone
Business Address Beverly Hills	CA	90211
City 09/2016	State 09/2017	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Unemployed	N/A	N/A
Employer N/A	Contact Person	Telephone
Business Address N/A	N/A	N/A
City 01/2007	State 09/2016	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	
Employer	Contact Person	Telephone
Business Address		
City	State	Zip
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

License Type: Dispensary

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Redaction Grounds and Authority

Per the United States District Court of the Northern District of Alabama, found on the website (<https://www.alnd.uscourts.gov/proper-redaction-techniques>) 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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.

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 2007 (99) IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20 OMB No. 1545-0074

Label (See instructions) Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code
 BHAVESH PATEL
 MITAL PATEL
 [Redacted] Montgomery AL 36107-

Use the IRS label. Otherwise, please print or type.
 Your social security number [Redacted]-1368
 Spouse's social security no. [Redacted]-5976
 ▲ You must enter your SSN(s) above. ▲
 Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ You Spouse

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

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see inst.)
 [Redacted] [Redacted] -1165 DAUGHTER
 Add numbers on lines above ▶ 3

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 6,960.
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends (see instructions) 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount (see inst.) 15b
 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount (see inst.) 20b
 21 Other income. List type and amount (see instr.) 21
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 6,960.

Adjusted Gross Income
 23 Educator expenses (see instructions) 23
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 One-half of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction (see instr.) 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction (see instructions) 32
 33 Student loan interest deduction (see instructions) 33
 34 Tuition and fees deduction. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 31a and 32 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 6,960.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.
 Form 1040 (2007)

38 Amount from line 37 (adjusted gross income)		38	6,960.	
Tax and Credits	39a Check <input type="checkbox"/> You were born before Jan. 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>			
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1943, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>			
	b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here			
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	10,700.
	41 Subtract line 40 from line 38		41	(3,740.)
	42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions		42	10,200.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0
	44 Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889		44	
	45 Alternative minimum tax (see instructions). Attach Form 6251		45	
	46 Add lines 44 and 45		46	
	47 Credit for child and dependent care exp. Attach Form 2441		47	
	48 Credit for the elderly or the disabled. Attach Schedule R		48	
	49 Education credits. Attach Form 8863		49	
	50 Residential energy credits. Attach Form 5695		50	
	51 Foreign tax credit. Attach Form 1116 if required		51	
52 Child tax credit (see instr.). Attach Form 8901 if required		52		
53 Retirement savings contributions credit. Attach Form 8880		53		
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839		54		
55 Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55		
56 Add lines 47 through 55. These are your total credits		56		
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57		
Other Taxes	58 Self-employment tax. Attach Schedule SE		58	
	59 Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919		59	
	60 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		61	
	62 Household employment taxes. Attach Schedule H		62	
63 Add lines 57 through 62. This is your total 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	
	66 a Earned income credit (EIC)		66a 2,372.	
	b Nontaxable combat pay election		66b	
	67 Excess social security and tier 1 RRTA tax withheld (see instr)		67	
	68 Additional child tax credit. Attach Form 8812		68	
	69 Amount paid with request for extension to file (see instr)		69	
	70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885		70	
	71 Refundable credit for prior year minimum tax from Form 8801, line 27		71	
	72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments		72	2,727.
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		73 2,727.	
	74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		74a 2,727.	
	b Routing number <u>021200025</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number <u>1010180010776</u>			
75 Amount of line 73 you want applied to your 2008 estimated tax		75		
Amount You Owe	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions		76	
	77 Estimated tax penalty (see instructions)		77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	
			CUSTOMER SERVICE	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		HOUSE WIFE		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP code	Preparer's SSN or PTIN		
	EIN		Phone no.	

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

1040A
1040

EIC

OMB No. 1545-0074

2007

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return

BHAVESH & MITAL PATEL

Your social security number

1368

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 instructions for details.
- 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.

Qualifying Child Information

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	[REDACTED]			
2 Child's SSN The child must have an SSN as defined in the 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.	[REDACTED] 1165			
3 Child's year of birth	Year <u>2004</u> If born after 1988, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1988, skip lines 4a and 4b; go 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?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER			
6 Number of months child lived with you in the United States during 2007 • If the child lived with you for more than half of 2007 but less than 7 months, enter "7." • 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".	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more 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.

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

Schedule EIC (Form 1040A or 1040) 2007

US Schedule EIC Earned Income Credit Worksheet 2007

Name: BHAVESH & MITAL PATEL SSN: [REDACTED] 1368

Figure Your Credit

1 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 compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above.....	
2 Taxable scholarship or fellowship grant not reported on Form(s) W2.....	
3 Line 1 minus line 1a, line 1b, and line 2.....	6,960.
4a If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>	

	Nontaxable combat pay included?				
	Taxpayer	Spouse	Both	No	
Nontaxable combat pay					
5 Earned income				6960.	6,960.
6 Credit from EIC table on line 5 income				2372.	
7 Adjusted gross income				6960.	
8 Credit from EIC table on line 7 income, if line 7 greater than • \$6,999 (\$8,999 if married filing jointly) and no qualifying children • \$15,399 (\$17,399 if married filing jointly) and 1 or more qualifying children.....					
9 Earned inc. credit. If line 7 is less than \$7,000 (\$9,000, \$15,400, \$17,400), line 6. Otherwise the smaller of line 6 or line 8				2372.	2,372.

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1368

W-2 DETAIL REPORT - 2007

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
M & N GROCERS, INC	5239	X	6960	355	432	101					
			6960	355	432	101					

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

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

OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

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 instructions for details.
- 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.

Qualifying Child Information

Child 1

Child 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 Child's year of birth	Year <u>2004</u>		Year _____	
	If born after 1988, skip lines 4a and 4b; go to line 5.		If born after 1988 skip lines 4a and 4b; go 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?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Continue.	Go to line 5.	Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> 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)	Daughter			
6 Number of months child lived with you in the United States during 2007 • If the child lived with you for more than half of 2007 but less than 7 months, enter '7'. • 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'	<u>12</u> months		_____ months	
	Do not enter more than 12 months.		Do not enter more than 12 months.	

TIP 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

For office use only

New York State Department of Taxation and Finance
Cover Sheet for Form IT-203
Nonresident and Part-Year Resident Income Tax Return
 New York State • New York City • Yonkers

2007 IT-203



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 address		Software vendor code 1030	
Your social security number 1368		Spouse's social security number 5976	
Your first name and middle initial BHAVESHKUMAR B		Your last name PATEL	
Spouse's first name and middle initial MITALBAHEN B		Spouse's last name PATEL	
Mailing address (number and street or rural route)		Apartment number	
City, village or post office DENVILLE		State NJ	ZIP code 07834
Summary of return data			
Federal adjusted gross income		6,960.	
Total NYS adjusted gross income		6,960.	
Total New York State tax withheld		235.	
Total New York City tax withheld			
Total Yonkers tax withheld			
Amount to be refunded to you		235.	
Amount you owe			

NY1A1606 08/16/07

Staple check or money order here.



0741071030



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

2007

New York State Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return** New York State • New York City • Yonkers

IT-203

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.

Your first name and middle initial: **BHAVE SHKUMAR** Your last name (for *joint return*, enter spouse's name on line below): **PATEL** Your social security number: **1368**

Spouse's first name and middle initial: **MITALBAHEN** Spouse's last name: **PATEL** Spouse's social security number: **5976**

Mailing address (see instructions) (number and street or rural route): [Redacted] Apartment number: [Redacted] New York State county of residence: **NR**

City, village, or post office: **DENVILLE** State: **NJ** ZIP code: **07834** School district name: **NR**

Permanent home address (see instructions) (number and street or rural route): [Redacted] Apartment number: [Redacted] School district code number: [Redacted]

City, village, or post office: [Redacted] State: [Redacted] ZIP code: [Redacted] Decedent information: [Redacted] Taxpayer's date of death: [Redacted] Spouse's date of death: [Redacted]

- (A) Filing status — mark an X in one box:
- 1 Single
 - 2 Married filing joint return (enter spouses' social security numbers above, unless filing Form IT-203-C, see instructions)
 - 3 Married filing separate return (enter spouses' social security numbers above, unless filing Form IT-203-C, see instr)
 - 4 Head of household (with qualifying person)
 - 5 Qualifying widow(er) with dependent child
- (B) Did you itemize your deductions on your 2007 federal income tax return? Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- (D) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box (see instructions)
- (E) New York City part-year residents only (see instructions)
- (1) Number of months you lived in NY City in 2007 *
 - (2) Number of months your spouse lived in NY City in 2007
- (F) Enter your 2-digit special condition code if applicable (see instructions)
- If applicable, also enter your second 2-digit special condition code

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.

1	Wages, salaries, tips, etc	1.
2	Taxable interest income	2.
3	Ordinary dividends	3.
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.
5	Alimony received	5.
6	Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)	6.
7	Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)	7.
8	Other gains or losses (attach a copy of federal Form 4797)	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.
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach a copy of federal Schedule E, Form 1040)	11.
12	Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.
13	Unemployment compensation	13.
14	Taxable amount of social security benefits (also enter on line 26) ..	14.
15	Other income (see instrs) Identify:	15.
16	Add lines 1 through 15	16.
17	Total federal adjustments to income (see instructions) Identify:	17.
18	Federal adjusted gross income (subtract line 17 from line 16)	18.

Federal amount Dollars		New York State amount Dollars
6,960.	1.	6,960.
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	13.	
	14.	
	15.	
6,960.	16.	6,960.
	17.	
6,960.	18.	6,960.

NYIA1612 11/20/07

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

Page 2 of 4	IT-203 (2007)	Enter your social security number [REDACTED] 1368	Federal amount Dollars		New York State amount Dollars
19	Federal adjusted gross income (from line 18 on page 1)	19.	6,960.	19.	6,960.
New 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 contributions	21.		21.	
22	Other (see instructions) Identify:	22.		22.	
23	Add lines 19 through 22	23.	6,960.	23.	6,960.
New York subtractions (see instructions)					
24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24.		24.	
25	Pensions of NYS and local governments and the federal government (see instructions)	25.		25.	
26	Taxable amount of social security benefits (from line 14)	26.		26.	
27	Interest income on U.S. government bonds	27.		27.	
28	Pension and annuity income exclusion	28.		28.	
29	Other (see instructions) Identify:	29.		29.	
30	Add lines 24 through 29	30.		30.	
31	New York adjusted gross income. (subtract line 30 from line 23)	31.	6,960.	31.	6,960.
32	Enter the amount from line 31, Federal amount column	32.		32.	6,960.
33	Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: • X Standard or • Itemized	33.		33.	15,000.
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34.		34.	
35	Dependent exemptions (not the same as total federal exemptions; see instructions)	35.		35.	1,000.
36	New York taxable income (subtract line 35 from line 34)	36.		36.	

or		or	
New York State Standard deduction table		New York State itemized deduction worksheet	
Filing status (from page 1)	Standard deduction (enter on line 33 above)	a	Medical and dental expenses (from federal Schedule A, line 4) a.
1 Single and you marked item C Yes	\$ 3,000	b	Taxes you paid (from federal Schedule A, line 9) b.
1 Single and you marked item C No	7,500	c	Interest you paid (from federal Schedule A, line 15) c.
2 Married filing joint return	15,000	d	Gifts to charity (from federal Schedule A, line 19) d.
3 Married filing separate return	7,500	e	Casualty and theft losses (from federal Schedule A, line 20) e.
4 Head of household (with qualifying person)	10,500	f	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27) f.
5 Qualifying widow(er) with dependent child	15,000	g	Other miscellaneous deductions (from federal Schedule A, line 28) g.
		h	Enter amount from federal Schedule A, line 29 h.
		i	State, local, and foreign income taxes and other subtraction adjustments (see instructions) i.
		j	Subtract line i from line h j.
		k	College tuition itemized deduction (see instructions) k.
		l	Addition adjustments (see instructions) l.
		m	Add lines j, k, and l m.
		n	Itemized deduction adjustment (see instructions) n.
		o	New York State itemized deduction (subtract line n from m; enter on line 33 above) o.

NYIA1612 11/20/07

2032071030



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

Name(s) as shown on page one:

▼ Enter your social security number

IT-203 (2007) Page 3 of 4

BHAVESHKUMAR B & MITALBAHEN B PATEL

1368

Tax computation, credits, and other taxes (see instructions)

Dollars

37	New York taxable income (from line 36 on page 2)	37.	
38	New York State tax on line 37 amount (see Tax computation in the instructions)	38.	0.
39	New York State household credit (from table 1, 2, or 3 in the instructions)	39.	95.
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	
41	New York State child and dependent care credit (attach Form IT-216; see instructions)	41.	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	
43	New York State earned income credit (attach Form IT-215; see instructions)	43.	712.
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.	
45	Income percentage		Round result to 4 decimal places
	New York State amount from line 31	Federal amount from line 31	
	(see instructions) 6,960.	6,960.	1.0000
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)	47.	
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.	
49	Net other New York State taxes (from Form IT-203-ATT, line 33)	49.	
50	Total New York State taxes (add lines 48 and 49)	50.	

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (attach Form IT-360.1)	51.	
52	New York City minimum income tax (attach Form IT-220)	52.	
52a	Add lines 51 and 52	52a.	
52b	Part-Year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.	
52c	Subtract line 52b from 52a	52c.	
53	Yonkers nonresident earnings tax (attach Form Y-203)	53.	
54	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	
55	Total New York City and Yonkers taxes and credits (add lines 52c, 53, and 54)	55.	
56	Sales or use tax (see instructions; do not leave line 56 blank)	56.	0.

See instructions for figuring New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (whole dollar amounts only, see instructions)

57a	Return a Gift to Wildlife	57a.	
57b	Missing/Exploited Children Fund	57b.	
57c	Breast Cancer Research Fund	57c.	
57d	Alzheimer's Fund	57d.	
57e	Olympic Fund (\$2 or \$4; see instructions)	57e.	
57f	Prostate Cancer Research Fund	57f.	
57g	WTC Memorial Fund	57g.	
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, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	

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

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[Redacted] .368

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. Dollars

Payments and refundable credits

60 Part-year NYC school tax credit (also complete (E) on page 1; see instructions) 60.
61 Other refundable credits (from Form IT-203-ATT, line 17) 61.
62 Total New York State tax withheld 235.
63 Total New York City tax withheld 63.
64 Total Yonkers tax withheld 64.
65 Total estimated tax payments / amount paid with Form IT-370 65.
66 Total payments and refundable credits (add lines 60 through 65) 66. 235.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R. Staple them, and any other applicable forms, to the top of this page 4. See the instructions for proper assembly of your return and attachments.

Refund / amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 235.
68 Amount of line 67 that you want refunded to you (for Direct deposit, enter Account information on line 72) Refund 68. 235.
69 Estimated tax only - Amount of line 67 that you want applied to your 2008 estimated tax. (Do not include any amount that you claimed as a refund on line 68.) 69.

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59 (for Payment options, see instructions; for electronic funds withdrawal, enter Account information on line 72) Owe 70. Staple payment to front of return.
71 Estimated tax penalty (Include this amount on line 70, or reduce the overpayment on line 67; see instructions) 71.

72 Account information (see instructions) Mark one: • Refund - Direct deposit or • Owe - Electronic funds withdrawal

72 a Routing number: • Electronic funds withdrawal effective date

72 b Account number: • 72c Account type: • Checking • Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ...
Mark an X in the box that describes your situation on the last day of the tax year:
73 a Moved into New York State 73a.
73 b Moved out of New York State; received income from NYS sources during nonresident period 73b.
73 c Moved out of New York State; received no income from NYS sources during nonresident period 73c.
74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2007? Yes No X

Third-party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the following) No
Designee's name Designee's phone number Personal identification number (PIN)

Paid preparer's use only
Preparer's signature
Firm's name (or yours, if self-employed) SELF-PREPARED
Address Mark an X if self-employed Date

Taxpayer(s) sign here
Your signature
Your occupation SERVICE
Spouse's signature and occupation (if joint return)
HOME MAKER Daytime phone number
Date

Mail your completed return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001. For information about private delivery services, see instructions.



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 BHAVESHKUMAR	Taxpayer's last name B PATEL	▼ Your social security number [REDACTED] 1368
Spouse's first name and middle initial MITALBAHEN	Spouse's last name B PATEL	▼ Spouse's social security number [REDACTED] 5976

W-2 Record 1 **Box c** Employer's name and full address (including ZIP code)
M & N GROCERS INC.
37-27 74TH STREET **JACKSON HEIGHTS** **NY 11372**

Box b Employer identification number (EIN) 11-2695239	Box 12a Amount	▼ Code	Box 15 State NY	Box 16 State wages, tips, etc (for NYS) 6,960.
This W-2 record is for (mark an <i>X</i> in one box): Taxpayer <input checked="" type="checkbox"/> Spouse	Box 12b Amount	▼ Code	Box 17 New York State income tax withheld 235.	Box 18 Local wages, tips, etc
Box 1 Wages, tips, other compensation 6,960.	Box 12c Amount	▼ Code	Locality a	Box 19 Local income tax withheld
Box 8 Allocated tips	Box 12d Amount	▼ Code	Locality b	
Box 9 Advance EIC payment	Box 13 Statutory employee	▼ Description	Locality a	Box 20 Locality name
Box 10 Dependent care benefits	Box 14a Amount	▼ Description	Locality b	
Box 11 Nonqualified plans	Box 14b Amount	▼ Description		
	Box 14c Amount	▼ Description		Corrected (W-2c)

Do not detach. **Box c** Employer's name and full address (including ZIP code)
W-2 Record 2

Box b Employer identification number (EIN)	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc (for NYS)
This W-2 record is for (mark an <i>X</i> in one box): Taxpayer Spouse	Box 12b Amount	▼ Code	Box 17 New York State income tax withheld	Box 18 Local wages, tips, etc
Box 1 Wages, tips, other compensation	Box 12c Amount	▼ Code	Locality a	Box 19 Local income tax withheld
Box 8 Allocated tips	Box 12d Amount	▼ Code	Locality b	
Box 9 Advance EIC payment	Box 13 Statutory employee	▼ Description	Locality a	Box 20 Locality name
Box 10 Dependent care benefits	Box 14a Amount	▼ Description	Locality b	
Box 11 Nonqualified plans	Box 14b Amount	▼ Description		
	Box 14c Amount	▼ Description		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 boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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NYIA6601 10/27/07

2007

New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification

IT-203-C
(8/07)

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 income	Social security number
MITALBAHEN B PATEL	5976

Certification of spouse with New York source income — I certify that I am the spouse with the New York source income shown in the *New York State amount* column on Form IT-203 and my spouse, to the best of my knowledge and belief, had no New York source income for

Tax year: 2007

Signature	Date

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 held 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.

NY1A2801 06/18/07

Please file this original scannable attachment with the Tax Department.



2007

New York State Department of Taxation and Finance
Claim for Earned Income Credit
 New York State • New York City

IT-215

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.

Print or type	Your first name and middle initial	Your last name (for joint claim, enter spouse's name below)		▼ Your social security number
	BHAVESHKUMAR	B PATEL		1368
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number
	MITALBAHEN	B PATEL		5976
	Mailing address (number and street or rural route)	Apartment number	New York State county of residence	
	City, village, or post office	State	ZIP code	
	DENVILLE	NJ	07834	

- 1 Did you claim the federal earned income credit for 2007? If **No**, stop; you do not qualify for these credits 1. Yes No
- 2 Is your investment income (see instructions) greater than \$2,900? If **Yes**, stop; you do not qualify for these credits 2. Yes No
- 3 Have you already filed your 2007 New York State income tax return? If **Yes**, you must file an amended NYS return 3. Yes No
- 4 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 4. Yes No
 If you claimed more than two, see instructions.

First name and middle initial	Last name	Relationship	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
MUSKAN	PATEL	• DAUGH	12	•	•	421-57-1165	• 2004

*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-215-1 instructions. Part-year New York City residents must also complete line 28 on page 2 of this claim form 5. Yes No
 Dollars
- 6 Wages, salaries, tips, etc., from **Worksheet A**, line 3, in the instructions, Form IT-215-1 6. 6,960.
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution 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 here (see instructions) 7.
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8.
 • Employer identification number (see instructions) •
 • Mark an **X** in the applicable box The amount on line 8 above is a • profit or • loss
- 9 Enter your federal adjusted gross income (from Form IT-150, line 11; Form IT-201, line 19; or Form IT-203, line 19, Federal amount column) 9. 6,960.
- 10 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) 10. 2,372.
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. .30
- 12 Tentative New York State EIC (multiply line 10 by line 11; see instructions) 12. 712.

If you are a Form IT-201 or Form IT-203 filer, complete **Worksheet B** on page 2 before continuing.

- 13 Form IT-150 filers, copy the amount from Form IT-150, line 27. Form IT-201 and Form IT-203 filers, copy the amount from **Worksheet B**, line 5, on page 2 of this form 13.
 - 14 New York State household credit (from Form IT-150, line 28; Form IT-201, line 40; or Form IT-203, line 39) 14. 95.
 - 15 Enter the smaller of line 13 or line 14 15.
 - 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16. 712.
- Continue on page 2.

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Please file this original scannable form with the Tax Department.



Form IT-215 (2007) Page 2

BHAVESHKUMAR B & MITALBAHEN B PATEL

1368

- 17** 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)

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.

- 18** Enter your New York State earned income credit (from line 16 on page 1, or from line 17 above) **18.**
- 19** Enter the amount from Form IT-203, line 42 **19.**
- 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.
- 20** Excess New York State earned income credit (subtract line 19 from line 18) **20.**
- 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.
- 22** Subtract line 21 from line 20: This is your remaining excess New York State earned income credit **22.**
- 23** Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet **23.**
- 24** Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet **24.**
- 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.**

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*, in Form IT-215-1, *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 **27.** Part-year New York City residents must also complete line 28 below.
- 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 **28A.** **28B.**

Worksheet 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) **1.** **0.**
- 2** Resident credit (from Form IT-201, line 41, or Form IT-203-ATT, line 1) **2.**
- 3** Accumulation distribution credit (from Form IT-201-ATT, line 1, or Form IT-203-ATT, line 2) **3.**
- 4** Add lines 2 and 3 **4.**
- 5** 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.** **0.**

NYIA4112 10/29/07

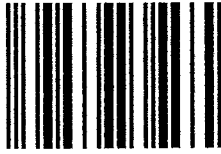
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Please file this original scannable form with the Tax Department.

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



DENVILLE

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	0	045	0	BY2	0
008	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	008	0
RSF	000000	025	0	052	0	MS	0
RST	000000	026	6960	053	474	011	0
GEF	0	27A	0	054	0	013	0
DNM	0	27B	0	055	474	014	0
22C	0	27C	0	056	0	015	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

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2007. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature

Date

Spouse/CU Partner's Signature (if filing jointly, BOTH must sign)

Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY — TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

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 PAGE 1 OF YOUR 2007 NJ-1040/TR-1040

Form NJ-1040/TR-1040 (2007) Page 2

Name PATEL, BHAVESHKUMAR B & MITALBAHEN B	Social Security Number [REDACTED] 1368
---	---

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____
MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1 Single 2 Married/CU Couple, filing joint return 3 Married/CU Partner, filing separate return 4 Head of Household 5 Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

6 Regular 2	10 Number of other dependents [REDACTED]
7 Age 65 or over [REDACTED]	11 Dependents attending colleges [REDACTED]
8 Blind or Disabled [REDACTED]	12 Totals (Line 12a - Add Lines 6, 7, 8 and 11) 2
9 Number of qualified dependent children 1	(Line 12b - Add Lines 9 and 10) 1

13 Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR
a	[REDACTED]	[REDACTED] 1165	2004
b			
c			
d			

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? ... Yes No
 If joint return, does your spouse wish to designate \$1? Yes No NJIA0123 12/07/07

14 Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	6,960.
15a Taxable interest income	15a	
15b Tax exempt interest income. DO NOT include on Line 15a	15b	
16 Dividends	16	
17 Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, Line 4)	18	
19 Pensions, Annuities, and IRA Withdrawals (See instructions)	19	
20 Distributive Share of Partnership Income (See instructions)	20	
21 Net pro rata share of S Corporation Income (See instructions)	21	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, Line 3)	22	
23 Net Gambling Winnings	23	
24 Alimony and separate maintenance payments received	24	
25 Other (See instructions)	25	
26 Total income (Add Lines 14, 15a, 16 through 25)	26	6,960.
27a Pension Exclusion (See instructions)	27a	
27b Other Retirement Income Exclusion (See Worksheet and instructions)	27b	
27c Total Exclusion Amount (Add line 27a and Line 27b)	27c	
28 New Jersey Gross Income (Subtract Line 27c from Line 26). See instructions	28	6,960.
29 Total Exemption Amount - See instructions. (Part Year Residents see instructions)	29	
30 Medical Expenses (See Worksheet and instructions)	30	
31 Alimony and Separate Maintenance Payments	31	
32 Qualified Conservation Contribution	32	
33 Health Enterprise Zone Deduction	33	
34 Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	
35 Taxable Income (Subtract Line 34 from Line 28). If zero or less, MAKE NO ENTRY	35	
36a Total Property Taxes Paid	36a	
36b Check this box if you were a homeowner on October 1, 2007 <input type="checkbox"/>		
36c Property Tax Deduction (See instructions)	36c	
37 NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35). If zero or less, MAKE NO ENTRY	37	
38 Tax (From Tax Tables in the instructions)	38	0.
39 Credit for Income Taxes Paid to Other Jurisdictions (See instructions)	39	
Enter other jurisdiction code (See instructions) _____		
40 Balance of Tax (Subtract Line 39 from Line 38)	40	0.
41 THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	41	
42 Sheltered Workshop Tax Credit	42	
43 Balance of Tax after Credit (Subtract Line 42 from 40)	43	0.
44 Use Tax Due on Out-of-State Purchases (See instructions). If no Use Tax, enter ZERO	44	0.
45 Penalty for Underpayment of Est Tax. Check if Form 2210 enclosed <input type="checkbox"/>	45	
46 Total Tax and Penalty (Add Lines 43, 44 and 45)	46	0.

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2007 NJ-1040/TR-1040

Form NJ-1040/TR-1040 (2007) Page 3

Name PATEL, BHAVESHKUMAR B & MITALBAHEN B		Social Security Number	1368
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	47	
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2006 tax return	49	
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 <input type="checkbox"/>			
Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/WF/SWF Withheld (See inst) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See inst) (Enclose Form NJ-2450)	52	
53	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.
57	NJ Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	57	
58	NJ Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	NJ Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	NJ Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> 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.

DIRECT DEPOSIT INFORMATION (ONLY FOR RETURNS WITH 2-D BARCODES)

'1' for Refund only, '2' for FAIR rebate only, '3' for both and '4' for no. Type of account ('C' for Checking, 'S' for Savings)

Check Routing Number Account Number

2007 HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

7 On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my principal residence
 Yes No If 'No,' STOP. You are not eligible for a rebate as a tenant and you should not file this application. See instructions.

8 On Dec 31, 2007 I (and/or my sp/CU partner) was: Age 65 or older Blind or disabled Not 65 or blind or disabled Fill in only one box. See instr

9 Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions 9

10 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 10

11 TOTAL GROSS INCOME (Add Line 9 and Line 10) 11

STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A TENANT REBATE.

12 Enter the address of the rental property in New Jersey that was your principal residence on October 1, 2007

Street Address Municipality

13 Enter the total rent you (and your spouse/CU partner) paid during 2007 for the rental property indicated at Line 12 13

14 Enter the number of days during 2007 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12 14
 (If you lived there for all of 2007, enter 365)

15 Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at line 12? Yes No
 (If yes, you must complete Lines 15a, b and c)

15a Enter the total number of tenants (including yourself) who shared rent during the period indicated at Line 14.
 (For this purpose, husband and wife/CU couple are considered one tenant.) 15a

15b Enter the name(s) and social security number(s) of all other tenants (other than your spouse/CU partner) who shared the rent.

Name <input type="text"/>	SS# <input type="text"/>
Name <input type="text"/>	SS# <input type="text"/>
Name <input type="text"/>	SS# <input type="text"/>

15c Enter the total rent paid by all tenants during the period indicated at Line 14 15c

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJIA0123 12/07/07

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Form **1040**

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2008 (99)

IRS Use Only—Do not write or staple in this space.

Label
(See instructions on page 14.)
Use the IRS label.
Otherwise, please print or type.
Presidential

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20

Your first name and initial: **BHAVESH B.** Last name: **PATEL**

If a joint return, spouse's first name and initial: **MITTALBAHEN R.** Last name: **PATEL**

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.
MONTGOMERY AL 36107

OMB No. 1545-0074

SSN: [REDACTED] **1368**

Spouse's social security number: [REDACTED] **5976**

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ◆

4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ◆

5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

b Spouse

c Dependents:

(1) Dependent's name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 17)
[REDACTED]	[REDACTED]	Child	<input checked="" type="checkbox"/>

If more than four dependents, see page 17.

Boxes checked on 6a and 6b. No. of children on 6c who: lived with you, did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above: _____

d Total number of exemptions claimed: _____

Income	7	8a	9a	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
Wages, salaries, tips, etc. Attach Form(s) W-2																				34,000
8a Taxable interest. Attach Schedule B if required																				
b Tax-exempt interest. Do not include on line 8a																				
9a Ordinary dividends. Attach Schedule B if required																				
b Qualified dividends (see page 21)																				
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)																				
11 Alimony received																				
12 Business income or (loss). Attach Schedule C or C-EZ																				
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ◆																				
14 Other gains or (losses). Attach Form 4797																				
15a IRA distributions																				
15b Taxable amount (see page 23)																				
16a Pensions and annuities																				
16b Taxable amount (see page 24)																				
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																				
18 Farm income or (loss). Attach Schedule F																				
19 Unemployment compensation																				
20a Social security benefits																				
20b Taxable amount (see page 26)																				
21 Other income. List type and amount (see page 28)																				
22 Add the amounts in the far right column for lines 7 through 21. This is your total income																				34,000

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.
DAA

Form 1040 (2008)

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Form 1040 (2008) **BHAVESH B. & MITTALBAHEN R. PATEL**

1368 Page 2

Tax and Credits		38	34,000
38 Amount from line 37 (adjusted gross income)		38	34,000
39a Check if: <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a			
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b			
c Check if standard deduction includes real estate taxes or disaster loss (see page 34) <input type="checkbox"/> 39c			
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	10,900
41 Subtract line 40 from line 38		41	23,100
42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d		42	10,500
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	12,600
44 Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972		44	1,263
45 Alternative minimum tax (see page 39). Attach Form 6251		45	
46 Add lines 44 and 45		46	1,263
47 Foreign tax credit. Attach Form 1116 if required		47	
48 Credit for child and dependent care expenses. Attach Form 2441		48	
49 Credit for the elderly or the disabled. Attach Schedule R		49	
50 Education credits. Attach Form 8863		50	
51 Retirement savings contributions credit. Attach Form 8880		51	
52 Child tax credit (see page 42). Attach Form 8901 if required		52	1,000
53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695		53	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54	
55 Add lines 47 through 54. These are your total credits		55	1,000
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-		56	263
Other Taxes			
57 Self-employment tax. Attach Schedule SE		57	
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H		60	
61 Add lines 56 through 60. This is your total tax		61	263
Payments			
62 Federal income tax withheld from Forms W-2 and 1099		62	2,814
63 2008 estimated tax payments and amount applied from 2007 return		63	
64a Earned income credit (EIC)		64a	475
b Nontaxable combat pay election <input type="checkbox"/> 64b			
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885		68	
69 First-time homebuyer credit. Attach Form 5405		69	
70 Recovery rebate credit (see worksheet on pages 62 and 63)		70	900
71 Add lines 62 through 70. These are your total payments		71	4,189
Refund			
72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid		72	3,926
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		73a	3,926
b Routing number XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number XXXXXXXXXXXXXXXXXXXX			
74 Amount of line 72 you want applied to your 2009 estimated tax		74	
Amount You Owe			
75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65		75	
76 Estimated tax penalty (see page 65)		76	
Do you want to allow another person to discuss this return with the IRS (see page 66)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Third Party Designee		Personal identification number (PIN) <input type="checkbox"/>	
Designee's name <input type="checkbox"/>		Phone no. <input type="checkbox"/>	
Sign Here			
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature _____		Date _____	Your occupation CLERK Daytime phone number _____
Spouse's signature. If a joint return, both must sign. _____		Date _____	Spouse's occupation CLERK
Preparer's Use Only		Preparer's signature _____ Date 2/24/09 Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN 9940	
Firm's name (or yours if self-employed), address, and ZIP code Goff Business Services		EIN 63-0810379	
563-E George Todd Road		Phone no. 334-277-0040	
Montgomery AL 36117			

DAA

Form 1040 (2008)

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SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2008

Attachment Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

BHAVESH B. PATEL
MITTALBAHEN R. PATEL

Your social security number

1368

- Before you begin:**
- See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a 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.



- 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 back of schedule for details.
- 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.

Qualifying Child Information

Child 1

Child 2

	Child 1	Child 2
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name: [Redacted] Last name: [Redacted]	First name: Last name:
2 Child's SSN 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.	[Redacted] 1165	
3 Child's year of birth	Year <u>2004</u> If born after 1989, skip lines 4a and 4b; go to line 5.	Year _____ If born after 1989, skip lines 4a and 4b; go to line 5.
4 If the child was born before 1990--		
a Was the child under age 24 at the end of 2008 and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2008?	<input type="checkbox"/> Yes. Continue. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Child	
6 Number of months child lived with you in the U.S. during 2008 <ul style="list-style-type: none"> If the child lived with you for more than half of 2008 but less than 7 months, enter "7." 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." 	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more 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 2008, and (b) is a U.S. citizen, U.S. national, or U.S. resident alien. For more details, see the instructions for line 41 of Form 1040A or line 66 of Form 1040.

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

Schedule EIC (Form 1040A or 1040) 2008

DAA

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Form 1040	Child Tax Credit Worksheets	2008
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Name **BHAVESH B. & MITTALBAHEN R. PATEL** Taxpayer Identification Number **1368**

Child Tax Credit Worksheet - Form 1040, Line 52, Form 1040A, Line 33 or Form 1040NR, Line 47.

1. Number of qualifying children: <u>1</u> x \$1000. Enter the result.	1.	1,000
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36.	2.	34,000
3. 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.	
4. Add lines 2 and 3.	4.	34,000
5. Enter: \$110,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately.	5.	110,000
6. Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	6.	
7. Multiply the amount on line 6 by 5% (.05). Enter the result.	7.	0
8. Subtract line 7 from line 1. If zero or less, stop here ; you cannot take this credit.	8.	1,000
9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43.	9.	1,263
10. Add the amounts from 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, and 46. Enter the total.	10.	
11. Are you claiming any of the following credits? <input type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695 <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Enter the amount from Child Tax Credit - Line 11 Worksheet below.	11.	
12. Subtract line 11 from line 9.	12.	1,263
13. Child tax credit. Enter the smaller of line 8 or line 12 here and on Form 1040, line 52, Form 1040A, line 33 or Form 1040NR, line 47.	13.	1,000

Child Tax Credit - Line 11 Worksheet

Use this worksheet **only** if you checked "Yes" on line 11 of the Child Tax Credit Worksheet above.

1. Enter the amount from line 8 of the Child Tax Credit Worksheet above.	1.	
2. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	2.	
3. Is the amount on line 2 more than \$8,500? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$8,500 from the amount on line 2. Enter the result.	3.	
4. Multiply the amount on line 3 by 15% (.15) and enter the result.	4.	
5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> <input type="checkbox"/> Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, enter the amount from Child Tax Credit Worksheet line 10 on line 11, and complete lines 12 and 13. <input type="checkbox"/> More than zero, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below. <input type="checkbox"/> Yes. If line 4 above 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.	5.	
6. Enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2. If you worked for a railroad, see below.	6.	
7. Enter the total of the amounts from Form 1040, line 27 and line 58 (Form 1040NR, line 53), plus any taxes identified with code "UT" on the dotted line next to Form 1040, line 61 (Form 1040NR, line 57).	7.	
8. Add lines 6 and 7.	8.	
9. Add the amounts from 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.	
10. Subtract line 9 from line 8. If the result is zero or less, enter -0-.	10.	
11. Enter the larger of line 4 or line 10.	11.	
12. Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-.	12.	
Next , complete Forms 8396, Form 8839, Form 5695, or Form 8859 where applicable.		
13. Enter the total of the amounts from Form 8396, line 11, Form 8839, line 18, Form 5695, line 27 and Form 8859, line 11.	13.	
14. Enter the amount from line 10 of the Child Tax Credit Worksheet above.	14.	
15. Add lines 13 and 14. Enter this amount on line 11 of the Child Tax Credit Worksheet above. Railroad employees. Include in the total on line 6 above any of the following taxes. <ul style="list-style-type: none"> <input type="checkbox"/> Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your form(s) W-2 and identified as "Tier 1 Tax". <input type="checkbox"/> If you were an employee representative, 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2008. 	15.	

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Form 1040	Recovery Rebate Credit Worksheet	2008
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Name **BHAVESH B. & MITTALBAHEN R. PATEL** Taxpayer Identification Number **1368**

Recovery Rebate Credit Worksheet - Form 1040, Line 70, Form 1040A, Line 42, or Form 1040-EZ, Line 9

1. Can you or your spouse if filing a joint return, be claimed as a dependent on another person's return?
 No. Go to line 2. **Yes.** You cannot get the credit. **Stop** here.
2. Does your tax return include a valid social security number for you, and if filing jointly, your spouse?
 Yes. Skip lines 3 and 4 and go to line 5. **No.** Go to line 3.
3. Are you filing a joint return for 2008?
 Yes. Go to line 4. **No.** You cannot take the credit. **Stop** here.
4. Were either you or your spouse a member of the U.S. Armed Forces at any time during 2008?
 Yes. Go to line 5 **No.** You cannot take the credit **Stop** here.
5. Enter the amount from Form 1040, line 56, Form 1040A, line 35 or Form 1040-EZ, line 11 5. 263
6. Enter the amount from Form 1040, line 52 or Form 1040A, line 33 6. 1,000
7. Add lines 5 and 6 7. 1,263
8. Enter \$600 (\$1,200 if married filing jointly) 8. 1,200
9. Enter the smaller of line 7 or line 8 9. 1,200
10. Is the amount on line 9 at least \$300 (\$600 if married filing jointly)?
 Yes. If you have at least one qualifying child for whom you entered a valid social security number on Form 1040 or Form 1040A, line 6c, column (2), and checked the box in column (4), or have at least one qualifying child with a valid social security number for whom you completed Form 8901, go to line 11. Otherwise, skip lines 11 through 21 and enter the amount from line 9 on line 22
 No. If line 7 is more than zero, go to line 11. Otherwise, skip line 11 and go to line 12.
11. Is your gross income more than \$8,950 if single or married filing separately, \$17,900 if married filing jointly, \$11,500 if head of household, or \$14,400 if qualifying widow(er)?
 No. Go to line 12.
 Yes. Skip lines 12 through 18 and go to line 19.
12. Enter the amount from Form 1040, line 20a or Form 1040A, line 14a 12. _____
13. Enter the amount of any nontaxable veterans' disability or death benefits received in 2008 13. _____
14. Are you filing form 8812?
 Yes. Skip line 15. Enter on line 16 the amount from Form 8812, line 4a
 No. Go to line 15.
15. Are you filing Form 2555 or 2555-EZ to exclude foreign income, or using one of the optional methods to figure your net earnings from self-employment on Schedule SE, or are you a church employee or member of the clergy?
 Yes. Fill out the Earned Income Worksheet on page 8 of Pub. 972 and enter on line 16 the amount from line 8 of that worksheet.
 No. Go to line 16
16. **Earned income.** If you did not already enter an amount on this line, complete Worksheet B on page 49 through line 4b. Enter the amount from Worksheet B, line 4b. (If you (or your spouse) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on Form 1040, line 64b, Form 1040A, 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. **Qualifying income.** Add lines 12, 13, and 16 17. _____
18. Is line 17 at least \$3,000?
 No. Skip lines 19 through 21 and enter the amount from line 9 on line 22
 Yes. Go to line 19.
19. Enter \$300 (\$600 if married filing jointly) 19. 600
20. Enter the larger of line 9 or line 19 20. 1,200
21. 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, column (2) and checked the box on Form 1040 or Form 1040A, line 6c, column (4), or Form 8901, column (b) 21. 300
22. Add lines 20 and 21 22. 1,500
23. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040-EZ, line 4 23. 34,000
24. Enter \$75,000 (\$150,000 if married filing jointly) 24. 150,000
25. Is the amount on line 23 more than the amount on line 24?
 No. Skip line 26. Enter the amount from line 22 on line 27 below.
 Yes. Subtract line 24 from line 23 25. _____
26. Multiply line 25 by 5% (.05) 26. _____
27. Subtract line 26 from line 22. If zero or less, enter -0-. 27. 1,500
28. Enter the amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1378. If you received more than one payment, enter the total of all payments you received. If filing jointly, include your spouse's payment as shown on your spouse's Notice 1378. If you filed jointly in 2007 and received an economic stimulus payment, you and your spouse are each treated as receiving half. 28. 600
29. **Recovery rebate credit.** 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 70, Form 1040A, 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, or Form 1040-EZ, line 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 64b, Form 1040A, line 40b, or Form 1040-EZ, line 8b, enter "NCP" on Form 1040, line 70, Form 1040A, line 42 or Form 1040-EZ, line 9. 29. 900

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Form 1040	Schedule EIC Worksheet 1	2008
Name BHAVESH B. & MITTALBAHEN R. PATEL		Taxpayer Identification Number [REDACTED]-1368

Worksheet 1. Investment Income

Interest and Dividends

1. Enter any amount from Form 1040, line 8a. 1. _____
2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b. 2. _____
3. Enter any amount from Form 1040, line 9a. 3. _____
4. Enter the amount from Form 1040, 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. 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter zero. 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (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, enter zero.) 7. _____

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, line 21. 8. _____
9. Enter any expenses from Schedule E, line 21, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36. 9. _____
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) 10. _____

Passive Activities

11. Enter the total net income from passive activities. 11. _____
12. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 11. Enter the total. This is your Investment Income. 12. _____

Worksheet 2. Earned Income

1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 34,000
2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. _____
3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. _____
4. Church employees. If you received wages as a church employee (as defined on page 20), enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. _____
5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported 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 of the pension or annuity.) 5. _____
6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. _____
7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. 7. _____
8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 34,000

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Form 1040	Schedule EIC Worksheet 2	2008
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Name BHAVESH B. & MITTALBAHEN R. PATEL	Taxpayer Identification Number [REDACTED]-1368
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Earned Income Credit Worksheet B

1. **Self-Employed, Clergy and People with Church Employee Income Filing Schedule SE**
 - a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. 1a. _____
 - b. Enter any amount from Schedule SE, Section B, line 4b and line 5a. 1b. _____
 - c. Add lines 1a and 1b. 1c. _____
 - d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1d. _____
 - e. Subtract line 1d from line 1c. 1e. _____

2. **Self-Employed NOT Filing Schedule SE**
Do not include on these lines any statutory employee income, any net profit from services performed 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.
 - a. Enter any net farm profit or (loss) from schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A 2a. _____
 - 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. 2b. _____
 - c. Add lines 2a and 2b. 2c. _____

3. **Statutory Employees Filing Schedule C or C-EZ**
Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 3. _____

4. **All filers Using EIC Worksheet B**
 - a. Enter your earned income from Worksheet 2, line 8. 4a. 34,000
 - b. Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.** 4b. 34,000

Is the amount on line 4b less than:

 - \$12,880 (\$15,880 for married filing jointly) if you do not have a qualifying child,
 - \$33,995 (\$36,995 for married filing jointly) if you have one qualifying child, or
 - \$38,646 (\$41,646 for married filing jointly) if you have 2 or more qualifying children?

YES. Continue on to line 5.
NO. Stop, you cannot take the credit.

5. Look up the the amount on line 4b above in the EIC Table in the instructions to find the credit. Use the correct column for your filing status. Enter the credit here. 5. 475

6. Enter your adjusted gross income (line 38 of Form 1040; line 22 of Form 1040A; or line 4 of Form 1040-EZ). 6. 34,000
Note: If the amounts on lines 4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8

7. If you have:
 - No qualifying children, is the amount on line 6 less than \$7,200 (\$10,200 if married filing jointly)?
 - 1 or more qualifying children, 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.
NO. Lookup the amount on line 6 in the EIC table in the instructions. Use the correct column for your filing status. Enter the credit here. 7. _____

8. Look at the amounts on lines 5 and 7. Then, enter the smaller amount on line 8. **This is your earned income credit.** 8. 475

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Form **1040** **Salaries & Wages Report** **2008**

Name **BHAVESH B. & MITTALBAHEN R. PATEL** Taxpayer Identification Number **1368**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T ARAV FOODMART LLC	12,000	922	12,000
B	S ARAV FOODMART LLC	22,000	1,892	22,000
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
		Taxpayer 12,000	922	12,000
		Spouse 22,000	1,892	22,000
		Totals 34,000	2,814	34,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	744	12,000	174				
B	1,364	22,000	319				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	744	12,000	174				
Spouse	1,364	22,000	319				
Totals	2,108	34,000	493				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	AL	12,000	560			
B	AL	22,000	825			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		12,000	560			
Spouse		22,000	825			
Totals		34,000	1,385			

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Form **8867**
(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.

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form.

- Investment Income
- Qualifying Child
- Earned Income

A Taxpayer's name ◆ **BHAVESH B. PATEL**

B If joint return, spouse's name ◆ **MITTALBAHEN R. PATEL**

Part I All Taxpayers -1368

1 Year after 2005 for which you are completing this form ◆ **2008**

2 Is the taxpayer's filing status married filing separately? Yes No

◆ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering Yes No

◆ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? Yes No

◆ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of the year on line 1? Yes No

◆ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? Yes No

◆ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit Yes No

◆ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1? Yes No

◆ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

For Paperwork Reduction Act Notice, see page 4.

Form **8867** (Rev. 12-2006)

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BHAVESH B. & MITTALBAHEN R. PATEL

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Form 8867 (Rev. 12-2006)

Page 2

Part II Taxpayers With a Child

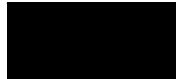
	Child 1	Child 2
Caution. If there are two children, complete lines 8 through 14 for one child before going to the next column.		
8 Child's name	[REDACTED]	
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> The child is unmarried, or The child is married and can be claimed as the taxpayer's dependent. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1)- <ul style="list-style-type: none"> Under age 19, Under age 24 and a full-time student (see definition in Pub. 596), or Any age and permanently and totally disabled? <p>◆ 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? <p>◆ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)		
c If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child? See the instructions before answering <p>◆ 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).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering <p>◆ 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, 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. 596 for the limit <p>◆ 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.</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Form 8867 (Rev. 12-2006)

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BHAVESH B. & MITTALBAHEN R. PATEL



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Form 8867 (Rev. 12-2006)

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Part III Taxpayers Without a Qualifying Child

<p>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.)</p> <p>◆ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>◆ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>◆ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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</p> <p>◆ 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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> ● 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 <p>◆ 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.</p> <p>◆ 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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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**Alabama Individual Return Summary
Tax Year 2008**

BHAVESH B. & MITTALBAHEN R. PATEL

Income and Adjustments

Salaries and wages	34,000
Interest and dividends	_____
Alimony received	_____
Business income	_____
Gain/loss from sales	_____
IRA/Pension distribution	_____
Rent/Royalty/K-1	_____
Farm income	_____
Other income	_____
Total income	34,000
Adjustments	_____
Adjusted gross income	34,000

Deductions

Itemized deductions <input type="checkbox"/> Standard deduction <input checked="" type="checkbox"/>	4,000
Federal tax deduction	263
Exemptions	3,500
Taxable income	26,237

Tax, Payments, and Credits

Income tax	1,233
Nonrefundable credits	_____
Other taxes	_____
Political contributions	_____
Total tax liability	1,233
Income tax withheld	1,385
Estimated tax payments	_____
Paid with extension	_____
Amended return original payment or refund	_____
Overpayment applied to next year	_____
Contributions	_____
Amount due/-refund	-152

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

Tax form	Form 40
Residency type	Resident
Direct debit withdrawal date	_____
Amended return	<input type="checkbox"/>
Marginal tax rate	5.000%
Effective tax rate	4.699%

2009 Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total estimates	_____

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FORM 40 Alabama 2008
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2008, or other tax year: Beginning: Ending: ●

Your social security number ● **1368** Spouse's SSN if joint return ● **5976**

Your first name Initial Last name
● **BHAVESH** **B** **PATEL**

Spouse's first name Initial Last name
● **MITTALBAHEN** **R** **PATEL**

Present home address (number and street or P.O. Box number)

City, town or post office State ZIP code
● **MONTGOMERY** **AL** **36107**

Check if address Foreign Country
is outside U.S. ●

◆ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions
1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).

		A - Alabama tax withheld		B - Income	
Income and Adjustments	5 Wages, salaries, tips, etc. (list each employer and address separately):	5a	5b	5a	5b
	a ARAV FOODMART LLC	●	560 00	●	12,000 00
	b	●	00	●	00
	c ARAV FOODMART LLC	●	825 00	●	22,000 00
d	●	00	●	00	
6 Interest and dividend income (also attach Schedule B if over \$1,500)	6	●		●	00
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 line 7	8	●		●	34,000 00
9 Total adjustments to income (from page 2, Part II, line 9)	9	●		●	00
10 Adjusted gross income. Subtract line 9 from line 8	10	●		●	34,000 00

Deductions		Box a or b MUST be checked	
11	Check box a, if you itemize deductions, and enter amount from Schedule A, line 26. Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)	11	11
●	a <input type="checkbox"/> Itemized Deductions	●	4,000 00
●	b <input checked="" type="checkbox"/> Standard Deduction	●	263 00
12	Federal tax deduction (see instructions)	12	12
13	Personal exemption (from line 1, 2, 3, or 4)	13	13
14	Dependent exemption (from page 2, Part III, line 2)	14	14
15	Total deductions. Add lines 11, 12, 13, and 14	15	15
16	15	●	7,763 00

16	Taxable income. Subtract line 15 from line 10	16	16
17	Income Tax due. Enter amount from tax table or check if from Form NOL-85A	17	17
18	Less credits from: ● <input type="checkbox"/> Schedule CR and/or ● <input type="checkbox"/> Schedule OC	18	18
19a	Net tax due Alabama. Subtract line 18 from line 17	19a	19a
19b	Consumer Use Tax (use worksheet on page 10)	19b	19b
20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following:	20a	20a
a	Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20a	●
b	Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20b	●
21	Total tax liability and voluntary contribution. Add lines 19a, 19b, 20a, and 20b	21	21
22	21	●	1,233 00

22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	22	22
23	2008 estimated tax payments/Automatic Extension Payment	23	23
24	Amended Returns Only — Previous payments (see instructions)	24	24
25	Total payments. Add lines 22, 23 and 24	25	25
26	Amended Returns Only — Previous refund (see instructions)	26	26
27	Adjusted Total Payments. Subtract line 26 from line 25	27	27
28	27	●	1,385 00

28	If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	28	28
29	Estimated tax penalty. Also include on line 28 (see instructions page 11)	29	29
30	29	●	00

30	If line 27 is larger than line 21, subtract line 21 from line 27, and enter amount OVERPAID	30	30
31	Amount of line 30 to be applied to your 2009 estimated tax	31	31
32	31	●	152 00

32	Total Donation Check-offs from Schedule DC, line 2	32	32
33	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 31 and 32 from line 30. For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2	33	33
33	33	●	152 00

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Form 40 (2008) **BHAVESH B. & MITTALBAHEN R. PATEL** -1368 Page 2

PART I Other Income (See page 12)	1	Alimony received	1	00
	2a	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2a	00
	b	Bonus depreciation allowed by Federal Economic Stimulus Act of 2008	2b	00
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
	4a	Total IRA distributions	4a	00
	4b	Taxable amount (see instructions)	4b	00
	5a	Total pensions and annuities	5a	00
	5b	Taxable amount (see instructions)	5b	00
	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	00
7a	Farm income or (loss) (attach Federal Schedule F)	7a	00	
b	Bonus depreciation allowed by Federal Economic Stimulus Act of 2008	7b	00	
8	Other income (state nature & source - see instr.)	8	00	
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	00	

PART II Adjustments to Income (See page 15)	1a	Your IRA deduction	1a	00
	b	Spouse's IRA deduction	1b	00
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
	3	Penalty on early withdrawal of savings	3	00
	4	Alimony pd. Recipient's last name SSN	4	00
	5	Adoption expenses	5	00
	6	Moving Expenses (Attach Federal Form 3903) to City State ZIP	6	00
	7	Self-employed health insurance deduction	7	00
	8	Payments to Alabama PACT Program or Alabama College Education Savings Program	8	00
9	Total adjustments. Add lines 1 through 8. Enter here and also on page 1, line 9	9	00	

PART III Dependents Do not include yourself or your spouse (See page 9)	1a	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?
		[REDACTED]	[REDACTED]-1165	Child	Y
b	Total number of dependents claimed above	1			
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, line 14	500 00			

PART IV General Information	1	Residency Check only one box <input checked="" type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ through _____
	2	Did you file an Alabama income tax return for the year 2007? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours ARAV FOODMART LLC Your Spouse's ARAV FOODMART LLC
All Taxpayers Must Complete This Section.	4	Enter the Federal Adjusted Gross Income • \$ 34,000 and Federal Taxable Income • \$ 12,600 as reported on your 2008 Federal Individual Income Tax Return.
	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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)
6	Do you have income included in this return from a grantor trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART V Direct Deposit	1	Routing Number: _____ 2 Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	3	Account Number: _____

Sign Here In Black Ink Keep a copy of this return for your records.	<input type="checkbox"/> 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.			
	Your signature	Date	Daytime telephone number	Your occupation CLERK
Spouse's signature (if joint return, BOTH must sign)	Date	Daytime telephone number	Spouse's occupation CLERK	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN [REDACTED]-9940
	Firm's name (or yours if self-employed) and address	E.I. No. 63-0810379		ZIP Code 36117
	Goff Business Services 563-E George Todd Road Montgomery AL		Daytime telephone no. 334-277-0040	

WHERE TO FILE FORM 40

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 154
Montgomery, AL 36135-0001

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

Mail only your 2008 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.

HAVES MITT 04/20/2009 3:28 PM
 Form **1040X**
 Department of the Treasury—Internal Revenue Service
Amended U.S. Individual Income Tax Return
 OMB No. 1545-0074
 (Rev. February 2009) ♦ See separate instructions.

This return is for calendar year ♦ **2008**, or fiscal year ended ♦

Please print or type	Your first name and initial BHAVESH B.	Last name PATEL	Your social security number 1368
	If a joint return, spouse's first name and initial MITTALBAHEN R.	Last name PATEL	Spouse's social security number 5976
	Home address (no. and street) or P.O. box if mail is not delivered to your home [REDACTED]		Apt. no.	Phone number
City, town or post office, state, and ZIP code. If you have a foreign address, see page 4 of the instructions. MONTGOMERY AL 36107			

- A** If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ♦ Yes No
- B** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.
- On original return ♦ Single Married filing jointly Married filing separately Head of household Qualifying widow(er)
 On this return ♦ Single Married filing jointly Married filing separately Head of household* Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 4 of the instructions.

Use Part II on the back to explain any changes		A. Original amount or as previously adjusted (see page 4)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
Income and Deductions (see instructions)				
1	Adjusted gross income (see page 4)	34,000	1,160	35,160
2	Itemized deductions or standard deduction (see page 4)	10,900		10,900
3	Subtract line 2 from line 1	23,100	1,160	24,260
4	Exemptions. If changing, fill in Parts I and II on the back (see page 5)	10,500		10,500
5	Taxable income. Subtract line 4 from line 3	12,600	1,160	13,760
Tax Liability				
6	Tax (see page 5). Method used in col. C Tables	1,263	115	1,378
7	Credits (see page 6)	1,000		1,000
8	Subtract line 7 from line 6. Enter the result but not less than zero	263	115	378
9	Other taxes (see page 6)	0		
10	Total tax. Add lines 8 and 9	263	115	378
Payments				
11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 6	2,814	58	2,872
12	Estimated tax payments, including amount applied from prior year's return	0		
13	Earned income credit (EIC)	475	-184	291
14	Additional child tax credit from Form 8812	0		
15	Credits: Recovery rebate; federal telephone excise tax; or from Forms 2439, 4136, 5405, 8885, or 8801 (refundable credit only)	900		900
16	Amount paid with request for extension of time to file (see page 6)			
17	Amount of tax paid with original return plus additional tax paid after it was filed			
18	Total payments. Add lines 11 through 17 in column C			4,063
Refund or Amount You Owe				
Note. Allow 8-12 weeks to process Form 1040X.				
19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			3,926
20	Subtract line 19 from line 18 (see page 6)			137
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6			241
22	If line 10, column C, is less than line 20, enter the difference			
23	Amount of line 22 you want refunded to you			
24	Amount of line 22 you want applied to your estimated tax	24		

Sign Here
 Joint return? See page 4. Keep a copy for your records.

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

Your signature _____ Date _____
 Spouse's signature. If a joint return, both must sign. _____ Date _____

Paid Preparer's Use Only

Preparer's signature _____ Date **4/20/09** Check if self-employed Preparer's SSN or PTIN **9940**
 Firm's name (or yours if self-employed), address, and ZIP code **Goff Business Services**
563-E George Todd Road
Montgomery AL 36117 EIN **63-0810379**
 Phone no. **334-277-0040**

BHAVESMIT 04/20/2009 3:29 PM

1368

Page 2

BHAVESH B. & MITTALBAHEN R. PATEL

Form 1040X (Rev. 2-2009)

Part I Exemptions. See Form 1040 or 1040A instructions.

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or for housing Midwestern displaced individuals.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse	25		
26 Your dependent children who lived with you	26		
27 Your dependent children who did not live with you due to divorce or separation	27		
28 Other dependents	28		
29 Total number of exemptions. Add lines 25 through 28	29		
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.	30		
31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 9914, line 2 for 2005 or line 6 for 2006. If you are claiming an exemption amount for housing Midwestern displaced individuals, enter the amount from the 2008 Form 9914, line 2. (See instructions for line 4). Otherwise enter -0-	31		
32 Add lines 30 and 31. Enter the result here and on line 4	32		

Tax year	Exemption amount	But see the instructions for line 4 on page 5 if the amount on line 1 is over:
2008	\$3,500	\$119,975
2007	3,400	117,300
2006	3,300	112,875
2005	3,200	109,475

33 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 7)	No. of children on 33 who:
					<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 7) <input type="checkbox"/> Dependents on 33 not entered above

Part II Explanation of Changes

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See pages 2 and 3 of the instructions. Also, check here

W-2 WAS OMITTED FROM THE TAX RETURN PREVIOUSLY FILED.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here
 If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

Form 1040X (Rev. 2-2009)

DAA

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FORM 40 Alabama 2008 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2008, or other tax year: Beginning: Ending: ●

Your social security number: 1368 Spouse's SSN if joint return: 5976

Your first name: BHAVESH Initial Last name: B PATEL
 Spouse's first name: MITTALBAHEN Initial Last name: R PATEL

City, town or post office: MONTGOMERY State: AL ZIP code: 36107

Check if address is outside U.S. Foreign Country

◆ CHECK BOX IF AMENDED RETURN

Filing Status/ Exemptions

1 \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN
 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person).

		A - Alabama tax withheld		B - Income	
		5a	5b	5a	5b
5	Wages, salaries, tips, etc. (list each employer and address separately):	560	00	12,000	00
a	ARAV FOODMART LLC				
b		825	00	22,000	00
c	ARAV FOODMART LLC				
d					
6	Interest and dividend income (also attach Schedule B if over \$1,500)				00
7	Other income (from page 2, Part I, line 9)			34,000	00
8	Total income. Add amounts in the income column for line 5a through line 7				00
9	Total adjustments to income (from page 2, Part II, line 9)				00
10	Adjusted gross income. Subtract line 9 from line 8			34,000	00

Income and Adjustments

Deductions

11 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26. Check box b, if you do not itemize deductions, and enter standard deduction (see instr.):
 a Itemized Deductions b Standard Deduction

		Box a or b MUST be checked	
11	Federal tax deduction (see instructions)	4,000	00
12	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	366	00
13	Personal exemption (from line 1, 2, 3, or 4)	3,000	00
14	Dependent exemption (from page 2, Part III, line 2)	500	00

15 Total deductions. Add lines 11, 12, 13, and 14

16 Taxable income. Subtract line 15 from line 10

17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A

18 Less credits from: Schedule CR and/or Schedule OC

19a Net tax due Alabama. Subtract line 18 from line 17

19b Consumer Use Tax (use worksheet on page 10)

20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:
 a Alabama Democratic Party \$1 \$2 none
 b Alabama Republican Party \$1 \$2 none

21 Total tax liability and voluntary contribution. Add lines 19a, 19b, 20a, and 20b

22 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)

23 2008 estimated tax payments/Automatic Extension Payment

24 Amended Returns Only - Previous payments (see instructions)

25 Total payments. Add lines 22, 23 and 24

26 Amended Returns Only - Previous refund (see instructions)

27 Adjusted Total Payments. Subtract line 26 from line 25

28 If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT YOU OWE.

29 Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

30 Estimated tax penalty. Also include on line 28 (see instructions page 11)

31 If line 27 is larger than line 21, subtract line 21 from line 27, and enter amount OVERPAID

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

33 Total Donation Check-offs from Schedule DC, line 2

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

35 Subtract lines 31 and 32 from line 30. For Direct Deposit, check here and complete Part V, Page 2

BHAVESMITT 04/20/2009 3:29 PM

Form AL-40	Alabama Amended Explanation of Changes Report	2008
BHAVESH B. & MITTALBAHEN R. PATEL		Taxpayer Identification Number [REDACTED] 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.

2008

New York State Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return** New York State • New York City • Yonkers

IT-203

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

Important: You must enter your social security number(s) in the boxes to the right.

Your first name and middle initial **BHAVESH** Your last name (for a joint return, enter spouse's name on line below) **B PATEL**

Spouse's first name and middle initial **MITTALBAHEN** Spouse's last name **R PATEL**

Print or type

Home address (see instructions, page 14) (number and street or rural route)

City, village, or post office
MONTGOMERY

State
AL

ZIP code
36107

Permanent home address (see instructions, page 14) (number and street or rural route)

City, village, or post office

State

ZIP code

Decedent information

Taxpayer's date of death

Spouse's date of death

Your social security number
1368

Spouse's social security number
5976

New York State county of residence

School district name

School district

code number

- (A) Filing status — mark an **X** in one box:
- (1) Single
 - (2) Married filing joint return (enter both spouses' social security numbers above)
 - (3) Married filing separate return (enter both spouses' social security numbers above)
 - (4) Head of household (with qualifying person)
 - (5) Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2008 federal income tax return? Yes No

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(D) Have you underreported your tax due on past returns? To correct this without penalty, visit us at www.nystax.gov.

- (E) New York City part-year residents only (see page 16)
- (1) Number of months you lived in NY City in 2008
 - (2) Number of months your spouse lived in NY City in 2008

(F) Enter your 2 digit special condition code if applicable (see page 16) If applicable, also enter your second 2 digit special condition code

Federal income and adjustments

Enter federal amounts in the left column and NYS amounts in the right column. See instructions, page 17. Part-year residents: complete page 18 worksheet first.

	Federal amount Dollars	New York State amount Dollars
1 Wages, salaries, tips, etc.	35,160.	1,160.
2 Taxable interest income		
3 Ordinary dividends		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)		
5 Alimony received		
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)		
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)		
8 Other gains or losses (attach a copy of federal Form 4797)		
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box		
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)		
13 Unemployment compensation		
14 Taxable amount of social security benefits (also enter on line 26)		
15 Other income (see page 23) Identify:		
16 Add lines 1 through 15	35,160.	1,160.
17 Total federal adjustments to income (see page 23) Identify:		
18 Federal adjusted gross income (subtract line 17 from line 16)	35,160.	1,160.

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

Enter your social security number
XXXXXXXXXX 1368

	Federal amount Dollars		New York State amount Dollars
19 Federal adjusted gross income (from line 18 on front page)	35,160.	19.	1,160.
New York additions (see page 25)			
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 contributions	21.	21.	
22 Other (see page 27) Identify:	22.	22.	
23 Add lines 19 through 22	35,160.	23.	1,160.
New York subtractions (see page 30)			
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24.	24.	
25 Pensions of NYS and local governments and the federal government (see page 30)	25.	25.	
26 Taxable amount of social security benefits (from line 14)	26.	26.	
27 Interest income on U.S. government bonds	27.	27.	
28 Pension and annuity income exclusion	28.	28.	
29 Other (see page 32) Identify:	29.	29.	
30 Add lines 24 through 29	30.	30.	
31 New York adjusted gross income (subtract line 30 from line 23)	35,160.	31.	1,160.
32 Enter the amount from line 31, Federal amount column	32.	32.	35,160.
33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: <input checked="" type="radio"/> Standard or <input type="radio"/> Itemized	33.	33.	15,000.
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34.	34.	20,160.
35 Dependent exemptions (not the same as total federal exemptions; see page 38)	35.	35.	1,000.
36 New York taxable income (subtract line 35 from line 34)	36.	36.	19,160.

New York State standard deduction table		New York State itemized deduction worksheet	
Filing status (from the front page)	Standard deduction (enter on line 33 above)	a	a.
(1) Single and you marked item C Yes	\$ 3,000	b	b.
(1) Single and you marked item C No	7,500	c	c.
(2) Married filing joint return	15,000	d	d.
(3) Married filing separate return	7,500	e	e.
(4) Head of household (with qualifying person)	10,500	f	f.
(5) Qualifying widow(er) with dependent child	15,000	g	g.
		h	h.
		i	i.
		j	j.
		k	k.
		l	l.
		m	m.
		n	n.
		o	o.

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

Name(s) as shown on page 1
 BHAVESH B. & MITTALBAHEN R. PATEL

Enter your social security number
 [REDACTED]-1368

		Dollars
Tax computation, credits, and other taxes (see page 39)		
37	New York taxable income (from line 36 on page 2)	19,160.
38	New York State tax on line 37 amount (see page 39 and Tax computation on page 74)	783.
39	New York State household credit (from table 1, 2, or 3 on pages 39 and 40)	783.
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	783.
41	New York State child and dependent care credit (attach Form IT-216; see page 40)	87.
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	696.
43	New York State earned income credit (attach Form IT-215; see page 40)	696.
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	696.
45	Income percentage (see page 40)	0.0330
	New York State amount from line 31 1,160. + Federal amount from line 31 35,160. =	Round result to 4 decimal places
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	23.
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)	23.
49	Net other New York State taxes (from Form IT-203-ATT, line 33)	23.
50	Total New York State taxes (add lines 48 and 49)	23.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (attach Form IT-360.1)	51.	See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits and surcharges.
52	New York City minimum income tax (attach Form IT-220)	52.	
52a	Add lines 51 and 52	52a.	
52b	Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.	
52c	Subtract line 52b from 52a	52c.	
53	Yonkers nonresident earnings tax (attach Form Y-203)	53.	
54	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	
56	Sales or use tax (See the instructions beginning on page 42. Do not leave line 56 blank.)	56.	0.

Voluntary contributions (whole dollar amounts only, see page 43)

57a	Return a Gift to Wildlife	57a.	
57b	Missing / Exploited Children Fund	57b.	
57c	Breast Cancer Research Fund	57c.	
57d	Alzheimer's Fund	57d.	
57e	Olympic Fund (\$2 or \$4; see page 43)	57e.	
57f	Prostate Cancer Research Fund	57f.	
57g	National 9/11 Memorial	57g.	
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, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	23.

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

Page 4 of 4 IT-203 (2008)

Enter your social security number
XXXXXXXXXX 1368

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. Dollars 23.

Payments and refundable credits

60 Part year NYC school tax credit (also complete (E) on front; see page 44) 60.
 61 Other refundable credits (from Form IT-203-ATT, line 17) 61.
 62 Total New York State tax withheld 62. 39.
 63 Total New York City tax withheld 63.
 64 Total Yonkers tax withheld 64.
 65 Total estimated tax payments / amount paid with Form IT 370 65.
 66 Total payments and refundable credits (add lines 60 through 65) 66. 39.
Refund/amount overpaid
 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 16.
 68 Amount of line 67 that you want refunded to you. Complete line 72. Refund 68. 16.
 69 Amount of line 67 that you want applied to your 2009 estimated tax. (see instruction.) 69.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R. Staple them, & any other applicable forms, to the top of this page 4.
 See Step 12 on page 50 for the proper assembly of your return and attachments.

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59. Complete line 72. Owe 70.
 71 Estimated tax penalty (Include this amount on line 70, or reduce the overpayment on line 67; see page 46.) 71.

72 Account information (see page 47) Mark one: Refund - Direct deposit or Owe - Electronic funds withdrawal

72a Routing number Electronic funds withdrawal effective date

72b Account number 72c Account type Checking Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ▶ 01-31-2008
 Mark an X in the box that describes your situation on the last day of the tax year:

73a Moved into New York State 73a.
 73b Moved out of New York State; received income from NYS sources during nonresident period 73b.
 73c Moved out of New York State; received no income from NYS sources during nonresident period 73c.

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2008? (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes No

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN)
 Yes No E-mail:

Preparer's signature Paid preparer's use only Taxpayer(s) sign here

SSN or PTIN: XXXXXXXXXX-9940

Employer identification number 63-0810379

Firm's name (or yours, if self-employed) Goff Business Services
 Address 563-E George Todd Road Montgomery AL 36117
 E-mail: Mark an X if self-employed Date 04-20-2009

Your signature
 Your occupation CLERK
 Spouse's signature and occupation (if joint claim) CLERK
 Daytime phone number
 E-mail:

Mail your completed return and any attachments to:
 STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.
 For information about private delivery services, see page 60.

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File all four pages of this original scannable return with the Tax Department.



2008

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 first name and middle initial: BHAVESH; Taxpayer's last name: PATEL; Spouse's first name and middle initial: MITTALBAHEN; Spouse's last name: PATEL; Social security numbers: 1368 and 5976.

W-2 Record 1: ARAV FOODMART LLC. Includes fields for EIN (26-1197807), wages (12,000), and various tax withholdings.

W-2 Record 2: ARAV FOODMART LLC. Includes fields for EIN (26-1197807), wages (22,000), and various tax withholdings.

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.



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2008

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 first name and middle initial BHAVESH	Taxpayer's last name B PATEL	<input type="checkbox"/> Your social security number [REDACTED]-1368
Spouse's first name and middle initial MITTALBAHEN	Spouse's last name R PATEL	<input type="checkbox"/> Spouse's social security number [REDACTED]5976

Box c Employer's name and full address (including ZIP code)

W-2
Record 1

M & N GROCERS INC

Box b Employer identification number (EIN) 11-2695239	Box 12a Amount	<input type="checkbox"/> Code	Box 15 State NY	Box 16 State wages, tips, etc. (for NYS) 1,160.
This W-2 record is for (mark an X in one box): Taxpayer <input checked="" type="checkbox"/> Spouse	Box 12b Amount	<input type="checkbox"/> Code		Box 17 New York State income tax withheld 39.
Box 1 Wages, tips, other compensation 1,160.	Box 12c Amount	<input type="checkbox"/> Code	Box 18 Local wages, tips, etc.	Locality a
Box 8 Allocated tips	Box 12d Amount	<input type="checkbox"/> Code	Locality b	Box 19 Local income tax withheld
Box 9 Advance EIC payment	Box 13 Statutory employee		Locality a	Locality b
Box 10 Dependent care benefits	Box 14a Amount	<input type="checkbox"/> Description		Box 20 Locality name
Box 11 Nonqualified plans	Box 14b Amount	<input type="checkbox"/> Description		Locality a
	Box 14c Amount	<input type="checkbox"/> Description		Locality b

Corrected (W-2c)

Do not detach. Box c Employer's name and full address (including ZIP code)

W-2
Record 2

Box b Employer identification number (EIN)	Box 12a Amount	<input type="checkbox"/> Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
This W-2 record is for (mark an X in one box): Taxpayer <input type="checkbox"/> Spouse	Box 12b Amount	<input type="checkbox"/> Code		Box 17 New York State income tax withheld
Box 1 Wages, tips, other compensation	Box 12c Amount	<input type="checkbox"/> Code	Box 18 Local wages, tips, etc.	Locality a
Box 8 Allocated tips	Box 12d Amount	<input type="checkbox"/> Code	Locality b	Box 19 Local income tax withheld
Box 9 Advance EIC payment	Box 13 Statutory employee		Locality a	Locality b
Box 10 Dependent care benefits	Box 14a Amount	<input type="checkbox"/> Description		Box 20 Locality name
Box 11 Nonqualified plans	Box 14b Amount	<input type="checkbox"/> Description		Locality a
	Box 14c Amount	<input type="checkbox"/> Description		Locality b

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



2008

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.

Name(s) as shown on return

BHAVESH B. & MITTALBAHEN R. PATEL

Your social security number
[REDACTED] 1368

- 1 Did you claim the federal earned income credit for 2008? If **No, stop; you do not qualify for these credits** 1. Yes 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
- 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
- 4 Did you claim qualifying children on your 2008 federal Schedule EIC? If **No, continue with line 5.** 4. Yes No
If **Yes**, in the spaces below, list up to two of the same children you claimed on federal Schedule EIC
If you claimed more than two, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
[REDACTED]	[REDACTED]	Child	12			[REDACTED] 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 No
- 6 Wages, salaries, tips, etc., from **Worksheet A**, line 3, on page 2 of the instructions, Form IT-215-I 6. **Dollars**
35,160.
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution 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 here (see instructions) 7.
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8.
Employer identification number (see instructions) •
- 9 Enter your federal adjusted gross income
(from Form IT-150, line 11; Form IT-201, line 19; or Form IT-203, line 19, Federal amount column) 9. 35,160.
- 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 40a; or Form 1040, line 64a) 10. 291.
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12. 87.

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 Form IT-203 filers, copy the amount from Worksheet B, line 5, on the back of this form 13. 783.
- 14 New York State household credit (from Form IT-150, line 28; Form IT-201, line 40; or Form IT-203, line 39) 14.
- 15 Enter the smaller of line 13 or line 14 15.
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16. 87.
- 17 If your New York State filing status is (3), Married filing separate return, complete line 17. The NYS EIC on line 16 above 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.
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) •

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Please file this original scannable form with the Tax Department.

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

18	Enter your New York State earned income credit (from line 16 or from line 17)	18.	87.
19	Enter the amount from Form IT-203, line 42	19.	783.
	<ul style="list-style-type: none"> • 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. 		
20	Excess New York State earned income credit (subtract line 19 from line 18)	20.	
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.	
	<ul style="list-style-type: none"> • 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. 		
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit	22.	
23	Enter the amount from line 18, Column D, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet	23.	
24	Enter the amount from line 18, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet	24.	
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.	

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-215-1, 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: Enter the amounts from Form IT-360.1, line 20, columns A and B	28A.	28B.

Worksheet 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)	1.	783.
2	Resident credit (from Form IT-201, line 41, or Form IT-203-ATT, line 1)	2.	
3	Accumulation distribution credit (from Form IT-201-ATT, line 1, or Form IT-203-ATT, line 2)	3.	
4	Add lines 2 and 3	4.	
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form	5.	783.

2152081022



Please file this original scannable form with the Tax Department.

Form **1040** Department of the Treasury—Internal Revenue Service **2009** (99) IRS Use Only—Do not write or staple in this space. OMB No. 1545-0074

Label
(See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

LABEL
For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20

Your first name and initial **BHAVESH B** Last name **PATEL** Your social security number **1368**

If a joint return, spouse's first name and initial **MITTALBAHEN R** Last name **PATEL** Spouse's social security number **5976**

Home address (number and street). If you have a P.O. box, see page 14. Apt. no. You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **MONTGOMERY AL 36117** Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see page 16)

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 17)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 18)
		1165	DAUGHTER	<input checked="" type="checkbox"/>	1

If more than four dependents, see page 17 and check here

d Total number of exemptions claimed **3**

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 **16,000**
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends (see page 22)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions **15a** b Taxable amount (see page 24) **15b**
16a Pensions and annuities **16a** b Taxable amount (see page 25) **16b**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **0**
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)
20a Social security benefits **20a** b Taxable amount (see page 27) **20b**
21 Other income. List type and amount (see page 29)
22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** **16,000**

Adjusted Gross Income
23 Educator expenses (see page 29) **23**
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
25 Health savings account deduction. Attach Form 8889 **25**
26 Moving expenses. Attach Form 3903 **26**
27 One-half of self-employment tax. Attach Schedule SE **27**
28 Self-employed SEP, SIMPLE, and qualified plans **28**
29 Self-employed health insurance deduction (see page 30) **29**
30 Penalty on early withdrawal of savings **30**
31a Alimony paid b Recipient's SSN **31a**
32 IRA deduction (see page 31) **32**
33 Student loan interest deduction (see page 34) **33**
34 Tuition and fees deduction. Attach Form 8917 **34**
35 Domestic production activities deduction. Attach Form 8903 **35**
36 Add lines 23 through 31a and 32 through 35 **36**
37 Subtract line 36 from line 22. This is your **adjusted gross income** **16,000**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97. Form **1040** (2009) DAA

Form 1040 (2009) **BHAVESH B & MITTALBAHEN R PATEL**

1368 Page 2

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	16,000
39a Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked ▶		39a			
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶		39b			
Standard Deduction for— • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35. • All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	11,400	
	b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶	40b			
	41 Subtract line 40a from line 38	41	4,600		
	42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	10,950		
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0		
	44 Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0		
	45 Alternative minimum tax (see page 40). Attach Form 6251	45			
	46 Add lines 44 and 45	46			
	47 Foreign tax credit. Attach Form 1116 if required	47			
	48 Credit for child and dependent care expenses. Attach Form 2441	48			
49 Education credits from Form 8863, line 29	49				
50 Retirement savings contributions credit. Attach Form 8880	50				
51 Child tax credit (see page 42)	51				
52 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52				
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53				
54 Add lines 47 through 53. These are your total credits	54				
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0			
Other Taxes		56	Self-employment tax. Attach Schedule SE	56	
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		57		57	
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58		58	
59 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H		59		59	
60 Add lines 55 through 59. This is your total tax		60		60	0
Payments		61	Federal income tax withheld from Forms W-2 and 1099	61	1,337
62 2009 estimated tax payments and amount applied from 2008 return		62		62	
63 Making work pay and government retiree credits. Attach Schedule M		63		63	800
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	3,043	
	b Nontaxable combat pay election	64b			
65 Additional child tax credit. Attach Form 8812		65	1,000	65	
66 Refundable education credit from Form 8863, line 16		66		66	
67 First-time homebuyer credit. Attach Form 5405		67		67	
68 Amount paid with request for extension to file (see page 72)		68		68	
69 Excess social security and tier 1 RRTA tax withheld (see page 72)		69		69	
70 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885		70		70	
71 Add lines 61, 62, 63, 64a, & 65 through 70. These are your total payments		71		71	6,180
72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid		72		72	6,180
Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	73a	6,180	
	b	Routing number <input type="checkbox"/> 0025 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <input type="checkbox"/> 0776			
74 Amount of line 72 you want applied to your 2010 estimated tax ▶		74			
Amount You Owe		75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
76 Estimated tax penalty (see page 74)		76			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see page 75)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name ▶ SAJJAN G. RAJENDRA, CPA		Personal identification number (PIN) ▶ 55555		Phone no. ▶ 334-277-0483	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature	Date	Your occupation	Daytime phone number	
Joint return? See page 15. ▶	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	
Keep a copy for your records.				MANAGER	
Preparer's signature ▶ SAJJAN G. RAJENDRA, CPA		Date ▶ 03/25/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN ▶ P00170704	
Firm's name (or yours if self-employed), address, and ZIP code ▶ SAJJAN G. RAJENDRA, LLC P.O. BOX 240513 MONTGOMERY AL 36124-0513		EIN ▶ 20-3656711		Phone no. ▶ 334-277-0483	

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

Your social security number

BHAVESH B & MITTALBAHEN R PATEL

[REDACTED]-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	OM SAI 1 LLC	S		[REDACTED] 3184	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A *	0			
B				
C				
D				
29a Totals				
b Totals				
30	Add columns (g) and (i) of line 29a			0
31	Add columns (f), (h), and (j) of line 29b			0
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		
36	Add columns (c) and (e) of line 34b		
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

DAA

***LOSS LIMITED BY BASIS**

Taxpayer Name BHAVESH B PATEL
Spouse Name MITTALBAHEN R PATEL

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

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

ERO's PIN 6318915555

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 03/24/10

Taxpayer's PIN (enter five numbers, other than all zeroes) 31368

Spouse's PIN (enter five numbers, other than all zeroes) 35976

Form 1310 Signature and Verification

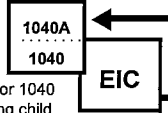
Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

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

Your social security number
[REDACTED] - **1368**

Before you begin:

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a 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.

CAUTION

- 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 back of schedule for details.
- 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.

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name [REDACTED]	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 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.	[REDACTED] 1165		
3 Child's year of birth	Year <u>2004</u> <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4a Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.
b Was the child permanently and totally disabled during any part of 2009?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER		
6 Number of months child lived with you in the United States during 2009 ● If the child lived with you for more than half of 2009 but less than 7 months enter "7". ● If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter "12."	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

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

Schedule EIC (Form 1040A or 1040) 2009

DAA

Form **8812**

Additional Child Tax Credit

1040
1040A
1040NR

8812

OMB No. 1545-0074

2009

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

BHAVESH B & MITTALBAHEN R PATEL

Identification number

1368

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 47). If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.		1	1,000
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47		2	
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit		3	1,000
4a	Earned income (see instructions on back)	4a		16,000
b	Nontaxable combat pay (see instructions on back)	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5		13,000
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		6	1,950

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57.	8		
9	Add lines 7 and 8	9		
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 63.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.		12	

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000
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1040
1040A
1040NR

Enter this amount on
Form 1040, line 65,
Form 1040A, line 42, or
Form 1040NR, line 61.

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay and Government Retiree Credits

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

Attachment Sequence No. **166**

Name(s) shown on return

Your social security number

BHAVESH B & MITTALBAHEN R PATEL

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1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below 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 plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
 No. Enter your earned income (see instructions)

1a		
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 smaller 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	16,000
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? <input checked="" type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8 Multiply line 7 by 2% (.02)	8	
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 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly)	10	0
11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2. <input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12. <input type="checkbox"/> Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses) • If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)	11	0
12 Add lines 10 and 11	12	
13 Subtract line 12 from line 9. If zero or less, enter -0-	13	800
14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here 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 excluding income from Puerto Rico, see instructions.

Form 1040	Shareholder's Basis Worksheet Page 1	2009
Name MITTALBAHEN R PATEL		Taxpayer Identification Number 5976
Name of Entity OM SAI 1 LLC		EI 3184
Passive Activity Type NOT PASSIVE		K1 Unit 1

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	0
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain	8.	
9. Tax-exempt interest and other income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	0
14. Stock basis before distributions and items of loss or deductions Add line 1 and line 13 and enter the result here	14.	
Decreases to stock basis		
15. Distributions allowed	15.	
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.	0
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	0
21. 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.	0

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.	
26. Loan repayments from line 41	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan 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

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	
<input type="radio"/> Sch D, short-term capital gain <input type="radio"/> Sch D, long-term capital gain		

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
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.	
<input type="radio"/> Ordinary income on Schedule E page 2 <input type="radio"/> Sch D, short-term capital gain <input type="radio"/> Sch D, long-term capital gain		

Form 1040	Shareholder's Basis Worksheet Page 2					2009				
Name: MITTALBAHEN R. PATEL										
Entity Name: OM SAI 1 LLC EIN: [REDACTED] 3184 Passive Activity Type: NOT PASSIVE										
Taxpayer's Identification Number: [REDACTED] -5976										
K1 Unit: 1										
Loss Allocated to Shareholder Stock and Loan Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible noncapital exp & oil/gas depletion deduction:										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental 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%)										
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										
Depletion										
Deductions-royalty income										
Intang drilling expensed										
Preproductive period exp.										
Commercial revitalization ded										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		38,170	38,170			38,170			38,170	
Total nonded and deductible items		38,170	38,170			38,170			38,170	

Form 1040	Child Tax Credit - Taxable Earned Income Worksheet	2009
Name BHAVESH B & MITTALBAHEN R PATEL		Taxpayer Identification Number [REDACTED]-1368

Before you begin:

- Use this worksheet only if you were sent here from the Line 11 Worksheet or line 4a of Form 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.

1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8.	1a.	16,000
b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Form 8812, line 4b. This amount should be shown in Form(s) W-2, box 12, with code Q.	1b.	_____
Next, if you are filing Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, 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	2a.	_____
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.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed nonfarm partnership expenses you deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax.	2b.	_____
c. Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed farm partnership expenses you deducted on Schedule E. Do not include any amounts exempt from self-employment tax	2c.	_____
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. Otherwise, skip this line and enter on line 2e the amount from line 2c	2d.	_____
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) from line 2c.	2e.	_____
3. Add 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 2 of the Line 11 Worksheet or line 4a of Form 8812, whichever applies.	3.	16,000
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 7 of Form 1040 or line 8 of Form 1040NR)	4b.	_____
c. A pension or annuity from a nonqualified deferred compensation plan or a section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR). 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.	4c.	_____
5.a. Enter any amount included on line 3 that is also included on Form 2555, line 43, or Form 2555-EZ, line 18. Do not include any amount that is also included on line 4a, 4b, or 4c above.	5a.	_____
b. Enter the amount, if any, from Form 2555, line 44, that is also deducted on Schedule C, C-EZ, or F, or included on Schedule E in partnership net income or (loss)	5b.	_____
c. Subtract line 5b from line 5a	5c.	_____
6. Enter the amount from Form 1040, line 27	6.	_____
7. Add lines 4a through 4c, 5c, and 6	7.	_____
8. 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.

*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.

 Form 1040	Schedule EIC Worksheet 1	2009
Name BHAVESH B & MITTALBAHEN R PATEL		Taxpayer Identification Number [REDACTED] -1368

Worksheet 1. Investment Income

Interest and Dividends

1. Enter any amount from Form 1040, line 8a. 1. _____
2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b. 2. _____
3. Enter any amount from Form 1040, line 9a. 3. _____
4. Enter the amount from Form 1040, 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. 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter zero. 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (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, enter zero.) 7. _____

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, line 21. 8. _____
9. Enter any expenses from Schedule E, line 21, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36. 9. _____
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) 10. _____

Passive Activities

11. Enter the total net income from passive activities. 11. _____
12. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 11. Enter the total. This is your Investment Income. 12. _____

Worksheet 2. Earned Income

1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 16,000
2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. _____
3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. _____
4. Church employees. If you received wages as a church employee (as defined on page 20), enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. _____
5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported 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 of the pension or annuity.) 5. _____
6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. _____
7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. 7. _____
8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 16,000

Form 1040	Schedule EIC Worksheet 2	2009
Name BHAVESH B & MITTALBAHEN R PATEL		Taxpayer Identification Number [REDACTED] 1368

Earned Income Credit Worksheet B

1. Self-Employed, Clergy and People with Church Employee Income Filing Schedule SE

a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. 1a. _____

b. Enter any amount from Schedule SE, Section B, line 4b and line 5a. 1b. _____

c. Add lines 1a and 1b. 1c. _____

d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1d. _____

e. Subtract line 1d from line 1c. 1e. _____

2. Self-Employed NOT Filing Schedule SE

Do not include on these lines any statutory employee income, any net profit from services performed 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 from a qualified joint venture reporting only rental real estate income not subject to self-employment tax.

a. Enter any net farm profit or (loss) from schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A 2a. _____

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. 2b. _____

c. Add lines 2a and 2b. 2c. _____

3. Statutory Employees Filing Schedule C or C-EZ

Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 3. _____

4. All filers Using EIC Worksheet B

a. Enter your earned income from Worksheet 2, line 8. 4a. 16,000

b. Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.** 4b. 16,000

Is the amount on line 4b less than:

- \$13,440 (\$18,440 for married filing jointly) if you do not have a qualifying child,
- \$35,463 (\$40,463 for married filing jointly) if you have one qualifying child, or
- \$40,295 (\$45,295 for married filing jointly) if you have 2 qualifying children, or
- \$43,279 (\$48,279 for married filing jointly) if you have 3 or more qualifying children?

YES. Continue on to line 5.
NO. Stop, you cannot take the credit.

5. Look up the the amount on line 4b above in the EIC Table in the instructions to find the credit. Use the correct column for your filing status. Enter the credit here. 5. 3,043

6. Enter your adjusted gross income (line 38 of Form 1040; line 22 of Form 1040A; or line 4 of Form 1040-EZ). 6. 16,000

Note: If the amounts on lines 4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8.

7. If you have:

- No qualifying children, is the amount on line 6 less than \$7,500 (\$12,500 if married filing jointly)?
- 1 or more qualifying 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. Use the correct column for your filing status. Enter the credit here. 7. _____

8. Look at the amounts on lines 5 and 7. Then, enter the smaller amount on line 8. **This is your earned income credit.** 8. 3,043

Form **1040** **Salaries & Wages Report** **2009**

Name **BHAVESH B & MITTALBAHEN R PATEL** Taxpayer Identification Number **1368**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T P & K LLC	6,000	441	6,000
B	T OM SAI 1 LLC	5,000	448	5,000
C	T OM SAI 1 LLC	5,000	448	5,000
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		16,000	1,337	16,000
Spouse				
Totals		16,000	1,337	16,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	372	6,000	87				
B	310	5,000	73				
C	310	5,000	73				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	992	16,000	233				
Spouse							
Totals	992	16,000	233				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	AL	6,000	300			
B	AL	5,000	170			
C	AL	5,000	170			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		16,000	640			
Spouse						
Totals		16,000	640			

Form **8867**

(Rev. December 2009)

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- Investment Income
- Qualifying Child
- Earned Income
- Full-time Student

A Taxpayer's name ▶ **BHAVESH B PATEL**

B If joint return, spouse's name ▶ **MITTALBAHEN R PATEL**

Part I All Taxpayers -1368

<p>1 Year after 2008 for which you are completing this form ▶ 2009</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2 Is the taxpayer's filing status married filing separately?</p> <p>▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p>▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p>▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5a Was the taxpayer a nonresident alien for any part of the year on line 1?</p> <p>▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p>▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit</p> <p>▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?</p> <p>▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

For Paperwork Reduction Act Notice, see page 4.

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

DAA

BEAVESH B & MITTALBAHEN R PATEL

1368

Form 8867 (Rev. 12-2009)

Page 2

Part II Taxpayers With a Child

	Child 1	Child 2	Child 3
Caution. If there is more than one child, complete lines 8 through 14 for one 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> The child is unmarried, or The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1)- <ul style="list-style-type: none"> 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 Any age and permanently and totally disabled? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? <ul style="list-style-type: none"> If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b. 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering <ul style="list-style-type: none"> If you checked "Yes" on line 13c, go to line 14. If you checked "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 Note 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 Note at the bottom of this page. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering <ul style="list-style-type: none"> 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 Note at the bottom of this page. If you checked "Yes" on line 14, continue. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. 596 for the limit <ul style="list-style-type: none"> 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. 			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

Form 8867 (Rev. 12-2009)

BHAVESH B & MITTALBAHEN R PATEL

[REDACTED]-1368

Form 8867 (Rev. 12-2009)

Page 3

Part III Taxpayers Without a Qualifying Child

<p>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.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ 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>	

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.)</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> ● 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 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ 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.</p> <p>▶ 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.</p>	

40 Alabama **2009**
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2009, or other tax year: Beginning: Ending: ●

Your social security number: **1368** Spouse's SSN if joint return: **5976**

Your first name: **BHAVESH** Initial: **B** Last name: **PATEL**

Spouse's first name: **MITTALBAHEN** Initial: **R** Last name: **PATEL**

Present home address (number and street or P.O. Box number):
● **[REDACTED]**

City, town or post office: **MONTGOMERY** State: **AL** ZIP code: **36117**

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ Exemptions

1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN

2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).

		A - Alabama tax withheld		B - Income		
		5a ●		5a ●		
Income and Adjustments	5 Wages, salaries, tips, etc. (list each employer and address separately):					
	a SEE STATEMENT 1	640	00	16,000	00	
	b		00		00	
	c		00		00	
	d		00		00	
	6 Interest and dividend income (also attach Schedule B if over \$1,500)					00
	7 Other income (from page 2, Part I, line 9)					00
	8 Total income. Add amounts in the income column for line 5a through line 7				16,000	00
	9 Total adjustments to income (from page 2, Part II, line 10)					00
	10 Adjusted gross income. Subtract line 9 from line 8				16,000	00
Deductions	11 Check box a, if you itemize deductions , and enter amount from Schedule A, line 22. Check box b, if you do not itemize deductions , and enter standard deduction (see instructions).					
	● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction	7,500	00			
	12 Federal tax deduction (see instructions)		00			
	13 Personal exemption (from line 1, 2, 3, or 4)	3,000	00			
	14 Dependent exemption (from page 2, Part III, line 2)	1,000	00			
	15 Total deductions. Add lines 11, 12, 13, and 14				11,500	00
16 Taxable income. Subtract line 15 from line 10				4,500	00	
17 Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A				162	00	
18 Less credits from: <input type="checkbox"/> Schedule CR and/or <input type="checkbox"/> Schedule OC					00	
19a Net tax due Alabama. Subtract line 18 from line 17				162	00	
19b Consumer Use Tax (use worksheet on page 9)					00	
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:						
a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none					00	
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none					00	
21 Total tax liability and voluntary contribution. Add lines 19a, 19b, 20a, and 20b				162	00	
Payments	22 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	640	00			
	23 2009 estimated tax payments/Automatic Extension Payment		00			
	24 Amended Returns Only - Previous payments (see instructions)		00			
	25 Total payments. Add lines 22, 23 and 24				640	00
	26 Amended Returns Only - Previous refund (see instructions)					00
	27 Adjusted Total Payments. Subtract line 26 from line 25				640	00
	28 If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)					00
29 Estimated tax penalty. Also include on line 28 (see instructions page 11)					00	
30 If line 27 is larger than line 21, subtract line 21 from line 27, and enter amount OVERPAID				478	00	
31 Amount of line 30 to be applied to your 2010 estimated tax					00	
32 Total Donation Check-offs from Schedule DC, line 2					00	
33 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 31 and 32 from line 30. For Direct Deposit, check here <input checked="" type="checkbox"/> and complete Part V, Page 2				478	00	

AL22

Form 40 (2009) **BHAVESH B & MITTALBAHEN R PATEL**

1368 Page 2

PART I

1	Alimony received	1	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
4a	Total IRA distributions	4a	00
4b	Taxable amount (see instructions)	4b	00
5a	Total pensions and annuities	5a	00
5b	Taxable amount (see instructions)	5b	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	00
7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature & source - see instr.)	8	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	00

PART II

1a	Your IRA deduction	1a	00
1b	Spouse's IRA deduction	1b	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
3	Penalty on early withdrawal of savings	3	00
4	Alimony pd. Recipient's last name SSN	4	00
5	Adoption expenses	5	00
6	Moving Expenses (Attach Federal Form 3903 to City State ZIP)	6	00
7	Self-employed health insurance deduction	7	00
8	Payments to Alabama PACT Program or Alabama College Education Savings Program	8	00
9	Health insurance deduction for small employer employee (see instructions)	9	00
10	Total adjustments. Add lines 1 through 9. Enter here and also on page 1, line 9	10	00

PART III

1a	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?
				1165	DAUGHTER	Y
Do not include yourself or your spouse						
b Total number of dependents claimed above						
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, line 14	2	1,000	00		

PART IV

1 Residency Check only one box Full Year Part Year From _____ through _____

2 Did you file an Alabama income tax return for the year 2008? Yes No

3 Give name and address of present employer(s). Yours **OM SAI 1 LLC** **MONTGOMERY, AL**

4 Enter the Federal Adjusted Gross Income \$ **16,000** and Federal Taxable Income \$ _____ as reported on your 2009 Federal Individual Income Tax Return.

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 No

6 Do you have income included in this return from a grantor trust? Yes No

PART V

1 Routing Number: **0025** 2 Type: Checking Savings

3 Account Number: **0776**

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Sign Here In Black Ink

Keep a copy of this return for your records.

Your signature	Date	Daytime telephone number	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Daytime telephone number	Spouse's occupation
Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
SAJJAN G. RAJENDRA, CPA	03/25/10	<input checked="" type="checkbox"/>	P00170704
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	Daytime telephone no.
SAJJAN G. RAJENDRA, LLC P.O. BOX 240513 MONTGOMERY AL	20-3656711	36124-0513	334-277-0483

WHERE TO FILE FORM 40

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 154
Montgomery, AL 36135-0001

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

Mail only your 2009 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.

SCHEDULE E
(FORM 40)



Supplemental Income and Loss 2009

(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: **BHAVESH B & MITTALBAHEN R PATEL**
Your social security number: **1368**

PART I 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.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: • 14 days, or • 10% of the total days rented at fair rental value?	Yes	No
A			
B			
C			

	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
Income:				
3 Rents received	00	00	00	00
4 Royalties received	00	00	00	00
Expenses:				
5 Advertising	00	00	00	00
6 Auto and travel	00	00	00	00
7 Cleaning and maintenance	00	00	00	00
8 Commissions	00	00	00	00
9 Insurance	00	00	00	00
10 Legal and other professional fees	00	00	00	00
11 Management fees	00	00	00	00
12 Mortgage interest	00	00	00	00
13 Other interest	00	00	00	00
14 Repairs	00	00	00	00
15 Supplies	00	00	00	00
16 Taxes	00	00	00	00
17 Utilities	00	00	00	00
18 Other (list) ▶	00	00	00	00
19 Add lines 5 through 18	00	00	00	00
20 Depreciation expense or depletion	00	00	00	00
21 Total expenses. Add lines 19 and 20	00	00	00	00
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	00	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				00

PART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address	(h)				(i) Employer Identification Number	(j) Amount
	Check One	Partnership	Estate or Trust	S Corp.		
OM SAI 1 LLC				X	3184	00
						00
						00
						00
24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amt. in column (j). Enter the total here and include on line 25 below.						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						00

<div style="display: flex; justify-content: space-between;"> 1368 Alabama Statements </div>			
<u>Statement 1 - Form 40 - Wages, Salaries, Tips, etc.</u>			
Name	Address	Alabama Tax Withheld	Income
P & K LLC	MONTGOMERY, AL	\$ 300	\$ 6,000
OM SAI 1 LLC	MONTGOMERY, AL	170	5,000
OM SAI 1 LLC	MONTGOMERY, AL	170	5,000
TOTAL		<u>\$ 640</u>	<u>\$ 16,000</u>

Form **AL40** **Alabama Shareholder's Basis Worksheet Page 2** **2009**

Name: **MITTALBAHEN R PATEL** Taxpayer Identification Number: **5976**

Activity: **OM SAI 1 LLC** EIN: **3184** Type: **NOT PASSIVE**

BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS

K1 Unit: **1**

Loss Allocated to Shareholder Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Non deductible noncap expenses & oil/gas depletion deduction										
Losses and deductions:										
Ordinary business loss		38,170	38,170			38,170			38,170	
Net rental real estate loss										
Other net rental 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%)										
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										
Depletion										
Deductions-royalty income										
Intang drilling expensed										
Preproductive period exp.										
Commercial revitalization ded										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total deductible items		38,170	38,170			38,170			38,170	
Total nonded and deductible items		38,170	38,170			38,170			38,170	

Form AL-40	Alabama K-1 Reconciliation Worksheet	2009
Name BHAVESH B & MITTALBAHEN R PATEL		Taxpayer Identification Number [REDACTED]-1368
Activity Name OM SAI 1 LLC		Form K-1 Unit 1
Address _____		EIN [REDACTED] 3184

	Current Year	Basis Adjustment	At-Risk Adjustment	Tax Return
AL Schedule E, Part II				
K1 Income:				
Ordinary income (loss)	(38,170)			
Rental real estate income (loss)				
Other rental income (loss)				
Royalties				
Short term capital gains (loss)				
Long term capital gains (loss)				
Other portfolio income (loss)				
Section 1231 gain (loss)				
Other income (loss), Schedule E				
Other income from 1040, line 21				
Total K1 Income	(38,170)			
K1 Deductions:				
Investment interest expense, Sch E (Passive)				
Depreciation				
Section 179 expense deduction				
Expenses other than auto				
Royalty expenses				
Auto expenses				
Home office expense				
Other				
Total K1 Deductions				
K1 Net Income	(38,170)	38,170		
AL Form 40				
Guar payments to ptr Form 40, Page 2, Ln 8				
Penalty for early w/d Page 2, Part II, Ln 3				
AL 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 15				
Capital gain (20%) Schedule A, Line 15				
Portfolio income expense (Fed subj to 2% AGI)				
Portfolio income expense (Fed not subj to 2% AGI)				
AL Form 4952A				
Investment interest expense 4952A, Line 1				
Investment income adjustment 4952A, Line 4				
Investment expenses 4952A, Line 4				

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only—Do not write or staple in this space.

Name, Address, and SSN

See separate instructions.

P R I N T C L E A R L Y	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20		OMB No. 1545-0074
	Your first name and initial Bhaves B	Last name Patel	Your social security number [REDACTED] -1368
	If a joint return, spouse's first name and initial Mitalbahen R	Last name Patel	Spouse's social security number [REDACTED] -5976
	Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. _____		Make sure the SSN(s) above and on line 6c are correct. P
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Montgomery AL 36116			

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund _____ **You** **Spouse**

Filing Status

Check only one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. u
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. u	

Exemptions

If more than four dependents, see instructions and check here

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b		2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:		
c Dependents:			
(1) First name [REDACTED]	Last name [REDACTED]	(2) Dependent's social security number [REDACTED] -1165	(3) Dependent's relationship to you Daughter
			(4) a <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 15)
			• lived with you 1
			• did not live with you due to divorce or separation (see instructions)
			Dependents on 6c not entered above _____
d Total number of exemptions claimed			Add numbers on lines above u 3

Income

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

If you did not get a W-2, see page 20.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	45,500
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	19,373
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income u	22	64,873

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid	31a	
b Recipient's SSN u		
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income u	37	64,873

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

Tax and Credits	38 Amount from line 37 (adjusted gross income) 38 64,873 39a Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. u b If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b <input type="checkbox"/> 40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 11,400 41 Subtract line 40 from line 38 41 53,473 42 Exemptions. Multiply \$3,650 by the number on line 6d 42 10,950 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 42,523 44 Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 44 5,541 45 Alternative minimum tax (see instructions). Attach Form 6251 45 46 Add lines 44 and 45 u 46 5,541 47 Foreign tax credit. Attach Form 1116 if required 47 48 Credit for child and dependent care expenses. Attach Form 2441 48 49 Education credits from Form 8863, line 23 49 50 Retirement savings contributions credit. Attach Form 8880 50 51 Child tax credit (see instructions) 51 1,000 52 Residential energy credits. Attach Form 5695 52 53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 53 54 Add lines 47 through 53. These are your total credits 54 1,000 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- u 55 4,541
Other Taxes	56 Self-employment tax. Attach Schedule SE 56 57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 57 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58 59 a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16 59 60 Add lines 55 through 59. This is your total tax u 60 4,541
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61 2,375 62 2010 estimated tax payments and amount applied from 2009 return 62 63 Making work pay credit. Attach Schedule M 63 800 64a Earned income credit (EIC) 64a b Nontaxable combat pay election 64b 64b 65 Additional child tax credit. Attach Form 8812 65 66 American opportunity credit from Form 8863, line 14 66 67 First-time homebuyer credit from Form 5405, line 10 67 68 Amount paid with request for extension to file 68 69 Excess social security and tier 1 RRTA tax withheld 69 70 Credit for federal tax on fuels. Attach Form 4136 70 71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 71 72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments u 72 3,175
Refund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 73 74a Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> u 74a Direct deposit? u b Routing number <input type="text"/> u c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings See u d Account number <input type="text"/> 75 Amount of line 73 you want applied to your 2011 estimated tax u 75
Amount You Owe	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions u 76 1,366 77 Estimated tax penalty (see instructions) 77
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No Designee's name u Sajjan G. Rajendra, CPA Personal identification number (PIN) u 55555 Phone no. u 334-277-0483
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature _____ Date _____ Your occupation Manager Daytime phone number _____ Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation Manager
Paid Preparer Use Only	Print/Type preparer's name Sajjan G. Rajendra, CPA Preparer's signature Sajjan G. Rajendra, CPA Date 05/21/11 Check <input checked="" type="checkbox"/> if self-employed PTIN P00170704 Firm's name u Sajjan G. Rajendra, LLC Firm's EIN u 20-3656711 Firm's address u P.O. Box 240513 Phone no. 334-277-0483 Montgomery AL 36124-0513

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

Your social security number

Bhavesh B & Mitalbahen R Patel

[REDACTED]-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-2.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Om Sai 1 LLC	S		[REDACTED] 3184	
B	PYA - Basis Limitation	S		[REDACTED] 3184	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		0		57,543
B		38,170		
C				
D				
29a Totals				57,543
b Totals		38,170		
30 Add columns (g) and (j) of line 29a			30	57,543
31 Add columns (f), (h), and (i) of line 29b			31	38,170
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	19,373

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	19,373
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

⚡ Attach to Form 1040A or 1040.

⚡ See separate instructions.

Attachment
Sequence No. **166**

Name(s) shown on return

Bhavesh B & Mitalbahen R Patel

Your social security number

██████████-1368



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.



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.

Important: 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 plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

	1a	
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 smaller 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? <input checked="" type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8 Multiply line 7 by 2% (.02)	8	
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 2010 ? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010 . 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 the result here and on Form 1040, line 63; or Form 1040A, line 40	11	800

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

201002 03/13/2012 12:09 AM

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2011** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 2012

See separate instructions.

Your first name and initial: **Bhavesh B** Last name: **Patel** Your social security number: **-1368**

If a joint return, spouse's first name and initial: **Mitalbahren R** Last name: **Patel** Spouse's social security number: **-5976**

Home address (number and street). If you have a P.O. box, see instructions. **P** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Montgomery AL 36117**

Foreign country name Foreign province/county Foreign postal code

You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. **u**

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **u**

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) a if child under age 17 qual. for child tax credit (see instr.)
		-1165	Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here **u**

No. of children on 6c who: lived with you **1**
 did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above _____

Add numbers on lines above **u** **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	63,500
8a	Taxable interest. Attach Schedule B if required	8a	23
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here u <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	47,296
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income u	22	110,819

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN u		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income u	37	110,819

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2011)

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	110,819
	39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. } Total boxes checked u 39a if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. }		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,600
	41	Subtract line 40 from line 38	41	99,219
	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	88,119
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 elec.	44	14,281
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	14,281
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see instructions)	51	950	
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	950	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	13,331	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	13,331
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	5,916
	63	2011 estimated tax payments and amount applied from 2010 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,916
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here u <input type="checkbox"/>	74a	
Direct deposit? See instructions.	u b	Routing number	u c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	u d	Account number		
	75	Amount of line 73 you want applied to your 2012 estimated tax u	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions u	76	7,415
	77	Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	Preparer's signature	Personal identification number (PIN)	Phone no.
	u Sajjan G. Rajendra, CPA	Sajjan G. Rajendra, CPA	u 55555	u 334-277-0483
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instr. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Manager		Manager	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identify Protection PIN, enter it here (see instr.)
			Manager	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Sajjan G. Rajendra, CPA	Sajjan G. Rajendra, CPA	03/13/12	P00170704
Preparer	Firm's name	Firm's EIN		
	u Sajjan G. Rajendra, LLC	u 20-3656711		
Use Only	Firm's address	Phone no.		
	u PO Box 240513 Montgomery	334-277-0483	AL 36124-0513	

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Schedule E (Form 1040) 2011

Attachment Sequence No. **13**

Page **2**

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

Your social security number

Bhavesh B & Mitalbahen R Patel

[REDACTED]-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations **Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Om Sai 1 LLC	S		[REDACTED] 3184	
B	Om Sai 2 Inc	S		[REDACTED] 5183	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		0		47,510
B		214		
C				
D				
29a Totals				47,510
b Totals		214		
30 Add columns (g) and (j) of line 29a			30	47,510
31 Add columns (f), (h), and (i) of line 29b			31	(214)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	47,296

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	47,296
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

DAA

Schedule E (Form 1040) 2011

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Form **1040** Department of the Treasury—Internal Revenue Service (99) **2012** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 2012

See separate instructions.

Your first name and initial: **Bhavesh B** Last name: **Patel** Your social security number: [REDACTED] -1368

If a joint return, spouse's first name and initial: **Mitalbahen R** Last name: **Patel** Spouse's social security number: [REDACTED] 5976

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Montgomery AL 36117**

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

You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. **u**

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **u**

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
[REDACTED]	[REDACTED]	[REDACTED] -1165	Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here **u**

d Total number of exemptions claimed **3**

Income	Amount
7 Wages, salaries, tips, etc. Attach Form(s) W-2	69,600
8a Taxable interest. Attach Schedule B if required	15
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a
b Qualified dividends	9b
10 Taxable refunds, credits, or offsets of state and local income taxes	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> u	13
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a
b Taxable amount	15b
16a Pensions and annuities	16a
b Taxable amount	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	52,080
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a
b Taxable amount	20b
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income u	121,695

Adjusted Gross Income	Amount
23 Educator expenses	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 Deductible part of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN u	31a
32 IRA deduction	32
33 Student loan interest deduction	33
34 Tuition and fees. Attach Form 8917	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 35	36
37 Subtract line 36 from line 22. This is your adjusted gross income u	121,695

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2012)

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Form 1040 (2012) **Bhavesh B & Mitalbahen R Patel**

-1368 Page **2**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	121,695
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. } Total boxes checked u 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. }		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b <input type="checkbox"/>		
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,175
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	109,520
• All others: Single or Married filing separately, \$5,950	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	11,400
Married filing jointly or Qualifying widow(er), \$11,900	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	98,120
Head of household, \$8,700	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form 962 elec.	44	16,591
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	16,591
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	400
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	400
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	16,191
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	16,191
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	5,129
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64a	Earned income credit (EIC)	64a	
If you have a qualifying child, attach Schedule EIC.	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,129
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here u <input type="checkbox"/>	74a	
Direct deposit? See instructions.	u b	Routing number	u c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	u d	Account number		
	75	Amount of line 73 you want applied to your 2013 estimated tax u	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	11,225
	77	Estimated tax penalty (see instructions)	77	163
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	u Sajjan G. Rajendra, CPA	Personal identification number (PIN)	u 55555
			Phone no.	u 334-277-0483
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instr. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
			Manager	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
			Manager	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Sajjan G. Rajendra, CPA	Sajjan G. Rajendra, CPA	05/12/13	P00170704
Preparer Use Only	Firm's name	Firm's EIN u		
	u Sajjan G. Rajendra, LLC			
	Firm's address	Phone no.		
	u PO Box 240513	334-277-0483		
	Montgomery	AL 36124-0513		

Form 1040 (2012)

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**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

2012

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Bhavesh B & Mitalbahen R Patel

[REDACTED] -1368

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5		4,198	
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6		1,396	
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			5,594
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
		10		6,558	
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶			
		11			
		12	Points not reported to you on Form 1098. See instructions for special rules	23	
		13	Mortgage insurance premiums (see instructions)		
		14	Investment interest. Attach Form 4952 if required. (See instructions.)		
		15	Add lines 10 through 14		6,581
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
		16			
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500			
		17			
		18	Carryover from prior year		
		19	Add lines 16 through 18		
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
		20			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
		21			
		22	Tax preparation fees		
		23	Other expenses—investment, safe deposit box, etc. List type and amount ▶		
		24	Add lines 21 through 23		
		25	Enter amount from Form 1040, line 38	25	
		26	Multiply line 25 by 2% (.02)	26	
		27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶			
		28			
Total Itemized Deductions		29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	12,175
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

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Schedule E (Form 1040) 2012

Attachment Sequence No. **13**

Page **2**

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

Your social security number

Bhavesh B & Mitalbahen R Patel

[REDACTED]-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Om Sai 1 LLC	S		[REDACTED] 3184	
B	Om Sai 2 Inc	S		[REDACTED] 5183	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		0		45,022
B		0		7,058
C				
D				
29a Totals				52,080
b Totals				
30 Add columns (g) and (j) of line 29a			30	52,080
31 Add columns (f), (h), and (i) of line 29b			31	(0)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	52,080

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	52,080
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Schedule E (Form 1040) 2012

201002 05/12/2013 6:06 PM

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

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

2012

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Bhavesh B & Mitalbahen R Patel

Your social security number

-1368

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	109,520
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	5,594
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	-23
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.)	28	115,091

Part II Alternative Minimum Tax (AMT)

29	Exemption. See instructions	29	78,750
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	36,341
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	31	9,449
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	9,449
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	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

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

Form **6251** (2012)

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Form 1040	Salaries & Wages Report	2012
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Name **Bhavesh B & Mitalbahen R Patel** Taxpayer Identification Number **[REDACTED]-1368**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T Om Sai 1 LLC	36,000	3,321	36,000
B	S Om Sai 1 LLC	22,000	1,458	22,000
C	T Om Sai 2 Inc	11,600	350	11,600
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
		Taxpayer	47,600	3,671
		Spouse	22,000	1,458
		Totals	69,600	5,129
			47,600	22,000
			69,600	69,600

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	1,512	36,000	522				
B	924	22,000	319				
C	487	11,600	168				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	1,999	47,600	690				
Spouse	924	22,000	319				
Totals	2,923	69,600	1,009				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	AL	36,000	1,344			
B	AL	22,000	666			
C	AL	11,600	130			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		47,600	1,474			
Spouse		22,000	666			
Totals		69,600	2,140			

Form 1040 Department of the Treasury—Internal Revenue Service (99)		2013		OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																																						
For the year Jan. 1–Dec. 31, 2013, or other tax year beginning					2013, ending	20	See separate instructions.																																																																																				
Your first name and initial BHAVESH B		Last name PATEL		Your social security number [REDACTED] 1368																																																																																							
If a joint return, spouse's first name and initial MITALBAHEN R		Last name PATEL		Spouse's social security number [REDACTED] 5976																																																																																							
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.		▲ Make sure the SSN(s) above and on line 6c are correct.																																																																																					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MONTGOMERY AL 36117				Foreign province/state/county																																																																																							
Foreign country name				Foreign postal code																																																																																							
<table border="0"> <tr> <td rowspan="2">Filing Status</td> <td>1</td> <td><input type="checkbox"/> Single</td> <td rowspan="2">4</td> <td><input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶</td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> Married filing jointly (even if only one had income)</td> <td rowspan="2">5</td> <td><input type="checkbox"/> Qualifying widow(er) with dependent child</td> </tr> <tr> <td rowspan="2">Check only one box.</td> <td>3</td> <td><input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</td> <td colspan="2"></td> </tr> </table>							Filing Status	1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶	2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child	Check only one box.	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶																																																																									
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	<table border="0"> <tr> <td rowspan="2">Exemptions</td> <td>6a</td> <td><input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a</td> <td colspan="2">Boxes checked on 6a and 6b</td> <td>2</td> </tr> <tr> <td>b</td> <td><input checked="" type="checkbox"/> Spouse</td> <td colspan="2">No. of children on 6c who:</td> <td>1</td> </tr> <tr> <td rowspan="4">If more than four dependents, see instructions and check here ▶ <input type="checkbox"/></td> <td colspan="2">c Dependents:</td> <td>(2) Dependent's social security number</td> <td>(3) Dependent's relationship to you</td> <td>(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)</td> </tr> <tr> <td>(1) First name</td> <td>Last name</td> <td>[REDACTED] - 1165</td> <td>DAUGHTER</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">d Total number of exemptions claimed</td> <td>Add numbers on lines above ▶</td> <td>3</td> </tr> </table>							Exemptions	6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b		2	b	<input checked="" type="checkbox"/> Spouse	No. of children on 6c who:		1	If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)	(1) First name	Last name	[REDACTED] - 1165	DAUGHTER	<input checked="" type="checkbox"/>											d Total number of exemptions claimed					Add numbers on lines above ▶	3																																													
Exemptions	6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b		2																																																																																						
	b	<input checked="" type="checkbox"/> Spouse	No. of children on 6c who:		1																																																																																						
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)																																																																																						
	(1) First name	Last name	[REDACTED] - 1165	DAUGHTER	<input checked="" type="checkbox"/>																																																																																						
d Total number of exemptions claimed					Add numbers on lines above ▶	3																																																																																					
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
DAA

Form **1040** (2013)

Form 1040 (2013) **BHAVESH B & MITALBAHEN R PATEL** -1368 Page 2

38 Amount from line 37 (adjusted gross income) **101,711**

Tax and Credits

39a Check You were born before January 2, 1949, Blind. } Total boxes checked **▶ 39a**
 if: Spouse was born before January 2, 1949, Blind. } **▶ 39b**

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **12,349**

41 Subtract line 40 from line 38 **89,362**

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions **11,700**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **77,662**

44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c **11,276**

45 Alternative minimum tax (see instructions). Attach Form 6251 **11,276**

46 Add lines 44 and 45 **11,276**

47 Foreign tax credit. Attach Form 1116 if required **47**

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

49 Education credits from Form 8863, line 19 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit. Attach Schedule 8812, if required **51** **1,000**

52 Residential energy credits. Attach Form 5695 **52**

53 Other credits from Form: a 3800 b 8801 c **53**

54 Add lines 47 through 53. These are your total credits **54** **1,000**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** **10,276**

Other Taxes

56 Self-employment tax. Attach Schedule SE **56**

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) **60**

61 Add lines 55 through 60. This is your total tax **61** **10,276**

Payments

62 Federal income tax withheld from Forms W-2 and 1099 **62** **5,203**

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

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b** **64b**

65 Additional child tax credit. Attach Schedule 8812 **65**

66 American opportunity credit from Form 8863, line 8 **66**

67 Reserved **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

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

71 Credits from Form: a 2439 b Reserved c 8865 d **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72** **5,203**

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73**

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

74b Routing number **74c** Type: Checking Savings

74d Account number

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

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76** **5,154**

77 Estimated tax penalty (see instructions) **77** **81**

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

Third Party Designee

Designee's name **▶ SAJJAN G. RAJENDRA, CPA** Personal identification number (PIN) **▶ 55555**
 Phone no. **▶ 334-277-0483**

Sign Here

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

Your signature _____ Date _____ Your occupation **MANAGER** Daytime phone number _____

Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation **MANAGER** If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____

Print/Type preparer's name SAJJAN G. RAJENDRA, CPA Preparer's signature SAJJAN G. RAJENDRA, CPA Date 09/15/14 Check self-employed if PTIN P00170704

Paid SAJJAN G. RAJENDRA, CPA

Preparer Firm's name **▶ SAJJAN G. RAJENDRA, LLC** Firm's EIN **▶ 20-3656711**

Use Only Firm's address **▶ PO BOX 240513 MONTGOMERY AL 36124-0513** Phone no. **334-277-0483**

Form 1040 (2013)

**SCHEDULE A
(Form 1040)**

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

Itemized Deductions

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

OMB No. 1545-0074
2013
Attachment
Sequence No. **07**

Your social security number
1368

BHAVESH B & MITALBAHEN R PATEL			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2	2	
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	4,523
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	1,352
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	5,875
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	6,451
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
12 Points not reported to you on Form 1098. See instructions for special rules		12	23
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	6,474
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
19 Add lines 16 through 18	19		
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25	25	
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$150,000?	29	12,349
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

For Paperwork Reduction Act Notice, see Form 1040 instructions.
DAA

Schedule A (Form 1040) 2013

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

Your social security number

BHAVESH B & MITALBAHEN R PATEL

1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 1				
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals		4,330		25,365
b Totals				
30	Add columns (g) and (j) of line 29a			30 29,695
31	Add columns (f), (h), and (i) of line 29b			31
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 29,695

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	29,695
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Federal Statements									
██████████ 1368	Statement 1 - Schedule E, Page 2, Line 28								
Name	P S	For Ptr	EIN	Not at Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
OM SAI 1 LLC	S		27-0583184		\$	\$	\$	\$	\$ 24,842
OM SAI 2 INC	S		45-4005183						523
MBM 01 INC	S		46-3245622						
OTHER RENTAL INCOME	S		46-3245622			2,165			
MEM 01 INC	S		46-3245622						
OTHER RENTAL INCOME	S		46-3245622			2,165			
TOTAL					\$ 0	\$ 4,330	\$ 0	\$ 0	\$ 25,365

Form 1040	General Sales Tax Deduction Worksheet	2013
Name as shown on return BHAVESH B & MITALBAHEN R PATEL		Taxpayer Identification Number [REDACTED] 1368
State of ALABAMA	Locality of MONGTGOMERY	
General Sales Tax from IRS Tables		
1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37	1.	<u>101,711</u>
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges)	2.	_____
3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2013	3.	_____
4. Add lines 1 through 3, this is income for general sales tax table purposes	4.	<u>101,711</u>
5. Enter the amount from the sales tax table in the Schedule A instructions. Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9	5.	<u>830</u>
6. Enter the number of days of residence in state	6.	_____
7. Total days in year	7.	<u>365</u>
8. Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.	_____
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.	9.	<u>830</u>
Local Sales Tax Using IRS Tables		
10. Enter the amount from the sales tax table in the Schedule A instructions.	10.	<u>830</u>
11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, Virginia, or West Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions.	11.	_____
12. Enter the local general sales tax rate (exclude statewide local sales tax rate)	12.	<u>6.00000</u>
13. Enter the state general sales tax rate (include statewide local sales tax rate)	13.	<u>4.0000</u>
14. Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.	<u>1.500</u>
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents 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 tax using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19	15.	<u>1,245</u>
16. Enter the number of days of residence in locality	16.	_____
17. Total days in year	17.	<u>365</u>
18. Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	_____
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.	19.	<u>1,245</u>
General Sales Tax Summary		
20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	<u>830</u>
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	<u>1,245</u>
22. Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	<u>2,075</u>
23. Enter the actual state and local general sales taxes paid	23.	_____
24. Enter the greater of line 22 or line 23	24.	<u>2,075</u>
25. Enter the state and local taxes paid on specified items (major purchases)	25.	_____
26. Add lines 24 and 25, this is the deductible General Sales tax	26.	<u>2,075</u>
27. Enter total state and local income taxes paid	27.	<u>4,523</u>
Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.		

Form 1040	Child Tax Credit Worksheets	2013
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Name BHAVESH B & MITALBAHEN R PATEL	Taxpayer Identification Number 1368
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Child Tax Credit Worksheet - Form 1040, Line 51, Form 1040A, Line 33 or Form 1040NR, Line 48

<p>1. Number of qualifying children: <u>1</u> x \$1,000. Enter the result.</p> <p>2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37.</p> <p>3. 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</p> <p>4. Add lines 2 and 3.</p> <p>5. Enter \$110,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately.</p> <p>6. Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.</p> <p>7. Multiply the amount on line 6 by 5% (.05). Enter the result.</p> <p>8. Subtract line 7 from line 1. If zero or less, stop here; you cannot take this credit.</p> <p>9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44.</p> <p>10. Add the amounts from Form 1040 lines 47, 48, 49 & 50, or Form 1040A lines 29, 31 & 32, or Form 1040NR, lines 45, 46 & 47, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.</p> <p>11. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Enter the amount from Child Tax Credit - Line 11 Worksheet below.</p> <p>12. Subtract line 11 from line 9.</p> <p>13. Child tax credit. Enter the smaller of line 8 or line 12 here and on Form 1040, line 51, Form 1040A, line 33 or Form 1040NR, line 48.</p>	<p>1. <u>1,000</u></p> <p>2. <u>101,711</u></p> <p>3. _____</p> <p>4. <u>101,711</u></p> <p>5. <u>110,000</u></p> <p>6. _____</p> <p>7. <u>0</u></p> <p>8. <u>1,000</u></p> <p>9. <u>11,276</u></p> <p>10. _____</p> <p>11. _____</p> <p>12. <u>11,276</u></p> <p>13. <u>1,000</u></p>
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Child Tax Credit - Line 11 Worksheet

Use this worksheet **only** if you checked "Yes" on line 11 of the Child Tax Credit Worksheet above.

<p>1. Enter the amount from line 8 of the Child Tax Credit Worksheet above.</p> <p>2. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.</p> <p>3. Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result.</p> <p>4. Multiply the amount on line 3 by 15% (.15) and enter the result.</p> <p>5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <input checked="" type="checkbox"/> Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, enter the amount from Child Tax Credit Worksheet line 10 on line 11, and complete lines 12 and 13. <input checked="" type="checkbox"/> More than zero, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below. <input type="checkbox"/> Yes. If line 4 above 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.</p> <p>6. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.</p> <p>7. Enter the total of the amounts from Form 1040, line 27 and line 57 (Form 1040NR, lines 27 and 55), plus any taxes identified with code "UT" on the dotted line next to Form 1040, line 60 (Form 1040NR, line 59).</p> <p>8. Add lines 6 and 7.</p> <p>9. Add the amounts from Form 1040, lines 64a and 69 or Form 1040A, line 38a and excess social security tax included on line 41 or Form 1040NR, line 65. Enter total.</p> <p>10. Subtract line 9 from line 8. If the result is zero or less, enter -0-.</p> <p>11. Enter the larger of line 4 or line 10.</p> <p>12. Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-.</p> <p>Next, complete Forms 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.</p> <p>13. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3.</p> <p>14. Enter the amount from line 10 of the Child Tax Credit Worksheet above.</p> <p>15. Add lines 13 and 14. Enter this amount on line 11 of the Child Tax Credit Worksheet above.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p>
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1368		Federal Statements	
<u>Schedule A, Line 5 - State and Local Taxes</u>			
<u>Description</u>		<u>Amount</u>	
STATE WITHHOLDING ON W-2S	\$	2,230	
STATE TAX PAYMENTS		<u>2,293</u>	
TOTAL INCOME TAXES*		<u><u>4,523</u></u>	
GENERAL SALES TAX		<u>2,075</u>	
TOTAL SALES TAXES		<u><u>2,075</u></u>	
*INCOME TAXES ARE BEING DEDUCTED			
<u>Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098</u>			
<u>Description</u>		<u>Amount</u>	
WELLS FARGO BANK	\$	<u>6,451</u>	
TOTAL		<u><u>6,451</u></u>	
<u>Schedule A, Line 12 - Points Not Reported on Form 1098</u>			
<u>Description</u>		<u>Amount</u>	
IBERIABANK MORTGAGE CO	\$	<u>23</u>	
TOTAL		<u><u>23</u></u>	

Form 1040	Salaries & Wages Report	2013
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Name **BHAVESH B & MITALBAHEN R PATEL** Taxpayer Identification Number **1368**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	OM SAI 1 LLC	36,000	3,263	36,000
B S	OM SAI 1 LLC	24,000	1,570	24,000
C T	OM SAI 2 INC	12,000	370	12,000
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		<u>48,000</u>	<u>3,633</u>	<u>48,000</u>
Spouse		<u>24,000</u>	<u>1,570</u>	<u>24,000</u>
Totals		<u>72,000</u>	<u>5,203</u>	<u>72,000</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	2,232	36,000	522				
B	1,488	24,000	348				
C	744	12,000	174				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	<u>2,976</u>	<u>48,000</u>	<u>696</u>				
Spouse	<u>1,488</u>	<u>24,000</u>	<u>348</u>				
Totals	<u>4,464</u>	<u>72,000</u>	<u>1,044</u>				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	AL	36,000	1,357			
B	AL	24,000	728			
C	AL	12,000	145			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		<u>48,000</u>	<u>1,502</u>			
Spouse		<u>24,000</u>	<u>728</u>			
Totals		<u>72,000</u>	<u>2,230</u>			

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
AL8453

ALABAMA DEPARTMENT OF REVENUE
Individual Income Tax Declaration for Electronic Filing
For the year January 1 – December 31, 2013

2013

Your first name and initial **BHAVESH B** Last name **PATEL**

If a joint return, spouse's first name and initial **MITALBAHEN R** Last name **PATEL**

Home address (number and street). If a P.O. Box, see instructions.
[REDACTED] Apt. no. [REDACTED]

City, town or post office, state, and ZIP code
MONTGOMERY AL 36117

Your social security number
[REDACTED] **1368**

Spouse's soc. sec. no. if joint return
[REDACTED] **5976**

Telephone number (optional)

Part I			
Tax Return Information	1	Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	74,801
	2	Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	3,663
	3	Total payments (Form 40, line 26 or Form 40NR, line 26)	2,230
	4	Refund (Form 40, line 34 or Form 40NR, line 33)	
	5	Amount you owe (Form 40, line 29 or Form 40NR, line 29)	1,454

Part II Refund and Payment Information

1 Routing number: [REDACTED] **0025**

2 Account number: [REDACTED] **0776**

3 Type of account: Checking Savings

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 Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2013 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

Sign Here ▶

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Your signature Date **09/15/14** Spouse's signature. If a joint return, BOTH must sign. Date **09/15/14**

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2013), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2013). If I am also the paid 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.

ERO's Use Only

ERO's signature ▶ **SAJJAN G. RAJENDRA, CPA** Date **09/15/14** Check if also paid preparer Preparer's PTIN **P00170704**

Firm's name (or yours if self-employed) and address ▶ **SAJJAN G. RAJENDRA, LLC** E.I. No. **20-3656711**
PO BOX 240513 ZIP Code **36124-0513**
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 the best of my knowledge and belief, they are true, correct, and complete.

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ E.I. No. _____
ZIP Code _____

Form AL8453 2013

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Form AL-40	Alabama Electronic Funds Withdrawal	2013
Name BHAVESH B & MITALBAHEN R PATEL	Taxpayer Identification Number [REDACTED] -1368	

I (we) have authorized the Alabama Department of Revenue to withdraw from the account shown below the amount of \$ 1,544

Name of financial institution WACHOVIA BANK
Routing transit number [REDACTED] 0025
Account number [REDACTED] 0776
Account type Checking or Savings
Date of electronic withdrawal 04/15/14

DO NOT MAIL. RETAIN FOR YOUR RECORDS.

FORM 40 Alabama 2013 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2013, or other tax year:

Beginning: Ending: ●

Your social security number ● [REDACTED] 1368 Spouse's SSN if joint return ● [REDACTED] 5976

Your first name Initial Last name
● BHAVESH B PATEL

Spouse's first name Initial Last name
● MITALBAHEN R PATEL

Present home address (number and street or P.O. Box number)
● [REDACTED]

City, town or post office State ZIP code
● MONTGOMERY AL 36117

Check if address outside U.S. ● Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/ Exemptions

1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN

2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).

Income and Adjustments		A - Alabama tax withheld		B - Income	
		5a ●		5a ●	
5	Wages, salaries, tips, etc. (list each employer and address separately):	2,230	00	72,000	00
a	SEE STATEMENT 1				
b					
c					
d					
6	Interest and dividend income (also attach Schedule B if over \$1,500)			16	00
7	Other income (from page 2, Part I, line 9)			29,695	00
8	Total income. Add amounts in the income column for line 5a through line 7			101,711	00
9	Total adjustments to income (from page 2, Part II, line 12)				00
10	Adjusted gross income. Subtract line 9 from line 8			101,711	00
11	Box a or b MUST be checked. 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)				
	a <input checked="" type="checkbox"/> Itemized Deductions b <input type="checkbox"/> Standard Deduction	13,334	00		
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	10,276	00		
13	Personal exemption (from line 1, 2, 3, or 4)	3,000	00		
14	Dependent exemption (from page 2, Part III, line 2)	300	00		
15	Total deductions. Add lines 11, 12, 13, and 14			26,910	00
16	Taxable income. Subtract line 15 from line 10			74,801	00
17	Income Tax due. Enter amount from tax table or check if from Form NOL-85A			3,663	00
18	Net tax due Alabama. Enter amount from Schedule NTC, line 7			3,663	00
19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box			0	00
20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following:				
a	Alabama Democratic Party \$1 \$2 none				
b	Alabama Republican Party \$1 \$2 none				
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b			3,663	00
22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	2,230	00		
23	2013 estimated tax payments/Automatic Extension Payment		00		
24	Amended Returns Only - Previous payments (see instructions)		00		
25	Refundable portion of Alabama Accountability Act of 2013 Credit		00		
26	Total payments. Add lines 22, 23, 24 and 25			2,230	00
27	Amended Returns Only - Previous refund (see instructions)				00
28	Adjusted Total Payments. Subtract line 27 from line 26			2,230	00
29	If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)			1,454	00
30	Estimated tax penalty. Also include on line 29 (see instructions page 11)	21	00		
31	If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID				00
32	Amount of line 31 to be applied to your 2014 estimated tax				00
33	Total Donation Check-offs from Schedule DC, line 2				00
34	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31.				00

For Direct Deposit, check here ● and complete Part V, Page 2. ● Check this box to have your refund issued on a debit card.

INT 18 FTP 72 1022



BHAVESH B & MITALBAHEN R PATEL

1368

PART I Table with 9 rows: 1 Alimony received, 2 Business income or (loss), 3 Gain or (loss) from sale of Real Estate, 4a Total IRA distributions, 5a Total pensions and annuities, 6 Rents, royalties, partnerships, estates, trusts, etc., 7 Farm income or (loss), 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.

PART II Table with 12 rows: 1a Your IRA deduction, 1b 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 pd. Recipient's last name SSN, 5 Adoption expenses, 6 Moving Expenses (Attach Federal Form 3903) to: City State ZIP, 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.

PART III Table with 2 rows: 1a 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? 1b Total number of dependents claimed above.

PART IV Table with 5 rows: 1 Residency Check only one box (X) Full Year () Part Year From through, 2 Did you file an Alabama income tax return for the year 2012? (X) Yes () No, 3 Give name and address of present employer(s), 4 Enter the Federal Adjusted Gross Income and Federal Taxable Income, 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)?

PART V Table with 4 rows: 1 Routing Number: 2 Type: () Checking () Savings 3 Account Number: 4 Is this refund going to or through an account that is located outside of the United States? () Yes () No

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.

Sign Here In Black Ink. Your Signature: SAJJAN G. RAJENDRA, CPA Date: 09/15/14 Daytime Telephone Number: Preparer's Signature: SAJJAN G. RAJENDRA, LLC Date: 09/15/14 Daytime Telephone Number: 334-277-0483

WHERE TO FILE FORM 40. If you are not making a payment, mail your return to: Alabama Department of Revenue, PO Box 154, Montgomery, AL 36135-0001. If you are making a payment, mail your return, Form 40V, and payment to: Alabama Department of Revenue, PO Box 2401, Montgomery, AL 36140-0001.

**SCHEDULES
A, B, & DC**
(FORM 40)



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 A

Name(s) as shown on Form 40 BHAVESH B & MITALBAHEN R PATEL	Your social security number [REDACTED]-1368
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The itemized deductions you may claim for the year 2013 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

Medical and Dental Expenses (See page 18)	CAUTION: Do not include expenses reimbursed or paid by others.						
	1	Medical and dental expenses.	1				
	2	Enter amount from Form 40, line 10. <u>2</u>	00				
	3	Multiply the amount on line 2 by 4% (.04). Enter the result.					
	4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-				4	00
Taxes You Paid (See page 18)	5	Real estate taxes.	5	1,352	00		
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	5,508	00		
	7	Railroad Retirement (Tier 1 only).	7		00		
	8	Other taxes. (List — include personal property taxes.) ▶	8		00		
	9	Add the amounts on lines 5 through 8. Enter the total here.	9			9	6,860 00
Interest You Paid (See page 19)	10a	Home mortgage interest and points reported to you on Federal Form 1098.	10a	6,451	00		
	b	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 interest is not deductible.		10b		00		
	11	Qualified mortgage insurance premiums	11		00		
	12	Points not reported to you on Form 1098.	12	23	00		
	13	Investment interest. (Attach Form 4952A.)	13		00		
	14	Add the amounts on lines 10a through 13. Enter the total here.	14			14	6,474 00
Gifts to Charity (See page 18)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 18.						
	15	Contributions by cash or check.	15		00		
	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00		
	17	Carryover from prior year.	17		00		
	18	Add the amounts on lines 15 through 17. Enter the total here.	18			18	00
Casualty and Theft Loss (Attach Form 4684)	19a	Enter the amount from Federal Form 4684, line 16 (See page 19).	19a		00		
	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10).	19b		00		
	c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			19c	0 00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶	20		00		
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21		00		
	22	Add the amounts on lines 20 and 21. Enter the total.	22		00		
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23		00		
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24			24	0 00
Other Miscellaneous Deductions	25	Other (from list on page 20 of instructions). List type and amount. ▶				25	00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.						
	26	Enter amount here.	26			26	00
Total Itemized Deductions	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11.	27			27	13,334 00

Schedule A (Form 40) 2013 1022

Sch. A, B, & DC
(Form 40) 2013

Page 2

Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)

Your social security number

BHAVESH B & MITALBAHEN R PATEL

██████████-1368

SCHEDULE B – Interest And Dividend Income

If you 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	B Taxable Interest and Dividends
1 I N T E R E S T	INTEREST FROM US OBS	00	16 00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
2 D I V I D E N D I N G			00
			00
			00
			00
			00
			00
			00
3 TOTAL TAXABLE INTEREST AND DIVIDENDS		3	16 00
Enter here and on Form 40, page 1, line 6			

SCHEDULE DC – Donation Check-Offs

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	●	00	j Alabama Firefighters Annuity and Benefit Fund	●	00
b Alabama Arts Development Fund	●	00	k Alabama Breast & Cervical Cancer Program	●	00
c Alabama Nongame Wildlife Fund	●	00	l Victims of Violence Assistance	●	00
d Child Abuse Trust Fund	●	00	m Alabama Military Support Foundation	●	00
e Alabama Veterans Program	●	00	n Alabama Veterinary Medical Foundation		
f Alabama State Historic Preservation Fund	●	00	Spay-Neuter Program	●	00
g Archives Services Fund	●	00	o Cancer Research Institute	●	00
h Foster Care Trust Fund	●	00	p Alabama Association of Rescue Squads	●	00
i Mental Health	●	00			

2 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
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Schedules B & DC (Form 40) 2013

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss 2013

(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: **BHAVESH B & MITALBAHEN R PATEL**
Your social security number: **1368**

PART I 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.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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:	
	Yes	No
A		
B		
C		

• 14 days, or
• 10% of the total days rented at fair rental value?

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	00
4 Royalties received	00	00	00	00
Expenses:				
5 Advertising	00	00	00	00
6 Auto and travel	00	00	00	00
7 Cleaning and maintenance	00	00	00	00
8 Commissions	00	00	00	00
9 Insurance	00	00	00	00
10 Legal and other professional fees	00	00	00	00
11 Management fees	00	00	00	00
12 Mortgage interest	00	00	00	00
13 Other interest	00	00	00	00
14 Repairs	00	00	00	00
15 Supplies	00	00	00	00
16 Taxes	00	00	00	00
17 Utilities	00	00	00	00
18 Other (list) ▶	00	00	00	00
19 Add lines 5 through 18	00	00	00	00
20 Depreciation expense or depletion	00	00	00	00
21 Total expenses. Add lines 19 and 20	00	00	00	00
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	00	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				00

PART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address	(h) Check One				(i) Employer Identification Number	(j) Amount
	Partnership	Estate or Trust	S Corp.			
OM SAI 1 LLC			X	3184	24,842 00	
OM SAI 2 INC			X	5183	523 00	
MBM 01 INC			X	5622	2,165 00	
MBM 01 INC			X	5622	2,165 00	
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.					29,695 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					29,695 00	

Schedule E (Form 40) 2013 1022

**SCHEDULE
NTC**



2013

Alabama Department of Revenue
Net Tax Calculation

NAME

• **BHAVESH B & MITALBAHEN R PATEL**

SOCIAL SECURITY NUMBER

1368

- 1 Enter tax amount from Form 40, page 1, line 17 or Form 40NR, page 1, line 19
- 2 Enter total credits amount from Schedule OC, Part N, line 1
- 3 Subtract line 2 from line 1
- 4 Enter School Transfer Credit amount from Schedule AATC Part 1, line 28
- 5 Subtract line 4 from line 3
- 6 Enter Contribution to Scholarship Granting Organization Credit amount from Schedule AATC, Part II, line 8
- 7 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

1	•	3,663	00
2	•		00
3	•	3,663	00
4	•		00
5	•	3,663	00
6	•		00
7	•	3,663	00

Name		Address	Alabama Tax Withheld	Income
OM SAI 1 LLC		MONTGOMERY, AL	\$ 1,357	\$ 36,000
OM SAI 1 LLC		MONTGOMERY, AL	728	24,000
OM SAI 2 INC		MONTGOMERY, AL	145	12,000
TOTAL			<u>\$ 2,230</u>	<u>\$ 72,000</u>

Form AL 40	Alabama Late Filing Interest and Penalty Worksheets	2013
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Name BHAVESH B & MITALBAHEN R PATEL	Taxpayer Identification Number [REDACTED] 1368
---	--

Late Payment Interest Worksheet

Description	Amount	Balance	# of Days	Interest Rate %	Interest Amount
TAX DUE - 4/15/14	1,433	1,433			
4/16/14 - 6/30/14		1,433	76	3.00	9
7/01/14 - 9/15/14		1,433	77	3.00	9
DATE FILED - 9/15/14		1,451			
Total Late Payment Interest					18

Failure to File Penalty Worksheet

Description	Amount	Balance	# of Months	Penalty Rate %	Penalty Amount
Total Failure to File Penalty					

Failure to Pay Penalty Worksheet

Description	Amount	Balance	# of Months	Penalty Rate %	Penalty Amount
TAX DUE - 4/15/14	1,433	1,433			
4/16/14 - 9/15/14		1,433	5	1.00	72
DATE FILED - 9/15/14		1,505			
Total Failure to Pay Penalty					72

1368

Alabama Statements

Alabama Schedule A - Real Estate Taxes

Description	Amount
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 Schedule A - Points Not Reported on Form 1098

Description	Amount
IBERIABANK MORTGAGE CO	\$ 23
TOTAL	\$ 23

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

See separate instructions.

Your first name and initial: **BHAVESH B** Last name: **PATEL** Your social security number: **1368**

If a joint return, spouse's first name and initial: **MITALBAHEN R** Last name: **PATEL** Spouse's social security number: **5976**

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MONTGOMERY AL 36117** Foreign postal code _____

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

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

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

6b Spouse

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
		1165	DAUGHTER	<input checked="" type="checkbox"/>

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

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you: **1**
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **3**

d Total number of exemptions claimed **7**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **70,945**

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** Taxable amount **15b**

16a Pensions and annuities **16a** Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 28,549**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** Taxable amount **20b**

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22 99,494**

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37 99,494**

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

Form **1040** (2014)

Form 1040 (2014) **BHAVESH B & MITALBAHEN R PATEL** 1368 Page 2
99,494

Tax and Credits	38 Amount from line 37 (adjusted gross income) 38		99,494
	39a Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. } Total boxes checked ▶ 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1950. <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40		12,400
	41 Subtract line 40 from line 38 41		87,094
	42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions 42		11,850
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43		75,244
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 44		10,519
	45 Alternative minimum tax (see instructions). Attach Form 6251 45		
	46 Excess advance premium tax credit repayment. Attach Form 8962 46		
	47 Add lines 44, 45, and 46 47		10,519
	48 Foreign tax credit. Attach Form 1116 if required 48		
	49 Credit for child and dependent care expenses. Attach Form 2441 49		
50 Education credits from Form 8863, line 19 50			
51 Retirement savings contributions credit. Attach Form 8880 51			
52 Child tax credit. Attach Schedule 8812, if required 52	1,000		
53 Residential energy credits. Attach Form 5695 53			
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 54			
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		9,519	
Other Taxes	57 Self-employment tax. Attach Schedule SE 57		
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59		
	60a Household employment taxes from Schedule H 60a		
	b First-time homebuyer credit repayment. Attach Form 5405 if required 60b		
	61 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> 61	792	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) 62		
	63 Add lines 56 through 62. This is your total tax 63	10,311	
Payments	64 Federal income tax withheld from Forms W-2 and 1099 64	5,408	
	65 2014 estimated tax payments and amount applied from 2013 return 65		
	66a Earned income credit (EIC) 66a		
	b Nontaxable combat pay election <input type="checkbox"/> 66b 66b		
	67 Additional child tax credit. Attach Schedule 8812 67		
	68 American opportunity credit from Form 8863, line 8 68		
	69 Net premium tax credit. Attach Form 8962 69		
	70 Amount paid with request for extension to file 70		
	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input checked="" type="checkbox"/> Reserved d <input type="checkbox"/> 73		
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74	5,408	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75		
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a		
	Direct deposit? <input type="checkbox"/> See instructions. ▶ b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number <input type="text"/>		
	77 Amount of line 75 you want applied to your 2015 estimated tax ▶ 77		
	78 Amount of line 75 you want applied to your 2015 estimated tax ▶ 78	4,966	
Amount You Owe	79 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 79	63	

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

Third Party Designee
 Designee's name ▶ **SAJJAN G. RAJENDRA, CPA** Personal identification number (PIN) ▶ **55555**
 Phone no. ▶ **334-277-0483**

Sign Here
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Your signature Date Your occupation **MANAGER**
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation **MANAGER**
 If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **SAJJAN G. RAJENDRA, CPA** Preparer's signature **SAJJAN G. RAJENDRA, CPA** Date **10/08/15** Check if self-employed PTIN **P00170704**

Paid Firm's name ▶ **SAJJAN G. RAJENDRA, LLC** Firm's EIN ▶ **20-3656711**

Preparer Use Only Firm's address ▶ **PO BOX 240513** Phone no. **334-277-0483**
MONTGOMERY AL 36124-0513

BHAVESH B & MITALBAHEN R PATEL

-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 1				
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				45,384
29a Totals	25,376	42,211		
b Totals			30	70,760
30 Add columns (g) and (j) of line 29a			31	42,211
31 Add columns (f), (h), and (i) of line 29b				
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	28,549

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			35
35 Add columns (d) and (f) of line 34a			36
36 Add columns (c) and (e) of line 34b			
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	28,549
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Federal Statements

Statement 1 - Schedule E, Page 2, Line 28

Name	P	For	EIN	Not at Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
	S	Pt'r							
OM SAI 1 LLC	S		3184		\$	\$	\$	\$	\$ 45,384
OM SAI 2 INC	S		5183				41,552		
MEM 01 INC	S		5622			12,688			
OTHER RENTAL INCOME	S		5622						
MEM 01 INC	S		5622			12,688			
OTHER RENTAL INCOME	S		5622						
MEM 02 LLC	S		5594				659		
TOTAL					\$ 0	\$ 25,376	\$ 42,211	\$ 0	\$ 45,384

Form 1040	Shareholder's Basis Worksheet Page 1	2014
Name	Taxpayer Identification Number	
MITALBAHEN R PATEL	5976	
Name of Entity	EIN	3184
OM SAI 1 LLC	K1 Unit	1
Passive Activity Type	NOT PASSIVE	

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero					149,144
Increases to stock basis					
2. Capital contributions	2.				
3. Ordinary business income	3.	45,384			
4. Net rental real estate income	4.				
5. Other net rental income	5.				
6. Interest, dividends and royalties	6.				
7. Net capital gains	7.				
8. Net section 1231 gain and ordinary business gain	8.				
9. Tax-exempt interest and other tax-exempt income	9.				
10. Other income	10.				
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.				
12. Other increases to stock basis	12.				
13. Total increases to stock basis. Combine lines 2 through 12	13.		45,384		
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.			194,528	
Decreases to stock basis					
15. Distributions allowed	15.			60,948	
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.			133,580	
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.				
18. Other decreases to stock basis	18.				
19. Amount used to restore loan basis	19.				
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.			0	
21. 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.			133,580	

Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero					
23. Loans to corporation	23.				
24. Loan basis restored from line 19 above	24.				
25. Other increases to loan basis	25.				
26. Loan repayments from line 40	26.				
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.			0	
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.				
29. Other decreases to loan basis	29.				
30. Total decreases to loan 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.			133,580	

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)					60,948
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.			194,528	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.			0	
<input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain					

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year					
37. Basis restored - amount used in prior years to offset losses	37.				
38. Loan basis before loan repayment. Add line 36 and line 37	38.				
39. Face amount of shareholder loan at beginning of tax year	39.				
40. Loan repayments to shareholder during tax year	40.				
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.				
<input type="checkbox"/> Ordinary income on Schedule E page 2 <input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain					

Form **1040** Shareholder's Basis Worksheet Page 1 2014

Name **BHAVESH B PATEL** Taxpayer Identification Number **1368**
 Name of Entity **OM SAI 2 INC** EIN **5183**
 Passive Activity Type **NOT PASSIVE** K1 Unit **2**

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	81,981
Increases to stock basis		
2. Capital contributions	2.	4,429
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	4,429
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	86,410
Decreases to stock basis		
15. Distributions allowed	15.	13,303
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.	73,107
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	41,552
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	41,552
21. 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

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.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan 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.	31,555

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	13,303
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	86,410
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	0
<input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
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.	
<input type="checkbox"/> Ordinary income on Schedule E page 2 <input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Form 1040		Shareholder's Basis Worksheet Page 2					2014			
Name		Taxpayer Identification Number								
Entity Name		EIN								
Basis Reduced by Nondeductible Items Before Loss and Deduction Items		5183 Passive Activity Type								
Basis Reduced by Nondeductible Items Before Loss and Deduction Items		NOT PASSIVE								
Basis Reduced by Nondeductible Items Before Loss and Deduction Items		LOSS AND DEDUCTION ITEMS								
Loss Allocated to Shareholder Stock and Loan Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Carryforward	Total Allowed Loss
Non deductible noncapital exp & oil/gas depletion deduction: Losses and deductions:										
Ordinary business loss		41,552	41,552	1.0000	41,552					41,552
Net rental real estate 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										
1256 contracts and straddles										
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)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Commercial revitalization ded										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		41,552	41,552	1.0000	41,552					41,552
Total nonded and deductible items		41,552	41,552		41,552					41,552

Form 1040	Shareholder's Basis Worksheet Page 1	2014
Name	Taxpayer Identification Number	
BHAVESH B PATEL	- 1368	
Name of Entity	EIN	5622
MBM 01 INC	K1 Unit	3
Passive Activity Type	NOT PASSIVE	

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	80,126
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	12,688
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	12,688
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	92,814
Decreases to stock basis		
15. Distributions allowed	15.	
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
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	0
21. 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.	92,814

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.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan 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.	92,814

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	
<input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
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.	
<input type="checkbox"/> Ordinary income on Schedule E page 2 <input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Form 1040	Shareholder's Basis Worksheet Page 1	2014
Name	Taxpayer Identification Number	
MITALBAHEN R PATEL	5976	
Name of Entity	EIN	5622
MBM 01 INC	K1 Unit	4
Passive Activity Type	NOT PASSIVE	

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	80,125
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	12,688
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	12,688
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	92,813
Decreases to stock basis		
15. Distributions allowed	15.	
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.	92,813
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	0
21. 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.	92,813

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.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan 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.	92,813

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	
<input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
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.	
<input type="checkbox"/> Ordinary income on Schedule E page 2 <input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Form 1040	Shareholder's Basis Worksheet Page 1	2014
Name	Taxpayer Identification Number	
BHAVESH B PATEL	[REDACTED] 1368	
Name of Entity	EIN	5594
MBM 02 LLC	K1 Unit	5
Passive Activity Type	NOT PASSIVE	

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	0
Increases to stock basis		
2. Capital contributions	2.	97,734
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	97,734
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	97,734
Decreases to stock basis		
15. Distributions allowed	15.	
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.	97,734
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	659
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	659
21. 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.	97,075

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.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan 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.	97,075

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	
<input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
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.	
<input type="checkbox"/> Ordinary income on Schedule E page 2 <input type="checkbox"/> Sch D/8949, short-term capital gain <input type="checkbox"/> Sch D/8949, long-term capital gain		

Form 1040	Shareholder's Basis Worksheet Page 2					2014				
Name	BHAVESH B PATEL					Taxpayer Identification Number				
Entity Name	MEM 02 LLC					1368				
BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS										
Loss Allocated to Shareholder Stock and Loan Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Carryforward	Total Allowed Loss
Non deductible noncapital exp & oil/gas depletion deduction: Losses and deductions:										
Ordinary business loss		659	659	1.0000	659					659
Net rental real estate 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										
1256 contracts and straddles										
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)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Commercial revitalization ded										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions	659	659	659	1.0000	659	659		659		659
Total nonded and deductible items										

Form 1040	Child Tax Credit Worksheets	2014
Name BHAVESH B & MITALBAHEN R PATEL		Taxpayer Identification Number [REDACTED] - 1368

Child Tax Credit Worksheet - Form 1040, Line 52, Form 1040A, Line 35 or Form 1040NR, Line 49

1. Number of qualifying children: <u>1</u> x \$1,000. Enter the result.	1. <u>1,000</u>
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37.	2. <u>99,494</u>
3. 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. _____
4. Add lines 2 and 3.	4. <u>99,494</u>
5. Enter \$110,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately.	5. <u>110,000</u>
6. Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. }	6. _____
7. Multiply the amount on line 6 by 5% (.05). Enter the result.	7. <u>0</u>
8. Subtract line 7 from line 1. If zero or less, stop here; you cannot take this credit.	8. <u>1,000</u>
9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45.	9. <u>10,519</u>
10. Add the amounts from Form 1040 lines 48, 49, 50 & 51 or Form 1040A lines 31, 33 & 34, or Form 1040NR, lines 46, 47 & 48, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	10. _____
11. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Enter the amount from Child Tax Credit - Line 11 Worksheet below. }	11. _____
12. Subtract line 11 from line 9.	12. <u>10,519</u>
13. Child tax credit. Enter the smaller of line 8 or line 12 here and on Form 1040, line 52, Form 1040A, line 35 or Form 1040NR, line 49.	13. <u>1,000</u>

Child Tax Credit - Line 11 Worksheet

Use this worksheet **only** if you checked "Yes" on line 11 of the Child Tax Credit Worksheet above.

1. Enter the amount from line 8 of the Child Tax Credit Worksheet above.	1. _____
2. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	2. _____
3. Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result. }	3. _____
4. Multiply the amount on line 3 by 15% (.15) and enter the result.	4. _____
5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, enter the amount from Child Tax Credit Worksheet line 10 on line 11, and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter 0 on line 10, go to line 11 below. <input type="checkbox"/> Yes. If line 4 above 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.	5. _____
6. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	6. _____
7. Enter the total of the amounts from Form 1040, line 27 and line 58 (Form 1040NR, lines 27 and 56), plus any taxes identified with code "UT" on the dotted line next to Form 1040, line 62 (Form 1040NR, line 60).	7. _____
8. Add lines 6 and 7.	8. _____
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 Form 1040NR, line 67. Enter total.	9. _____
10. Subtract line 9 from line 8. If the result is zero or less, enter -0-.	10. _____
11. Enter the larger of line 4 or line 10.	11. _____
12. Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-. }	12. _____
Next, complete Forms 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.	
13. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3.	13. _____
14. Enter the amount from line 10 of the Child Tax Credit Worksheet above.	14. _____
15. Add lines 13 and 14. Enter this amount on line 11 of the Child Tax Credit Worksheet above.	15. _____

Form **1040** 2014

Health Care: Individual Responsibility Worksheet

Name **BHAVESH B & MITALBAHEN R PATEL** Taxpayer identification number **1368**

Healthcare

- Excess Income Method Calculation**
1. Annual household income 99,494
 2. Threshold amount for filing an income tax return 20,300
 3. Excess income (line 1 - line 2) 79,194
 4. Applicable percentage 0.01
 5. Excess income amount (line 3 x line 4) 792

Flat Dollar Method Calculation

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
6. Total individuals without coverage or exemption (maximum of 5)	2	2	2	2	2	2	2	2	2	2	2	2
7. Individuals age 18 or older	2	2	2	2	2	2	2	2	2	2	2	2
8. Individuals under age 18												
9. One-half of line 8	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
10. Add lines 7 and 9	95	95	95	95	95	95	95	95	95	95	95	95
11. Applicable dollar amount	190	190	190	190	190	190	190	190	190	190	190	190
12. Line 10 times line 11	285	285	285	285	285	285	285	285	285	285	285	285
13. 300% of applicable dollar amount	190	190	190	190	190	190	190	190	190	190	190	190
14. Flat dollar amount (lesser of line 12 or line 13)	792	792	792	792	792	792	792	792	792	792	792	792
15. Excess income amount (line 5 for all months line 6 is more than zero)	792	792	792	792	792	792	792	792	792	792	792	792
16. Greater of line 14 or line 15	792	792	792	792	792	792	792	792	792	792	792	792

- Individual Shared Responsibility Penalty Calculation**
17. Sum of line 16 for all months 9,504
 18. Divide line 17 by 12.0 792
 19. Sum of line 6 for all months 24
 20. National average for bronze plan 204
 21. Total premium for bronze plan (line 19 x line 20) 4,896
 22. Total shared responsibility penalty (lesser of line 18 or line 21) 792

Form **1040** **Salaries & Wages Report** **2014**

Name **BHAVESH B & MITALBAHEN R PATEL** Identification Number **-1368**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T OM SAI 1 LLC	28,000	2,112	28,000
B	S OM SAI 1 LLC	24,000	1,555	24,000
C	T OM SAI 2 INC	10,000	296	10,000
D	T NR LLC	5,945	1,445	5,945
E	T ALPA LLC	3,000		3,000
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		46,945	3,853	46,945
Spouse		24,000	1,555	24,000
Totals		70,945	5,408	70,945

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	1,736	28,000	406				
B	1,488	24,000	348				
C	620	10,000	145				
D	369	5,945	86				
E	186	3,000	44				
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	2,911	46,945	681				
Spouse	1,488	24,000	348				
Totals	4,399	70,945	1,029				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	AL	28,000	939			
B	AL	24,000	729			
C	AL	10,000	122			
D	AL	5,945	220			
E	AL	3,000	10			
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		46,945	1,291			
Spouse		24,000	729			
Totals		70,945	2,020			

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.

FORM **AL8453**

ALABAMA DEPARTMENT OF REVENUE
Individual Income Tax Declaration for Electronic Filing
For the year January 1 – December 31, 2014

2014

Your first name and initial **BHAVESH B** Last name **PATEL**
 If a joint return, spouse's first name and initial **MITALBAHEN R** Last name **PATEL**
 Home address (number and street). If a P.O. Box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code **MONTGOMERY AL 36117**

Your social security number **1368**
 Spouse's soc. sec. no. if joint return **5976**
 Telephone number (optional) _____

Part I	1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	74,242
Tax Return Information	2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	3,633
	3 Total payments (Form 40, line 27 or Form 40NR, line 27)	3	2,020
	4 Refund (Form 40, line 35 or Form 40NR, line 34)	4	
	5 Amount you owe (Form 40, line 30 or Form 40NR, line 30)	5	1,638
	(Whole dollars only.)		

Part II
Refund and Payment Information

1 Routing number: _____
 2 Account number: _____
 3 Type of account: Checking Savings
 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
Declaration of Taxpayer
 (Sign only after Part I is completed.)
 Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2014 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement 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 preparer.

Sign Here _____ **10/08/15** _____ **10/08/15**
 Your signature Date Spouse's signature. If a joint return, BOTH must sign. Date

Part IV
Declaration of Electronic Return Originator (ERO) and Paid Preparer
 (See instructions.)
 I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2014), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2014). If I am also the paid 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.

ERO's Use Only

ERO's signature **SAJJAN G. RAJENDRA, CPA** Date **10/08/15** Check if also paid preparer Preparer's PTIN **P00170704**
 Firm's name (or yours if self-employed) **SAJJAN G. RAJENDRA, LLC** E.I. No. **20-3656711**
 and address **PO BOX 240513** ZIP Code **36124-0513**
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 the best of my knowledge and belief, they are true, correct, and complete.

Preparer's signature _____ Date _____ Check if self-employed Preparer's PTIN _____
 Firm's name (or yours if self-employed) and address _____ E.I. No. _____
 ZIP Code _____

Form AL8453 2014

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

FORM 40 Alabama 2014
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2014, or other tax year:

Beginning: Your social security number **1368** Spouse's SSN if joint return **5976**

Your first name Initial Last name
 • **BHAVESH B PATEL**

Spouse's first name Initial Last name
 • **MITALBAHEN R PATEL**

Present home address (number and street or P.O. Box number)

City, town or post office State ZIP code Check if address outside U.S. Foreign Country
 • **MONTGOMERY AL 36117**

▶ CHECK BOX IF AMENDED RETURN •

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).

		A - Alabama tax withheld		B - Income	
Income and Adjustments	5 Wages, salaries, tips, etc. (list each employer and address separately):	5a	2,020.00	5a	70,945.00
	a SEE STATEMENT 1	5b	00	5b	00
	b	5c	00	5c	00
	c	5d	00	5d	00
Income and Adjustments	6 Interest and dividend income (also attach Schedule B if over \$1,500)	6	00	6	00
	7 Other income (from page 2, Part I, line 9)	7	00	7	28,549.00
	8 Total income. Add amounts in the income column for line 5a through line 7	8	00	8	99,494.00
	9 Total adjustments to income (from page 2, Part II, line 12)	9	00	9	00
10 Adjusted gross income. Subtract line 9 from line 8	10	00	10	99,494.00	
Deductions	11 Box a or b MUST be checked. 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)	11	12,233.00		
	a <input checked="" type="checkbox"/> Itemized Deductions b <input type="checkbox"/> Standard Deduction	12	9,519.00		
	12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM 1040	12	9,519.00		
	13 Personal exemption (from line 1, 2, 3, or 4)	13	3,000.00		
14 Dependent exemption (from page 2, Part III, line 2)	14	500.00			
15 Total deductions. Add lines 11, 12, 13, and 14	15	00	15	25,252.00	
16 Taxable income. Subtract line 15 from line 10	16	00	16	74,242.00	
17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A	17	00	17	3,633.00	
18 Net tax due Alabama. Check box if computing tax using Sch. NTC, otherwise enter amt. from line 17	18	00	18	3,633.00	
19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box	19	00	19	0.00	
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:					
a Alabama Democratic Party \$1 \$2 <input checked="" type="checkbox"/> none	20a	00	20a	00	
b Alabama Republican Party \$1 \$2 <input checked="" type="checkbox"/> none	20b	00	20b	00	
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	00	21	3,633.00	
22 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	22	2,020.00	22	00	
23 2014 estimated tax payments/Automatic Extension Payment	23	00	23	00	
24 Amended Returns Only - Previous payments (see instructions)	24	00	24	00	
25 Refundable portion of Alabama Accountability Act of 2013 Credit	25	00	25	00	
26 Refundable portion of Adoption Credit	26	00	26	00	
27 Total payments. Add lines 22, 23, 24, 25, and 26	27	00	27	2,020.00	
28 Amended Returns Only - Previous refund (see instructions)	28	00	28	00	
29 Adjusted Total Payments. Subtract line 28 from line 27	29	00	29	2,020.00	
30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30	00	30	1,638.00	
31 Estimated tax penalty. Also include on line 30 (see instructions page 11)	31	25.00	31	00	
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID	32	00	32	00	
33 Amount of line 32 to be applied to your 2015 estimated tax	33	00	33	00	
34 Total Donation Check-offs from Schedule DC, line 2	34	00	34	00	
35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 33 and 34 from line 32. For Direct Deposit, check here and complete Part V, Page 2.	35	00	35	00	

You Must Attach page 2 of Federal Form 1040, Federal Form 1040A, Federal Form 1040NR, or pg. 1 of 1040EZ, if claiming a deduction on line 12.

Copy



BHAVESH B & MITALBAHEN R PATEL

-1368

PART I	1	Alimony received	1	00
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	00
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
	4a	Total IRA distributions	4a	00
	4b	Taxable amount (see instructions)	4b	00
	5a	Total pensions and annuities	5a	00
	5b	Taxable amount (see instructions)	5b	00
	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	28,549
	7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature & source - see instr.)	8	00	
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	28,549	

PART II	1a	Your IRA deduction	1a	00
	1b	Spouse's IRA deduction	1b	00
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
	3	Penalty on early withdrawal of savings	3	00
	4	Alimony pd. Recipient's last name SSN	4	00
	5	Adoption expenses	5	00
	6	Moving Expenses (Attach Federal Form 3903) to: City State ZIP	6	00
	7	Self-employed health insurance deduction	7	00
	8	Payments to Alabama PACT Program or Alabama College Education Savings Program	8	00
	9	Health insurance deduction for small employer employee (see instructions)	9	00
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	00
	11	Deposits to a catastrophe savings account	11	00
12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	00	

PART III	1a	Dependents:	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than one-half dependent's support?
	1a	(1) First name Last name			
Dependents			1165	DAUGHTER	Y
Do not include yourself or your spouse					
(See page 15)	b	Total number of dependents claimed above	1b	1	
	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, line 14	2	500	00

PART IV	1	Residency Check only one box <input checked="" type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ through _____
	2	Did you file an Alabama income tax return for the year 2013? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours OM SAI 2 INC MONTGOMERY, AL Your Spouse's OM SAI 1 LLC MONTGOMERY, AL
	4	Enter the Federal Adjusted Gross Income • \$ 99,494 and Federal Taxable Income • \$ 75,244 as reported on your 2014 Federal Individual Income Tax Return.
	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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source _____ Amount _____ 00 Source _____ Amount _____ 00

PART V	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 16 of instructions to see if you qualify.)	
	1	Routing Number: _____ 2 Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings 3 Account Number: _____
Direct Deposit	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Sign Here In Black Ink	Your Signature	Date	Daytime Telephone Number	Your Occupation
				MANAGER
Keep a copy of this return for your records.	Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
				MANAGER
Paid Preparer's Use Only	Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN
	SAJJAN G. RAJENDRA, CPA	10/08/15	<input checked="" type="checkbox"/>	P00170704
	Firm's Name (or yours if self-employed)		Daytime Telephone No.	E.I. Number
	SAJJAN G. RAJENDRA, LLC		334-277-0483	20-3656711
	PO BOX 240513		ZIP Code	
	MONTGOMERY AL		36124-0513	

WHERE TO FILE FORM 40
If you are **not** making a payment, mail your return to:
Alabama Department of Revenue, PO Box 154, Montgomery, AL 36135-0001
If you are making a payment, mail your return, Form 40V, and payment to:
Alabama Department of Revenue, PO Box 2401, Montgomery, AL 36140-0001
Mail only your 2014 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to
Alabama Department of Revenue, PO Box 327464, Montgomery, AL 36132-7464.

**SCHEDULES
A, B, & DC**
(FORM 40)



Alabama Department of Revenue
Schedule A—Itemized Deductions **2014**

(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

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

The itemized deductions you may claim for the year 2014 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

Medical and Dental Expenses (See page 18)	CAUTION: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses.....	1		00
	2	Enter amount from Form 40, line 10. 2		00	
	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-	4	•	00
Taxes You Paid (See page 18)	5	Real estate taxes.....	5	1,275	00
	6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6	5,428	00
	7	Railroad Retirement (Tier 1 only).....	7		00
	8	Other taxes. (List — include personal property taxes.) ▶	8		00
	9	Add the amounts on lines 5 through 8. Enter the total here.	9	•	6,703 00
Interest You Paid (See page 19)	10a	Home mortgage interest and points reported to you on Federal Form 1098.....	10a	5,507	00
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶				
	10b		10b		00
	11	Qualified mortgage insurance premiums.....	11		00
	12	Points not reported to you on Form 1098.....	12	23	00
	13	Investment interest. (Attach Form 4952A.).....	13		00
	14	Add the amounts on lines 10a through 13. Enter the total here.	14	•	5,530 00
Gifts to Charity (See page 18)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 18.				
	15	Contributions by cash or check.....	15		00
	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00
	17	Carryover from prior year.....	17		00
	18	Add the amounts on lines 15 through 17. Enter the total here.	18	•	00
Casualty and Theft Loss (Attach Form 4684)	19a	Enter the amount from Federal Form 4684, line 16 (See page 19).	19a		00
	19b	Enter 10% of your Adjusted Gross Income (Form 40, line 10).	19b		00
	19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	•	0 00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶	20		00
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21		00
	22	Add the amounts on lines 20 and 21. Enter the total.	22		00
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23		00
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24	•	0 00
Other Miscellaneous Deductions	25	Other (from list on page 20 of instructions). List type and amount. ▶	25	•	00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
26	Enter amount here.....	26	•	00	
Total Itemized Deductions	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11.	27	•	12,233 00

Schedule A (Form 40) 2014 1022

SCHEDULE E
(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).

Name(s) shown on return **BHAVESH B & MITALBAHEN R PATEL** Your social security number **1368**

PART I 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.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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:	
	A	Yes No
A		
B		
C		

• 14 days, or
• 10% of the total days rented at fair rental value?

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	00
4 Royalties received	00	00	00	00
Expenses:				
5 Advertising	00	00	00	00
6 Auto and travel	00	00	00	00
7 Cleaning and maintenance	00	00	00	00
8 Commissions	00	00	00	00
9 Insurance	00	00	00	00
10 Legal and other professional fees	00	00	00	00
11 Management fees	00	00	00	00
12 Mortgage interest	00	00	00	00
13 Other interest	00	00	00	00
14 Repairs	00	00	00	00
15 Supplies	00	00	00	00
16 Taxes	00	00	00	00
17 Utilities	00	00	00	00
18 Other (list) ▶	00	00	00	00
19 Add lines 5 through 18	00	00	00	00
20 Depreciation expense or depletion	00	00	00	00
21 Total expenses. Add lines 19 and 20	00	00	00	00
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	00	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				00

PART II Income from Partnerships, S Corporations, Estates and Trusts (g) Name and Address	(h) Check One	Partner-ship	Estate or Trust	S Corp.	(i) Employer Identification Number	(j) Amount
OM SAI 2 INC 8832 PEMBERTON PARK				X	5183	-41,552.00
MBM 01 INC 8832 PEMBERTON PARK				X	5622	12,688.00
MBM 01 INC 8832 PEMBERTON PARK				X	5622	12,688.00
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.						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.						00

SCHEDULE E
(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).

Name(s) shown on return **BHAVESH B & MITALBAHEN R PATEL** Your social security number **1368**

PART I 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**.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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:	
	A	B
A		
B		
C		

• 14 days, or
• 10% of the total days rented at fair rental value?

	Properties			Totals
	A	B	C	(Add Columns A, B, and C)
Income:				
3 Rents received	3	00	00	00
4 Royalties received	4	00	00	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	8	00	00	00
9 Insurance	9	00	00	00
10 Legal and other professional fees	10	00	00	00
11 Management fees	11	00	00	00
12 Mortgage interest	12	00	00	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) ▶	18	00	00	00
19 Add lines 5 through 18	19	00	00	00
20 Depreciation expense or depletion	20	00	00	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	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 Corporations, Estates and Trusts (g) Name and Address	(h) Check One	Partner-ship	Estate or Trust	S Corp.	(i) Employer Identification Number	(j) Amount
						00
						00
						00
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.	24					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.	25					28,549.00

1368

Alabama Statements

Statement 1 - Form 40 - Wages, Salaries, Tips, etc.

<u>Name</u>	<u>Address</u>	<u>Alabama Tax Withheld</u>	<u>Income</u>
OM SAI 1 LLC	MONTGOMERY, AL	\$ 939	\$ 28,000
OM SAI 1 LLC	MONTGOMERY, AL	729	24,000
OM SAI 2 INC	MONTGOMERY, AL	122	10,000
NR LLC	MILLBROOK, AL	220	5,945
ALPA LLC	MONTGOMERY, AL	10	3,000
TOTAL		<u>\$ 2,020</u>	<u>\$ 70,945</u>

Form AL-40	Alabama Federal Income Tax Deduction Worksheet	2014
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Name BHAVESH B & MITALBAHEN R PATEL	Taxpayer Identification Number [REDACTED] 1368
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Federal Income Tax Deduction Worksheet - Form 40 Line 12 or Form 40NR Line 4 Part IV

1. Enter the tax as shown on line 56, Form 1040, line 37 on Form 1040A, line 10 on Form 1040 EZ or line 53 on Form 1040NR	1.	9,519
2. Net Investment Income Tax. Enter amount from line 17, Form 8960	2.	
3. Federal Tax. Add lines 1 and 2	3.	9,519
4. a Earned Income Credit (EIC) . Enter the amount from line 66a, Form 1040, line 42a on Form 1040A or line 8a on Form 1040EZ	4a.	
b Additional child tax credit . Enter the amount from line 67, Form 1040, line 43 on Form 1040A or line 64 on Form 1040NR	4b.	
c American Opportunity Credit . Enter the amount from line 68, Form 1040 or line 44 on Form 1040A	4c.	
d Credits from Form 2439 . Enter the amount from line 73, Form 1040 or line 69 on form 1040NR	4d.	
5. Add lines 4a, b, c, and d	5.	
6. Subtract line 5 from line 3 and enter on line 12 of Form 40 or line 4, Part IV, page 2 on Form 40NR if neither worksheet below applies. If amount is negative enter zero	6.	9,519

Ratio of Alabama AGI to Federal AGI (part-year returns only)

1. Alabama AGI (line 10 of Form 40)	1.	
2. Joint federal AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040NR)	2.	
3. Divide line 1 by line 2	3.	%
4. Multiply line 6, above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero	4.	

Ratio of separate federal AGI to combined federal AGI (full year residents with a joint federal return and split or separate state returns)

1. Separate federal AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040NR)	1.	
2. Combined federal AGI (line 37 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ or line 36 of Form 1040NR)	2.	
3. Divide line 1 by line 2	3.	%
4. Multiply line 6, above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero	4.	

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Alabama Statements

Alabama Schedule A - Real Estate Taxes

Description	Amount
REAL ESTATE TAXES	\$ 1,275
TOTAL	\$ <u>1,275</u>

Alabama Schedule A - Home Mortgage Interest & Points from Form 1098

Description	Amount
WELLS FARGO BANK	\$ 2,247
REGIONS BANK	3,260
TOTAL	\$ <u>5,507</u>

Alabama Schedule A - Points Not Reported on Form 1098

Description	Amount
IBERIABANK MORTGAGE CO	\$ 23
TOTAL	\$ <u>23</u>

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2015** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

See separate instructions.

Your first name and initial BHAVESH B	Last name PATEL	Your social security number [REDACTED] -1368
If a joint return, spouse's first name and initial MITALBAHEN R	Last name PATEL	Spouse's social security number [REDACTED] -5976

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
MONTGOMERY AL 36117

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

You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. **u**

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **u**

5 Qualifying widow(er) with dependent child

Exemptions

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

6b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
[REDACTED]	[REDACTED]	[REDACTED] -1165	DAUGHTER	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed Add numbers on lines above **u** **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 72,400**

8a Taxable interest. Attach Schedule B if required **8a**

8b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

9b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 23,211**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **u** **22 95,611**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27 121**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **b Recipient's SSN u** **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36 121**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **u** **37 95,490**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2015)

	38 Amount from line 37 (adjusted gross income)	38	95,490	
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. } Total boxes checked u 39a			
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. }			
Standard Deduction for— <small>• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250</small>	b If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b <input type="checkbox"/>			
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600	
	41 Subtract line 40 from line 38	41	82,890	
	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	70,890	
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	9,709	
	45 Alternative minimum tax (see instructions). Attach Form 6251	45		
	46 Excess advance premium tax credit repayment. Attach Form 8962	46		
	47 Add lines 44, 45, and 46	u 47	9,709	
	48 Foreign tax credit. Attach Form 1116 if required	48		
	49 Credit for child and dependent care expenses. Attach Form 2441	49		
	50 Education credits from Form 8863, line 19	50		
	51 Retirement savings contributions credit. Attach Form 8880	51		
	52 Child tax credit. Attach Schedule 8812, if required	52	1,000	
	53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54			
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-	u 56	8,709		
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	242	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a Household employment taxes from Schedule H	60a		
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	1,498	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
	63 Add lines 56 through 62. This is your total tax	u 63	10,449	
	Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	3,452
		65 2015 estimated tax payments and amount applied from 2014 return	65	
66a Earned income credit (EIC)		66a		
b Nontaxable combat pay election <input type="checkbox"/> 66b		66b		
67 Additional child tax credit. Attach Schedule 8812		67		
68 American opportunity credit from Form 8863, line 8		68		
69 Net premium tax credit. Attach Form 8962		69		
70 Amount paid with request for extension to file		70		
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73			
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	u 74	3,452		
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> u	76a		
	Direct deposit? See instructions. u b Routing number <input type="text"/> u c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
u d Account number <input type="text"/>				
77 Amount of line 75 you want applied to your 2016 estimated tax u	77			
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	u 78	7,089	
	79 Estimated tax penalty (see instructions)	79	92	

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

Designee's name **u SAJJAN G. RAJENDRA, CPA** Personal identification number (PIN) **u 55555**
 Phone no. **u 334-277-0483**

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

Your signature	Date	Your occupation MANAGER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name SAJJAN G. RAJENDRA, CPA	Preparer's signature SAJJAN G. RAJENDRA, CPA	Date 08/27/16	Check <input checked="" type="checkbox"/> if self-employed PTIN P00170704
Preparer Use Only Firm's name u SAJJAN G. RAJENDRA, LLC	Firm's EIN u 20-3656711		Phone no. 334-277-0483
Firm's address u PO BOX 240513 MONTGOMERY AL 36124-0513			

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

Your social security number

BHAVESH B & MITALBAHEN R PATEL

-1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 1				
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals	32,268			84,253
b Totals		3,876	89,434	
30 Add columns (g) and (j) of line 29a				30 116,521
31 Add columns (f), (h), and (i) of line 29b				31 (93,310)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 23,211

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	23,211
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. **17**

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

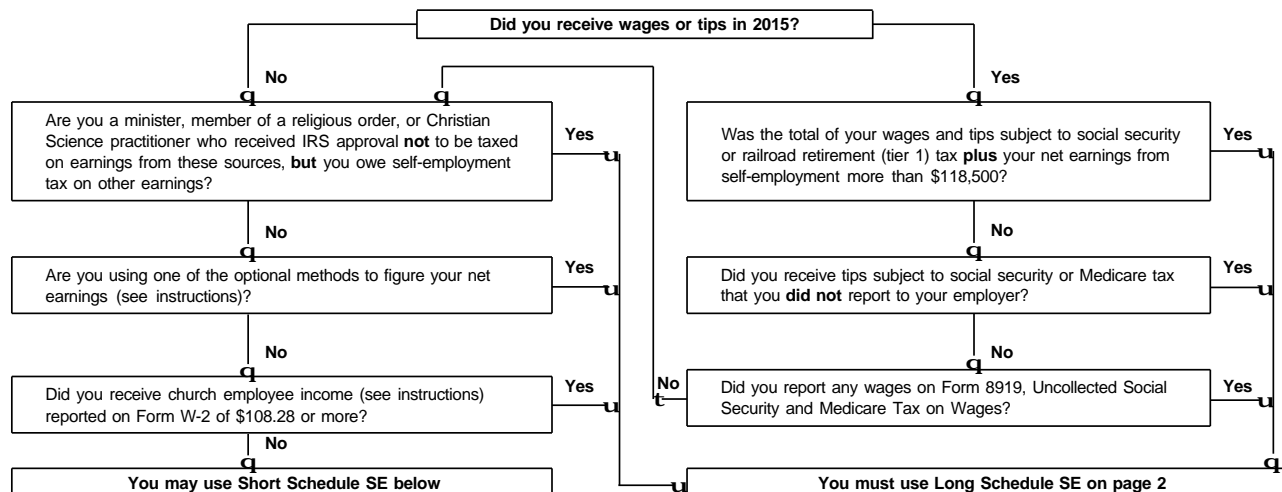
Social security number of person with self-employment income u

-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	4	1,579
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 Form 1040, line 27, or Form 1040NR, line 27	6	121

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

Schedule SE (Form 1040) 2015

Form **4952**
 Department of the Treasury
 Internal Revenue Service (99)

Investment Interest Expense Deduction
 Information about Form 4952 and its instructions is at www.irs.gov/form4952.
 Attach to your tax return.

OMB No. 1545-0191
2015
 Attachment
 Sequence No. **51**

Name(s) shown on return: **BHAVESH B & MITALBAHEN R PATEL**
 Identifying number: **[REDACTED]-1368**

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)	4a		4c	
4b	Qualified dividends included on line 4a	4b			
c	Subtract line 4b from line 4a			4c	
4d	Net gain from the disposition of property held for investment	4d		4f	
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)			5	
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 line 6 from line 3. If zero or less, enter -0-	7	17,253
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2015)

Form **4952**
 Department of the Treasury
 Internal Revenue Service (99)

ALT. MIN. TAX
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
 Sequence No. **51**

Name(s) shown on return: **BHAVESH B & MITALBAHEN R PATEL**
 Identifying number: **[REDACTED]-1368**

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)	4a		
4b	Qualified dividends included on line 4a	4b		
4c	Subtract line 4b from line 4a	4c		
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h		0
5	Investment expenses (see instructions)	5		
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 line 6 from line 3. If zero or less, enter -0-	7	17,253
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2015)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

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

Attachement
Sequence No. **179**

Name(s) shown on return
BHAVESH B & MITALBAHEN R PATEL

Identifying number
[REDACTED] **-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.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FROM SCHEDULE K-1 (FORM 1120S)		89,434
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	89,434
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	89,434
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	152,777
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	89,434
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	89,434
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

-1368		Federal Statements							
Statement 1 - Schedule 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
OM SAI 1 LLC	S		27-0583184		\$	\$	\$	\$ 89,434	\$ 79,044
MBM 01 INC	S		46-3245622						
OTHER RENTAL INCOME	S		46-3245622			16,134			
MBM 01 INC	S		46-3245622						
OTHER RENTAL INCOME	S		46-3245622			16,134			
MBM 02 LLC	S		47-1275594						3,499
MUSKAN 2631 LLC	P		47-3410498						1,710
RC WOODLEY	S		47-2559142						
TOTAL					\$ 0	\$ 32,268	\$ 3,876	\$ 89,434	\$ 84,253

Form **1040** Department of the Treasury - Internal Revenue Service (99) **2016** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20____ See separate instructions.

Your first name and initial BHAVESH B	Last name PATEL	Your social security number [REDACTED] -1368
If a joint return, spouse's first name and initial MITALBAHEN	Last name PATEL	Spouse's social security number [REDACTED] -5976
Home address (number and street). [REDACTED]		Apt. no. <input type="checkbox"/> Make sure the SSN(s) above and on line 6c are correct.

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

Montgomery **AL** **36117**

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

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

Filing Status

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

Exemptions

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
[REDACTED]	[REDACTED]	[REDACTED] -1165	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: 2
 No. of children on 6c who:
 • lived with you: 1
 • did not live with you due to divorce or separation (see instructions): 0
 Dependents on 6c not entered above: 0
 Add numbers on lines above: 3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	70,900
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	(872)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	61,398
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	131,426

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	263
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	263
37	Subtract line 36 from line 22. This is your adjusted gross income	37	131,163

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2016)

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	131,163
39a		Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>			
Standard Deduction for - ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. ● All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	b		If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . ▶ 39b <input type="checkbox"/>		
	40		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,212
	41		Subtract line 40 from line 38	41	114,951
	42		Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
	43		Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	102,801
	44		Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	17,243
	45		Alternative minimum tax (see instructions). Attach Form 6251	45	
	46		Excess advance premium tax credit repayment. Attach Form 8962	46	
	47		Add lines 44, 45, and 46	47	17,243
	48		Foreign tax credit. Attach Form 1116 if required	48	
	49		Credit for child and dependent care expenses. Attach Form 2441	49	600
	50		Education credits from Form 8863, line 19	50	
	51		Retirement savings contributions credit. Attach Form 8880	51	
52		Child tax credit. Attach Schedule 8812, if required	52		
53		Residential energy credit. Attach Form 5695	53	476	
54		Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55		Add lines 48 through 54. These are your total credits	55	1,076	
56		Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	16,167	
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	526
58		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60 a		Household employment taxes from Schedule H	60a		
b		First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61		Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	2,762	
62		Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63		Add lines 56 through 62. This is your total tax	63	19,455	
Payments		64	Federal income tax withheld from Forms W-2 and 1099	64	3,592
65		2016 estimated tax payments and amount applied from 2015 return	65	16,500	
66a		Earned income credit (EIC)	66a		
b		Nontaxable combat pay election . . . 66b <input type="checkbox"/>	66b		
67		Additional child tax credit. Attach Schedule 8812	67		
68		American opportunity credit from Form 8863, line 8	68		
69		Net premium tax credit. Attach Form 8962	69		
70		Amount paid with request for extension to file	70		
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74		Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	20,092	
Refund		75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	637
76a		Amount of line 75 you want refunded to you . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	76a	528	
Direct deposit? See instructions.	▶ b	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	▶ d	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
77		Amount of line 75 you want applied to your 2017 estimated tax	77		
Amount You Owe		78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79		Estimated tax penalty (see instructions)	79	109	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately 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 which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.		Your signature		Date	Your occupation
▶		02607		09-19-2017	
Spouse's signature. If a joint return, both must sign.		35649		09-19-2017	
Preparer's signature		Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
Alpesh Patel		01-09-2018		P00845932	
Print/Type preparer's name		ALPESH PATEL CPA			
Firm's name		Firm's EIN		27-0624922	
Firm's address		205 US 46 WEST STE 7			
Totowa, NJ 07512		Phone no. 973-638-1418			

Form **2210**

Department of the Treasury
Internal Revenue Service

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

► Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074

2016

Attachment
Sequence No. **06**

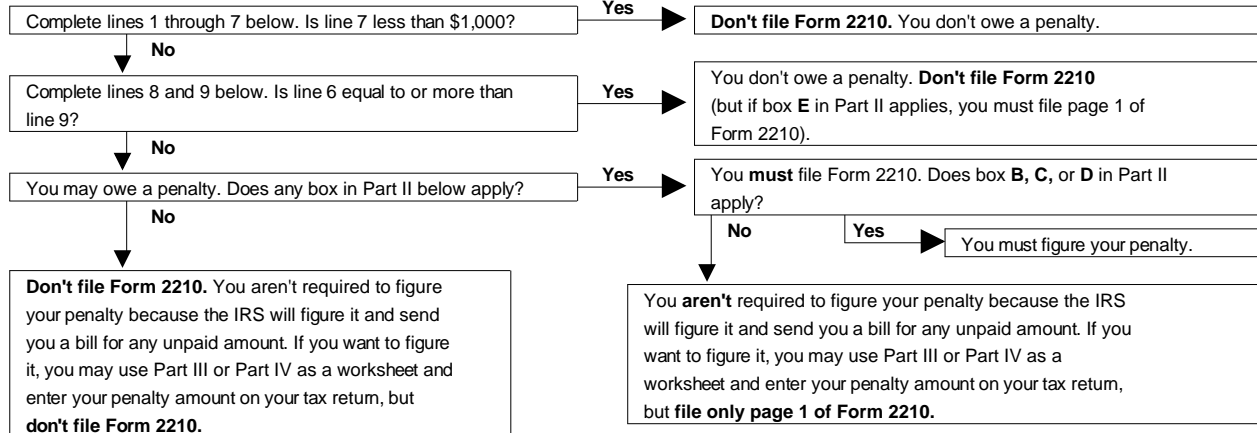
Name(s) shown on tax return

BHAVESH B & MITALBAHEN PATEL

Identifying number

██████████ -1368

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2016 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	16,167
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	526
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. Don't file Form 2210	4	16,693
5	Multiply line 4 by 90% (0.90)	5	15,024
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	3,592
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	13,101
8	Maximum required annual payment based on prior year's tax (see instructions)	8	
9	Required annual payment. Enter the smaller of line 5 or line 8	9	15,024

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't file Form 2210** unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.
- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
 - If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210**.

- A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** You filed or are filing a joint return for either 2015 or 2016, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2016)

EEA

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)		Payment Due Dates			
Section A - Figure Your Underpayment		(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 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 each column				14,550
19	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	898	898	898	898
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20	Enter the amount, if any, from line 26 in the previous column		898	1,796	2,694
21	Add lines 19 and 20		1,796	2,694	3,592
22	Add the amounts on lines 24 and 25 in the previous column				
23	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	898	1,796	2,694	3,592
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-				
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26				10,958
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	898	1,796	2,694	
Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)					
27	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box in Part II				109

Schedule AI - Annualized Income Installment Method (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right.

Instead, use the following: 2/29/16, 4/30/16, 7/31/16, and 11/30/16.

	(a)	(b)	(c)	(d)
	1/1/16-3/31/16	1/1/16-5/31/16	1/1/16-8/31/16	1/1/16-12/31/16

Part I Annualized Income Installments

1	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				131,163
4	If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9 and enter amount from line 3			
4				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				16,212
7	In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)			
7	12,600	12,600	12,600	12,600
8	Enter the larger of line 6 or line 7			
8	12,600	12,600	12,600	16,212
9	Subtract line 8 from line 3			
9	(12,600)	(12,600)	(12,600)	114,951
10	In each column, multiply \$4,050 by the total number of exemptions claimed (see instructions if line 3 is more than \$155,650). (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions.)			
10	12,150	12,150	12,150	12,150
11	Subtract line 10 from line 9. If zero or less, enter -0-			
11				102,801
12	Figure your tax on the amount on line 11 (see instructions)			
12				17,243
13	Self-employment tax from line 34 (complete Part II below)			
13				
14	Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)			
14				
15	Total tax. Add lines 12, 13, and 14			
15				17,243
16	For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3 (see instructions)			
16				1,076
17	Subtract line 16 from line 15. If zero or less, enter -0-			
17				16,167
18	Applicable percentage			
18	22.5%	45%	67.5%	90%
19	Multiply line 17 by line 18			
19				14,550
20	Complete lines 20-25 of one column before going to line 20 of the next column.			
20				
21	Enter the total of the amounts in all previous columns of line 25			
21				14,550
22	Subtract line 20 from line 19. If zero or less, enter -0-			
22	3,756	3,756	3,756	3,756
23	Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column			
23		3,756	7,512	11,268
24	Subtract line 25 of the previous column from line 24 of that column			
24	3,756	7,512	11,268	15,024
25	Add lines 22 and 23			
25				14,550

Part II Annualized Self-Employment Tax (Form 1040 and Form 1040NR filers only)

26	Net earnings from self-employment for the period (see instructions)			
26				
27	Prorated social security tax limit			
27	\$29,625	\$49,375	\$79,000	\$118,500
28	Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions			
28				
29	Subtract line 28 from line 27. If zero or less, enter -0-			
29				
30	Annualization amounts			
30	0.496	0.2976	0.186	0.124
31	Multiply line 30 by the smaller of line 26 or line 29			
31				
32	Annualization amounts			
32	0.116	0.0696	0.0435	0.029
33	Multiply line 26 by line 32			
33				
34	Add lines 31 and 33. Enter here and on line 13 above			
34				

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

BHAVESH B & MITALBAHEN PATEL

██████████-1368

Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	1,702
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> 131,163		
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	13,116
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local (check only one box):		
	a <input checked="" type="checkbox"/> Income taxes, or	5	1,621
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	1,284
	7 Personal property taxes	7	104
8 Other taxes. List type and amount ▶	8		
9 Add lines 5 through 8	9	3,009	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	5,118
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
	Note: Your mortgage interest deduction may be limited (see instructions).		
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15 Add lines 10 through 14	15	5,118	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,834
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	103
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	2,937
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.)		
	▶ FORM 2106-EZ 7,432	21	7,432
	22 Tax preparation fees	22	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	24	7,771
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> 131,163		
	26 Multiply line 25 by 2% (0.02)	26	2,623
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	5,148	
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	16,212
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2016

EEA

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2016

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
▶ **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

Attachment
Sequence No. **09**

Name of proprietor
BHAVESH B PATEL

Social security number (SSN)
[REDACTED] -1368

A Principal business or profession, including product or service (see instructions)
Gas Pumps

B Enter code from instructions
▶

C Business name. If no separate business name, leave blank.
MBM02 LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ **2631 East South Blvd**
City, town or post office, state, and ZIP code **Montgomery, AL 36116**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2016, check here Yes No

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income	
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>
1	1,127,834
2	Returns and allowances
2	0
3	Subtract line 2 from line 1
3	1,127,834
4	Cost of goods sold (from line 42)
4	1,094,023
5	Gross profit. Subtract line 4 from line 3
5	33,811
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
6	
7	Gross income. Add lines 5 and 6
7	33,811

Part II Expenses. Enter expenses for business use of your home only on line 30.							
8	Advertising	8		18	Office expense (see instructions)	18	104
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	20,186	22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	2,059
15	Insurance (other than health)	15	2,094	24	Travel, meals, and entertainment:	24a	
16	Interest:	16a	9,296		a Travel	24b	44
	a Mortgage (paid to banks, etc.)	16b		25	Deductible meals and entertainment (see instructions)	25	
	b Other	17	450	26	Utilities	26	
17	Legal and professional services			27 a	Wages (less employment credits)	27a	450
18	Total expenses before expenses for business use of home. Add lines 8 through 27a	18		27 b	Reserved for future use	27b	
18		28		28		28	34,683
19	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	(872)
20	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	30		30		30	
21	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 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31		31	(872)
22	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 on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a		32a	<input checked="" type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

Name(s) BHAVESH B PATEL SSN [REDACTED]-1368

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 1,094,023
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 1,094,023
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 1,094,023

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 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 for:
 a 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
- 47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

DOCUMENT FEES	450
48 Total other expenses. Enter here and on line 27a	48 450

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

BHAVESH B & MITALBAHEN PATEL

Your social security number
XXXXXXXXXX - 1368

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			61,398
b	Totals			
30	Add columns (g) and (j) of line 29a		30	61,398
31	Add columns (f), (h), and (i) of line 29b		31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	61,398

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	61,398
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **17**

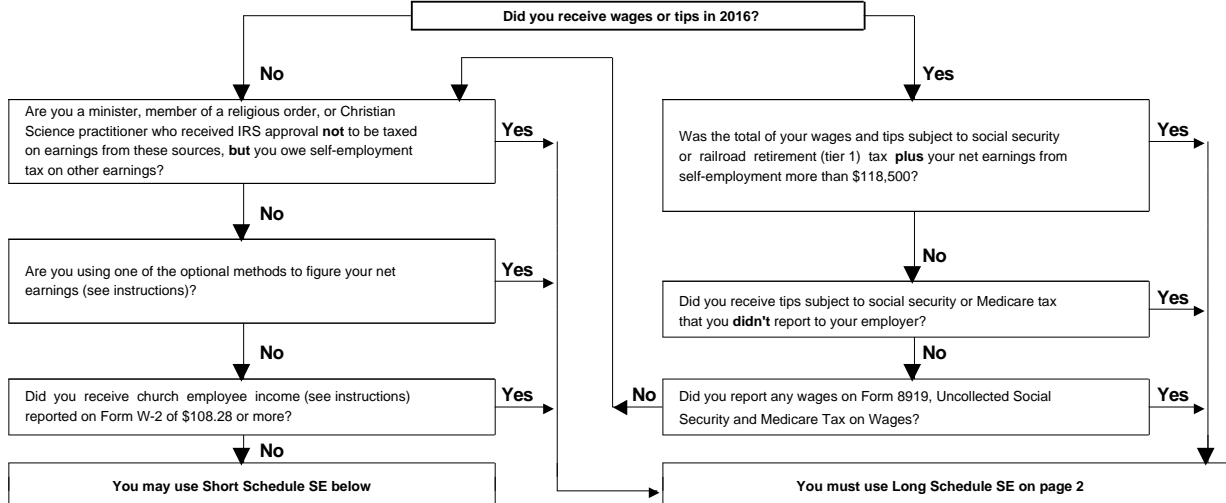
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
BHAVESH B PATEL

Social security number of person with self-employment income ► **[REDACTED] -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
5 Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	526
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	263

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

Schedule SE (Form 1040) 2016

EEA

Form **2441** **Child and Dependent Care Expenses** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service (99) **2016**
 Attachment Sequence No. **21**
 Name(s) shown on return BHAVESH B & MITALBAHEN PATEL Your social security number [REDACTED]-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.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	Montgomery, AL 36116	[REDACTED]-1111	3,130

Did you receive dependent care benefits?
 No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

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.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

2	(a) Qualifying person's name (First Last)	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
	[REDACTED]	[REDACTED]-1165	3,130

3	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 from line 31	3	3,000																																																												
4	Enter your earned income . See instructions	4	37,163																																																												
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	37,200																																																												
6	Enter the smallest of line 3, 4, or 5	6	3,000																																																												
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	131,163																																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x. 20																																																												
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0 - 15,000		.35	\$29,000 - 31,000		.27	15,000 - 17,000		.34	31,000 - 33,000		.26	17,000 - 19,000		.33	33,000 - 35,000		.25	19,000 - 21,000		.32	35,000 - 37,000		.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		
If line 7 is:			If line 7 is:																																																												
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25,000 - 27,000		.29	41,000 - 43,000		.21																																																										
27,000 - 29,000		.28	43,000 - No limit		.20																																																										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions	9	600																																																												
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	17,243																																																												
11	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	11	600																																																												

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **129A**

Your name BHAVESH B PATEL	Occupation in which you incurred expenses	Social security number [REDACTED]-1368
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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 2016.

Caution: You can use the standard mileage rate for 2016 **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.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 54 cents (0.54). Enter the result here	1	6,544
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	786
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	
5 Meals and entertainment expenses: \$ <u>204</u> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	102
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	7,432

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 04-08-2015

8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business 12,118 b Commuting (see instructions) _____ c Other 15,566

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**

b If "Yes," is the evidence written? **Yes** **No**

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

Form 2106-EZ (2016)

EEA

Part II Nonbusiness Energy Property Credit

<p>17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p>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.</p> <p style="text-align: center;"> [REDACTED] Number and street Unit No. Montgomery AL 36117 City, State, and ZIP code </p> <p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>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.</p> <p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)</p> <p>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).</p> <p>a 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</p> <p>b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements</p> <p>c 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</p> <p>d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements</p> <p>e Maximum amount of cost on which the credit can be figured</p> <p>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-</p> <p>g Subtract line 19f from line 19e. If zero or less, enter -0-</p> <p>h Enter the smaller of line 19d or line 19g</p> <p>20 Add lines 19a, 19b, 19c, and 19h</p> <p>21 Multiply line 20 by 10% (0.10)</p> <p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p> <p>a Energy-efficient building property. Do not enter more than \$300</p> <p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.</p> <p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p> <p>23 Add lines 22a through 22c</p> <p>24 Add lines 21 and 23</p> <p>25 Maximum credit amount. (If you jointly occupied the home, see instructions)</p> <p>26 Enter the amount, if any, from line 18</p> <p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit</p> <p>28 Enter the smaller of line 24 or line 27</p> <p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)</p> <p>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</p>	<p>17a</p> <p>17c</p> <p>18</p> <p>19a</p> <p>19b</p> <p>19c</p> <p>19d</p> <p>19e</p> <p>19f</p> <p>19g</p> <p>19h</p> <p>20</p> <p>21</p> <p>22a</p> <p>22b</p> <p>22c</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p></p> <p></p> <p></p> <p>678</p> <p>803</p> <p></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">19d</td> <td style="width: 50%; text-align: right;">1,782</td> </tr> <tr> <td>19e</td> <td style="text-align: right;">\$2,000</td> </tr> <tr> <td>19f</td> <td style="text-align: right;">0</td> </tr> <tr> <td>19g</td> <td style="text-align: right;">2,000</td> </tr> </table> <p>1,782</p> <p>3,263</p> <p>326</p> <p></p> <p>150</p> <p>150</p> <p>476</p> <p>500</p> <p></p> <p>500</p> <p>476</p> <p>16,643</p> <p>476</p>	19d	1,782	19e	\$2,000	19f	0	19g	2,000
19d	1,782									
19e	\$2,000									
19f	0									
19g	2,000									

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

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

2016
Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BHAVESH B & MITALBAHEN PATEL

MBM02 LLC

██████████ -1368

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,308

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	12,878
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	20,186
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

EEA

Form PMT

ACH Payment

2016

(Keep for your records)

Name(s) shown on return BHAVESH B & MITALBAHEN PATEL	Taxpayer's SSN [REDACTED]-1368
	Spouse's SSN [REDACTED]-5976
Routing Transit Number [REDACTED]0025	
Bank Account Number [REDACTED]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

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► **Don't send to the IRS. This isn't a tax return.**
► **Keep this form for your records.**
► **Information about Form 8879 and its instructions is at www.irs.gov/form8879.**

2016

Submission Identification Number (SID) ►

Taxpayer's name BHAVESH B PATEL	Social security number [REDACTED] - 1368
Spouse's name MITALBAHEN PATEL	Spouse's social security number [REDACTED] - 5976

Part I Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1 131,163
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2 19,455
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3 3,592
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4 528
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5

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

Under penalties of perjury, I declare that I have examined a copy of 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

- I authorize ALPESH PATEL CPA to enter or generate my PIN 02607 as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** Enter five digits, but 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 ► _____ Date ► _____

Spouse's PIN: check one box only

- I authorize ALPESH PATEL CPA to enter or generate my PIN 35649 as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** Enter five digits, but 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.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 200645-24922
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.

ERO's signature ► Alpesh Patel Date ► 01-09-2018

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)

EEA

Federal Supporting Statements									
Name(s) as shown on return								2016 PG01	
BHAVESH B & MITALBAHEN PATEL								Your Social Security Number	
								-1368	
Schedule E - Line 28 - Partnerships and S Corporations Statement #1									
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Not At Risk	F- P Loss	G- P Income	H- Loss	I- Sec 179	J- Income
MUSKAN 2631 INC	P		0498		0	0	0	0	4,598
MBM 01 INC	S		5622		0	0	0	0	13,965
MBM 01 INC	S		5622		0	0	0	0	13,964
RC WOODLEY	S		9142		0	0	0	0	7,776
OM SAI 1 LLC	S		3184		0	0	0	0	21,095
Total					0	0	0	0	61,398

STM-LD

Summary of Estimates					2017
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL					Your SSN/EIN [REDACTED]-1368
Federal Form: 1040-ES					
Payment Schedule					
Due Date	04-18-2017	06-15-2017	09-15-2017	01-16-2018	Total
Total Installment Amount	3,280	3,280	3,280	3,280	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					

W-2 Detail Listing

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████-1368

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	OM SAI 1 LLC	24,000	1,545	AL	24,000	694
S	OM SAI 1 LLC	24,000	1,545	AL	24,000	694
T	ALPA LLC DBA CHEVRON GAS & F	3,000		AL	3,000	10
T	RC WOODLEY	5,500	322	AL	5,500	98
S	MUSKAN 2631 INC	13,200	165	AL	13,200	118
T	MUSKAN 2631 INC	1,200	15	AL	1,200	7
Taxpayer Totals		33,700	1,882		33,700	809
Spouse Totals		37,200	1,710		37,200	812
Totals		70,900	3,592		70,900	1,621

Federal Income Tax Withheld		2016 PG01
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your Social Security Number [REDACTED]-1368
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

WITHHELD.LD

1040	Overflow Statement	2016
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your Social Security Number [REDACTED] -1368
Schedule A, Line 5 - STATE AND LOCAL INCOME TAXES		
Description	Amount	
Form W-2 - OM SAI 1 LLC	\$ 694	
Form W-2 - OM SAI 1 LLC	694	
Form W-2 - ALPA LLC DBA CHEVRON GAS & FOOD	10	
Form W-2 - RC WOODLEY	98	
Form W-2 - MUSKAN 2631 INC	118	
Form W-2 - MUSKAN 2631 INC	7	
Total:	<u>\$ 1,621</u>	

OVERFLOW.LD

Shared Responsibility Payment Worksheet

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

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
BHAVESH PATEL	X	X	X	X	X	X	X	X	X	X	X	X
MITALBAHEN PATEL	X	X	X	X	X	X	X	X	X	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	1,390.0	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
6. Sum of the monthly amounts entered on line 1												24
7. Enter your household income (see <u>Household income</u>)												131,163.00
8. Enter your filing threshold (see <u>Filing Thresholds For Most People</u>)												20,700.00
9. Subtract line 8 from line 7												110,463.00
10. Multiply line 9 by 2.5% (.025)												2,761.58
11. Is line 10 more than \$2,085? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero } <input type="checkbox"/> No. Enter the amount from line 14 of the <u>Flat Dollar Amount Worksheet</u>												33,138.96
12. Divide line 11 by 12.0												2,761.58
13. Multiply line 6 by \$223**												5,352.00
14. Enter the smaller of line 12 or line 13 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment												2,761.58
											Rounded amount will carry to main form	2,762

*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not turn 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 Marketplace for one individual and should not be changed.

Household Income Worksheets for Form 8965 and Flat Dollar Amount Worksheet

(Keep for your records)

2016

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. 131,163
- 2. Enter any tax-exempt interest from Form 1040, line 8b; Form 1040A, line 8b; or Form 1040NR, line 9b 2. _____
- 3. Enter any amounts from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 3. _____
- 4. _____ 4. _____
- 5. Modified AGI. Add lines 2 through 4 5. 0
- 6. Amount from Dependents' Combined Modified AGI Worksheet, line 5 6. _____
- 7. Household income. Add lines 1, 5, and 6. Enter here and on the Shared Responsibility Payment Worksheet, line 7 . . 7. 131,163

- 8. Premiums paid through a salary reduction arrangement 8. _____
- 9. Household income for computing Coverage Exemption "A". Add lines 7 and 8 9. 131,163
- 10. Non-taxable social security received by taxpayers and dependents who were required to file a return 10. _____
- 11. Household income for computing Coverage Exemption "G" for residents of a state that did not expand Medicaid. Add lines 7 and 10 11. 131,163

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 Form 1040NR, line 37 1. _____
- 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 Form 1040NR, line 9b 2. _____
- 3. Enter any amounts for your dependents from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 3. _____
- 4. Add lines 2 and 3 4. _____
- 5. Add lines 1 and 4. Enter here and on Household Income Worksheet, line 6 5. _____

- The Filing Threshold for this return is 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 653

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.

For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?*	Yes	No
	Enter the amount from line 10	Enter the amount from line 5
1. January		
2. February		
3. March		
4. April		
5. May		
6. June		
7. July		
8. August		
9. September		
10. October		
11. November		
12. December		
13. Add the amounts in each column		
14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet		

*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.

Worksheet B Form 1040 <small>Name(s) as shown on return</small> BHAVESH B PATEL	Earned Income Credit (EIC)-Lines 66a and 66b <small>(Keep for your records)</small>	2016 <small>Tax ID Number</small> -1368															
<p>Use this worksheet if you answered "Yes" to Step 5, question 2.</p> <ul style="list-style-type: none"> • Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4. • If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3. 																	
Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE	<p>1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.</p> <p>b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.</p> <p>c. Combine lines 1a and 1b.</p> <p>d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.</p> <p>e. Subtract line 1d from 1c.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1a</td> <td style="width: 20px;"></td> <td style="width: 100px; text-align: right;">3,726</td> </tr> <tr> <td style="text-align: center;">1b</td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td style="text-align: center;">1c</td> <td style="text-align: center;">=</td> <td style="text-align: right;">3,726</td> </tr> <tr> <td style="text-align: center;">1d</td> <td style="text-align: center;">-</td> <td style="text-align: right;">263</td> </tr> <tr> <td style="text-align: center;">1e</td> <td style="text-align: center;">=</td> <td style="text-align: right; border: 2px solid black;">3,463</td> </tr> </table>	1a		3,726	1b	+		1c	=	3,726	1d	-	263	1e	=	3,463
1a		3,726															
1b	+																
1c	=	3,726															
1d	-	263															
1e	=	3,463															
Part 2 Self-Employed NOT Required To File Schedule SE <small>For example, your net earnings from self-employment were less than \$400.</small>	<p>2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.</p> <p>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*.</p> <p>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*.</p> <p>c. Combine lines 2a and 2b.</p> <p style="font-size: small;"><i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">2a</td> <td style="width: 20px;"></td> <td style="width: 100px;"></td> </tr> <tr> <td style="text-align: center;">2b</td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td style="text-align: center;">2c</td> <td style="text-align: center;">=</td> <td style="text-align: right; border: 2px solid black;"></td> </tr> </table>	2a			2b	+		2c	=							
2a																	
2b	+																
2c	=																
Part 3 Statutory Employees Filing Schedule C or C-EZ	<p>3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">3</td> <td style="width: 100px; text-align: right; border: 2px solid black;"></td> </tr> </table>	3														
3																	
Part 4 All Filers Using Worksheet B	<p>4. Combine lines 1e, 2c, and 3. This is your total self-employed income.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">4</td> <td style="width: 100px; text-align: right; border: 2px solid black;">3,463</td> </tr> </table>	4	3,463													
4	3,463																

Need more information or forms? Visit IRS.gov.

WK_EIC2.LD

Estimated Tax Worksheet for Next Year

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

1.	Wages	1.	_____
2.	Interest and Dividend income	2.	_____
3.	Capital gain income	3.	_____
4.	Taxable IRA/Pension income	4.	_____
5.	Taxable Social Security income	5.	_____
6.	Business income	6.	_____
7.	Other income	7.	_____
8.	Total income (add lines 1 thru 7)	8.	_____
9.	Adjustments to income	9.	_____
10.	Adjusted gross income (subtract line 9 from line 8)	10.	_____
11.	Exemption amount (exemptions * \$4,050)	11.	_____
12.	Subtract line 11 from line 10	12.	_____
13.	Itemized or Standard deduction	13.	_____
14.	Projected Taxable income (subtract line 13 from line 12)	14.	_____
15.	Projected Tax	15.	_____
16.	Alternative Minimum Tax	16.	_____
17.	Total tax	17.	_____
18.	Projected Credits	18.	_____
19.	Subtract line 16 from line 15	19.	_____
20.	Projected SE Tax - Taxpayer	20.	_____
21.	Projected SE Tax - Spouse	21.	_____
22.	Other taxes	22.	_____
23a.	Add lines 19 through 22	23a.	_____
	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	23b.	_____
	c. Total 2017 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	_____
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
	c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	16,693
25.	Projected Withholding	25.	3,592
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	13,101

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

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

[REDACTED]-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.

		Payment Due Dates			
		(a) 4/15/16	(b) 6/15/16	(c) 9/15/16	(d) 1/15/17
1a	Enter your underpayment from Part IV, Section A, line 25				10,958
1b	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.				04-15-2017 10,958
Rate Period 1: April 16, 2016 - June 30, 2016					
2	Computation starting dates for this period	4/15/16	6/15/16		
3	Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/16, whichever is earlier	Days:	Days:		
4	Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{366}$ x 0.04				
4		\$	\$		
Rate Period 2: July 1, 2016 - September 30, 2016					
5	Computation starting dates for this period	6/30/16	6/30/16	9/15/16	
6	Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/16, whichever is earlier	Days:	Days:	Days:	
7	Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{366}$ x 0.04				
7		\$	\$	\$	
Rate Period 3: October 1, 2016 - December 31, 2016					
8	Computation starting dates for this period	9/30/16	9/30/16	9/30/16	
9	Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/16, whichever is earlier	Days:	Days:	Days:	
10	Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{366}$ x 0.04				
10		\$	\$	\$	
Rate Period 4: January 1, 2017 - April 15, 2017					
11	Computation starting dates for this period	12/31/16	12/31/16	12/31/16	1/15/17
12	Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/17, whichever is earlier	Days:	Days:	Days:	91
13	Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x .XX				
13		\$	\$	\$	\$ 109
14	Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 27 of Part IV, Section B				\$ 109

Forms 1040, 1040A,
1040NR

Child Tax Credit Worksheet
(Keep for your records)

2016

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 Form 5695, Part II, line 30; Form 8910; Form 8936; or Schedule R.

CAUTION! • To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2016 and meet the other requirements listed earlier under Qualifying Child. Also see Taxpayer identification number needed by due date of return, earlier.
• If you do not have a qualifying child, you cannot claim the child tax credit.

Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1. 1,000
2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. 2. 131,163
3. **1040 Filers.** Enter the total of any -
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.3. _____
- 1040A and 1040NR Filers.** Enter -0-.
4. Add lines 2 and 3. Enter the total. 4. 131,163
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005. 110,000
6. Is the amount on line 4 more than the amount on line 5?
 - No. Leave line 6 blank. Enter -0- on line 7.
 - Yes. Subtract line 5 from line 4. 6. 22,000

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7. 1,100
8. Is the amount on line 1 more than the amount on line 7?
 - No. STOP**

You cannot take the child tax credit on Form 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. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.

- Yes. Subtract line 7 from line 1. Enter the result. *Go to Part 2 below.* 8. _____

Part 2

9. Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. 9. 0
10. Add the following amounts from:

Form 1040	or	Form 1040A	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 22					+	_____	
Enter the total.						10.	_____
11. 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 the amount from line 10.
- Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here. 11. _____
12. Subtract line 11 from line 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 amount from line 8.
 - Yes. Enter the amount from line 12. See the TIP below. 13. 0

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.
• First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
• Then, use Parts II - IV of Schedule 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.

Credit Limit Worksheet

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

1. Amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR line 45	1.	<u>17,243</u>
2. Foreign tax credit amount from Form 1040, line 48 or Form 1040NR line 46	2.	<u> </u>
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	<u>17,243</u>
4. Amount from Form 2441, line 11	4.	<u>600</u>
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	<u>16,643</u>
6. Amount from Schedule R, line 22	6.	<u> </u>
7. Enter amount from Form 8863, line 18	7.	<u> </u>
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	<u>16,643</u>
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	<u> </u>
10. Enter amount from Form 8863, line 9	10.	<u> </u>
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	<u>16,643</u>
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	<u> </u>
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	<u> </u>
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	<u>16,643</u>
15. Amount from Form 8880, line 12	15.	<u> </u>
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 29	16.	<u>16,643</u>
17. Amount from Form 5695, line 30	17.	<u>476</u>
18. Reserved	18.	<u> </u>
19. Reserved	19.	<u> </u>
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8910, line 14	20.	<u>16,167</u>
21. Amount from Form 8910, line 15	21.	<u> </u>
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 22	22.	<u>16,167</u>
23. Amount from Form 8936, line 23	23.	<u> </u>
24. Amount from Line 12 of the line 11 Worksheet from Pub 972 (WK_8812.PG2)	24.	<u> </u>
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	<u>16,167</u>
26. Amount from Form 8396, line 9	26.	<u> </u>
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	<u>16,167</u>
28. Amount from Form 8839, line 14	28.	<u> </u>
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, line 16	29.	<u> </u>
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	<u>16,167</u>
31. Amount from Form 8859, line 3	31.	<u> </u>
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	<u>16,167</u>

* Item was disposed of during current year.

Depreciation Detail Listing

2016

MEM02 LLC

PAGE 1

For your records only

Name(s) as shown on return

Social security number/EIN

BHAVESH B & MITALBAHEN PATEL

-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
1	BUILDING	01012013	285,000		100.00		285,000	39	SL MM	2.564	7,308	16,356			7,308
2	POS SYSTEM NEW PUMPS	09162014	89,434		100.00		89,434	10	200 DB HY	14.4	12,878	20,700			12,878
Totals			374,434				374,434				20,186	37,056			20,186

Land Amount
Net Depreciable Cost 374,434

ST ADJ:

Next Year's Depreciation Worksheet							2016
(Keep for your records)							
Name(s) as shown on return							Tax ID Number
BHAVESH B & MITALBAHEN PATEL							██████████ -1368
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	BUILDING	01012013	285,000	SL	39	7,308
C	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)

2016

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Itemized Deductions

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	<u>2,897</u>
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	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____ Reg. Tax _____

Credits

Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit	AMT _____ Reg. Tax _____
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 <u>3,280</u>	Estimated Tax Payment 2 <u>3,280</u>
Estimated Tax Payment 3 <u>3,280</u>	Estimated Tax Payment 4 <u>3,280</u>
Federal tax liability for 2210 calculation	<u>19,455</u>
State tax liability for state 2210 calculation	<u>4,518</u>
IRA basis	Taxpayer _____ Spouse _____

Passive Activity

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At Risk Limitations

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Type: Dispensary

TAX RETURN COMPARISON 2014 / 2015 /2016			2016	
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL			Identifying number [REDACTED]-1368	
	2014	2015	2016	Difference 2015-2016
Filing Status	2	2	2	
Number of Exemptions	3	3	3	
Income				
Wages, salaries, tips, etc.	70,945	72,400	70,900	(1,500)
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)			(872)	(872)
Gains (losses)				
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)				
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				
Half of self-employment tax		121	263	142
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	99,494	95,490	131,163	35,673
Deductions				
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		(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				
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		242	526	284
Other taxes	792	1,498	2,762	1,264
Total Tax	10,311	10,449	19,455	9,006
Payments				
Withholdings	5,408	3,452	3,592	140
Estimated tax payments			16,500	16,500
Earned income credit				
Other payments and credits				
Overpayment			637	637
Overpayment Applied				
Refund			528	528
Balance Due	4,903	6,997		(6,997)
Resident State	AL	AL	AL	
Taxable income	74,242		91,951	91,951
Tax	3,633		4,518	4,518
Refund				
Balance Due	1,638		2,897	2,897
Marginal tax rate			25.00	25.00
Effective tax rate	200.59	13.70	16.77	3.07

Account Transaction Summary		2016
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your ID Number XXX-XX-1368	
Account #1		
Financial Institution Name		
Routing Transit Number	[REDACTED]0025	
Account Number	[REDACTED]0776	
Account Type	Checking	
AL Debit	(2,897)	Date of Transaction 12-18-2017
Net Debit	(2,897)	
<p>PLEASE VERIFY BANK INFORMATION</p> <ol style="list-style-type: none"> 1. Bank Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Account Type <p>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.</p> <p>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.</p>		
_____ Your Signature	_____ Date	_____ Spouse's Signature (If Married Filing Jointly) _____ Date

DD_PMT.LD

ALINST**Filing Instructions****2016**

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

SSN or EIN

[REDACTED]-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.

FORM 40 Alabama 2016

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2016, or other tax year:

Beginning: Ending:

Your social security number
-1368

Spouse's SSN if joint return
-5976

Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name Initial Last name
● BHAVESH B PATEL

Spouse's first name Initial Last name
● MITALBAHEN PATEL

Present home address (number and street or P.O. Box number)

▶ CHECK BOX IF AMENDED RETURN

City, town or post office
● Montgomery

State ZIP code
AL 36117

Check if address outside U.S. Foreign Country

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).

	A - Alabama tax withheld	B - Income
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	5a ● 1,621 00	5b ● 70,900 00
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, columns I plus J):		6 ● 00
6 Interest and dividend income (also attach Schedule B if over \$1,500)		7 ● 60,526 00
7 Other income (from page 2, Part I, line 9)		8 ● 131,426 00
8 Total income. Add amounts in the income column for line 5 through line 7		9 ● 00
9 Total adjustments to income (from page 2, Part II, line 12)		10 ● 131,426 00
10 Adjusted gross income. Subtract line 9 from line 8		
Deductions		
11 Box a or b MUST be checked. 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)		
● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	11 ● 20,008 00	
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12 ● 16,167 00	
13 Personal exemption (from line 1, 2, 3, or 4)	13 ● 3,000 00	
14 Dependent exemption (from page 2, Part III, line 2)	14 ● 300 00	
15 Total deductions. Add lines 11, 12, 13, and 14		15 ● 39,475 00
16 Taxable income. Subtract line 15 from line 10		16 ● 91,951 00
17 Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A		17 ● 4,518 00
18 Net tax due Alabama. Check box if computing tax using Schedule NTC <input type="checkbox"/> , otherwise enter amount from line 17		18 ● 4,518 00
19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>		19 ● 0 00
Tax		
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: here. a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none		20a ● 00 20b ● 00
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		21 ● 4,518 00
22 Alabama income tax withheld (from column A, line 5)	22 ● 1,621 00	
23 2016 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	25 ● 00	
26 Refundable portion of Adoption Credit	26 ● 00	
27 Total payments. Add lines 22, 23, 24, 25, and 26		27 ● 1,621 00
28 Amended Returns Only - Previous refund (see instructions)		28 ● 00
29 Adjusted Total Payments. Subtract line 28 from line 27		29 ● 1,621 00
AMOUNT YOU OWE		
30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)		30 ● 2,897 00
31 Estimated tax penalty. Also include on line 30 (see instructions page 12)	31 ● 00	
OVERPAID		
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID		32 ● 00
33 Amount of line 32 to be applied to your 2017 estimated tax	33 ● 00	
34 Total Donation Check-offs from Schedule DC, line 2	34 ● 00	
Donations REFUND		
35 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.

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BHAVESH B & MITALBAHEN PATEL [REDACTED] -1368

PART I

1	Alimony received	1	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	(872) 00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
4a	Total IRA distributions	4a	00
4b	Taxable amount (see instructions)	4b	00
5a	Total pensions and annuities	5a	00
5b	Taxable amount (see instructions)	5b	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	61,398 00
7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature and source - see instructions)	8	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	60,526 00

PART II

1a	Your IRA deduction	1a	00
1b	Spouse's IRA deduction	1b	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
3	Penalty on early withdrawal of savings	3	00
4	Alimony paid. Recipient's last name _____ SSN • _____	4	00
5	Adoption expenses	5	00
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	00
7	Self-employed health insurance deduction	7	00
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	00
9	Health insurance deduction for small employer employee (see instructions)	9	00
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	00
11	Deposits to a catastrophe savings account	11	00
12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	00

PART III

1a 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?
[REDACTED]	[REDACTED]	[REDACTED]-1165	DAUGHTER	YES
b Total number of dependents claimed above				1b 1
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, line 14				2 300 00

PART IV

1 Residency Check only one box Full Year Part Year From _____ through _____

2 Did you file an Alabama income tax return for the year 2015? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours OM SAI 1 LLC Montgomery 36109
Your Spouse's OM SAI 1 LLC Montgomery 36109

4 Enter the Federal Adjusted Gross Income • \$ 131,163 and Federal Taxable Income • \$ 102,801 as reported on your 2016 Federal Individual Income Tax Return.

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 No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source	Amount	00
Source	Amount	00

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.)

Direct Deposit

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy)	Your state	DL#	Iss date (mm/dd/yyyy)	Exp date (mm/dd/yyyy)
DOB (mm/dd/yyyy)	Spouse state	DL#	Iss date (mm/dd/yyyy)	Exp date (mm/dd/yyyy)

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.

Sign Here In Black Ink

Your Signature _____ Date _____ Daytime Telephone Number _____ Your Occupation _____

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Preparer's Signature _____ Date 01-09-2018 Check if Self-employed. Preparer's SSN or PTIN P00845932 E.I. Number 27-0624922

Firm's Name (or yours if self-employed) ALPESH PATEL CPA Daytime Telephone No. 973-638-1418 ZIP Code 07512

Address 205 US 46 WEST STE 7 Totowa NJ

**SCHEDULES
A, B, & DC
(FORM 40)**



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

Name(s) as shown on Form 40 BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
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The itemized deductions you may claim for the year 2016 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses (See page 19)	1 Medical and dental expenses	1	1,702	00	
	2 Enter amount from Form 40, line 10	2	131,426	00	
	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
Taxes You Paid (See page 19)	5 Real estate taxes	5	1,284	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	5,423	00	
	7 Railroad Retirement (Tier 1 only)	7		00	
	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
Interest You Paid (See page 19) <i>NOTE: Personal interest is not deductible.</i>	10 a Home mortgage interest and points reported to you on Federal Form 1098	10a	5,118	00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶			00	
	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	
	14 Add the amounts on lines 10a through 13. Enter the total here	14		5,118	00
Gifts to Charity (See page 19)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.				
	15 Contributions by cash or check	15	2,834	00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	103	00	
	17 Carryover from prior year	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here	18		2,937	00	
Casualty and Theft Loss (Attach Form 4684)	19 a Enter the amount from Federal Form 4684, line 16 (See page 20)	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		0	00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶ FORM 2106	20	7,432	00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ 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	2,629	00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24		5,142	00
Other Miscellaneous Deductions	25 Other (from list on page 21 of instructions). List type and amount. ▶ _____ _____	25		00	
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here	26		00	
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11	27		20,008	00

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 return BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] - 1368
--	--

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corps, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 INC Montgomery, AL 36108	X				[REDACTED] 0498	4,598 00
MBM 01 INC Montgomery, AL 36117				X	[REDACTED] 5622	13,965 00
MBM 01 INC Montgomery, AL 36117				X	[REDACTED] 5622	13,964 00
RC WOODLEY Montgomery, AL 36116				X	[REDACTED] 9142	7,776 00
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 ▶						24 40,303 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 ▶						25 40,303 00

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 return BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] - 1368
--	--

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____			
B _____			
C _____			

Income:	Properties			Totals		
	A	B	C	(Add Columns A, B, and 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	8	00	00	00		
9 Insurance	9	00	00	00		
10 Legal and other professional fees	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		
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) ▶ _____	18	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	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				23	00

PART II Income from Partnerships, S Corps, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	S Corporation	Estate or Trust	(i) Employer Identification Number	(j) Amount
OM SAI 1 LLC Montgomery, AL 36109			X		[REDACTED] 3184	21,095 00
_____						00
_____						00
_____						00

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 ▶	24	21,095 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 ▶	25	21,095 00
--	----	-----------

Form
40V

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Individual Income Tax Payment Voucher

2016

Name(s) as shown on return: BHAVESH B & MITALBAHEN PATEL
EIN/SSN: [REDACTED]-1368

Date to file by: 04-18-2017
Payment: \$2,897.00
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. 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 Alabama Income Tax P.O. Box 2401 Montgomery, AL 36140-0001	Form 40NR Alabama Income Tax P.O. Box 327469 Montgomery, AL 36132-7469	Form 40A Alabama Income Tax P.O. Box 327477 Montgomery, AL 36132-7477	Form E40 / Automatic Extension Alabama Department of Revenue P.O. Box 327467 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

40V 2016	Alabama Department of Revenue Individual Income Tax Payment Voucher	
PRIMARY TAXPAYER'S FIRST NAME: BHAVESH	SPOUSE'S FIRST NAME: MITALBAHEN	LAST NAME: PATEL
MAILING ADDRESS: [REDACTED]		
CITY: Montgomery	STATE: AL	ZIP: 36117
DAYTIME TELEPHONE NUMBER: _____		
Tax Type: IIT		
Tax Period: 12-31-2016		
Primary Taxpayer SSN:	• [REDACTED]-1368	
Spouse SSN:	• [REDACTED]-5976	
Tax Form:	• <input checked="" type="checkbox"/> Return • <input type="checkbox"/> Amended	
CHECK ONLY ONE BOX	• <input type="checkbox"/> Automatic Extension Payment	
Amount Due:	\$ • 2,897	

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



1024

FORM
AL8453

ALABAMA DEPARTMENT OF REVENUE
Individual Income Tax Declaration for Electronic Filing

2016

For the year January 1 - December 31, 2016

Your first name and initial: BHAVESH B PATEL Last name: _____
 If a joint return, spouse's first name and initial: MITALBAHEN PATEL Last name: _____
 Home address (number and street). If a P.O. Box, see instructions: _____ Apt. no. _____
 City, town or post office, state, and ZIP code: Montgomery, AL 36117

Your social security number	<u> </u> - 1368
Spouse's soc. sec. no. if joint return	<u> </u> - 5976
Telephone number (optional)	_____

Part I				
Tax Return Information (Whole dollars only.)	1	Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	91,951 00
	2	Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	4,518 00
	3	Total payments (Form 40, line 27 or Form 40NR, line 27)	3	1,621 00
	4	Refund (Form 40, line 35 or Form 40NR, line 34)	4	00
	5	Amount you owe (Form 40, line 30 or Form 40NR, line 30)	5	2,897 00

Part II Refund and Payment Information

1 Routing number: 0025
 2 Account number: 0776
 3 Type of account: Checking Savings
 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 Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2016 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return. By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶ _____ | 01-09-2018 | _____ | 01-09-2018
 Your signature Date Spouse's signature. If a joint return, BOTH must sign. Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2016), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2016). **If I am also the paid 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.**

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
<u> </u>	01-09-2018	<input checked="" type="checkbox"/>	P00845932
Firm's name (or yours if self-employed) and address	E.I. No.		27-0624922
<u>ALPESH PATEL CPA</u> <u>205 US 46 WEST STE 7; Totowa, NJ</u>	ZIP Code		07512

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
<u> </u>	_____	<input type="checkbox"/>	_____
Firm's name (or yours if self-employed) and address	E.I. No.		_____
_____	ZIP Code		_____

Form AL8453 2016

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

1024

ALCCLMWK.LD	Worksheet 2 - Applying the Deduction Limits If the result on any line is less than zero, enter zero. (Keep for your records)	2016
--------------------	---	-------------

Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
---	---

Step 1. Enter any qualified conservation contributions (QCCs).

1. If you are a qualified farmer or rancher, enter any QCCs eligible for the 100% limit	1	0
2. Enter any QCCs not entered on line 1. Do not include this amount on line 3, 4, 5, 6, or 8	2	0

Step 2. List your other charitable contributions made during the year.

3. Enter your contributions to 50% limit organizations. (Include contributions of capital gain property if you reduced the property's fair market value. Do not include contributions of capital gain property deducted at fair market value.) Do not include any contributions you entered on line 1 or 2	3	2,937
4. Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	4	0
5. Enter your contributions (other than of capital gain property) to qualified organizations that are not 50% limit organizations	5	0
6. Enter your contributions "for the use of" any qualified organization. (But do not enter here any amount that must be entered on line 8.)	6	0
7. Add lines 5 and 6	7	0
8. Enter your contributions of capital gain property to or for the use of any qualified organization. (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.

9. Enter your adjusted gross income	9	131,426
10. Multiply line 9 by 0.5. This is your 50% limit	10	65,713

			Carryover
Contributions to 50% limit organizations			
11. Enter the smaller of line 3 or line 10	11	2,937	
12. Subtract line 11 from line 3	12		0
13. Subtract line 11 from line 10	13	62,776	
Contributions not to 50% limit organizations			
14. Add lines 3 and 4	14	2,937	
15. Multiply line 9 by 0.3. This is your 30% limit	15	39,428	
16. Subtract line 14 from line 10	16	62,776	
17. Enter the smallest of line 7, 15, or 16	17	0	
18. Subtract line 17 from line 7	18		0
19. Subtract line 17 from line 15	19	39,428	
Contributions of capital 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		0
22. Subtract line 17 from line 16	22	62,776	
23. Subtract line 20 from line 15	23	39,428	
Other contributions			
24. Multiply line 9 by 0.2. This is your 20% limit	24	26,285	
25. Enter the smallest of line 8, 19, 22, 23, or 24	25	0	
26. Subtract line 25 from line 8	26		0
27. Add lines 11, 17, 20, and 25	27	2,937	
28. Subtract line 27 from line 10	28	62,776	
29. Enter the smaller of line 2 or line 28	29	0	
30. Subtract line 29 from line 2	30		0
31. Subtract line 27 from line 9	31	128,489	
32. Enter the smaller of line 1 or line 31	32	0	
33. Add lines 27, 29, and 32. Enter the total here and on Schedule A (Form AL40/NR), line 16 or line 17, whichever is appropriate	33	2,937	
34. Subtract line 32 from line 1	34		0
35. Add lines 12, 18, 21, 26, 30, and 34. Carry this amount forward to Schedule A (AL40/40NR) next year	35		0

ALINCWK	Federal Income Tax Deduction Worksheet		2016	
Name(s) as shown on return			Your social security number	
BHAVESH B & MITALBAHEN PATEL			[REDACTED]-1368	
1	Enter the tax as shown on line 56, Form 1040, line 37 on Form 1040A, line 10 on Form 1040EZ or line 53 on Form 1040NR	1	16,167	
2	Net Investment Income Tax. Enter amount from line 17, Form 8960	2		
3	Federal Tax. Add lines 1 and 2	3	16,167	
4 a	Earned income credit (EIC). Enter the amount from line 66a, Form 1040, line 42a on Form 1040A or line 8a on Form 1040EZ	4a		
b	Additional child tax credit. Enter the amount from line 67, Form 1040, line 43 on Form 1040A, or line 64 on Form 1040NR	4b		
c	American Opportunity Credit. Enter the amount from line 68, Form 1040 or line 44 on Form 1040A	4c		
d	Credits from Forms 2439. Enter the amount from line 73, Form 1040 or line 69 on Form 1040NR	4d		
5	Add lines 4a, b, c and d	5		
6	Subtract line 5 from line 3 and enter on line 12 on Form 40, line 9 Form 40A or line 4, Part IV, page 2 on Form 40NR. If amount is negative enter zero	6	16,167	

Schedule
W-2



2016
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(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*

NAME(S) AS SHOWN ON TAX RETURN: BHAVESH B & MITALBAHEN PATEL PRIMARY SOCIAL SECURITY NO. [REDACTED]-1368 SPOUSE SOCIAL SECURITY NO. [REDACTED]-5976

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages Other States
[REDACTED] 1368	[REDACTED] 3184	<input type="checkbox"/>	<input type="checkbox"/>	AL	R006254613	694	24,000	24,000	
[REDACTED] 5976	[REDACTED] 3184	<input type="checkbox"/>	<input type="checkbox"/>	AL	R006254613	694	24,000	24,000	
[REDACTED] 1368	[REDACTED] 3074	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009081222	10	3,000	3,000	
[REDACTED] 1368	[REDACTED] 9142	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009035728	98	5,500	5,500	
[REDACTED] 5976	[REDACTED] 0498	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009129318	118	13,200	13,200	
[REDACTED] 1368	[REDACTED] 0498	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009129318	7	1,200	1,200	
7		<input type="checkbox"/>	<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>						
9		<input type="checkbox"/>	<input type="checkbox"/>						
10		<input type="checkbox"/>	<input type="checkbox"/>						
11		<input type="checkbox"/>	<input type="checkbox"/>						
12		<input type="checkbox"/>	<input type="checkbox"/>						
13		<input type="checkbox"/>	<input type="checkbox"/>						
14		<input type="checkbox"/>	<input type="checkbox"/>						
15		<input type="checkbox"/>	<input type="checkbox"/>						
16	TOTAL ALABAMA TAX WITHHELD FROM W-2S. Total lines 1-15, Column G and enter the amount here					1,621			
17	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 these statements								
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2S, 1099S, AND W-2GS. See instructions					1,621	70,900	70,900	

<p>ALA21</p>	<p>Form 40, Schedule A, Line 21 Attachment Other Expenses</p>	<p>2016</p>								
<p>Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL</p>		<p>Your social security number [REDACTED]-1368</p>								
<table> <thead> <tr> <th data-bbox="277 422 412 447">DESCRIPTION</th> <th data-bbox="1019 422 1101 447">AMOUNT</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 474 581 499">SAFE DEPOSIT RENTAL</td> <td data-bbox="1036 474 1068 499">89</td> </tr> <tr> <td data-bbox="277 499 483 525">TAX PREP FEES</td> <td data-bbox="1024 499 1068 525">250</td> </tr> <tr> <td data-bbox="277 552 594 577">TOTAL OTHER EXPENSES</td> <td data-bbox="1024 552 1068 577">===== 339</td> </tr> </tbody> </table>			DESCRIPTION	AMOUNT	SAFE DEPOSIT RENTAL	89	TAX PREP FEES	250	TOTAL OTHER EXPENSES	===== 339
DESCRIPTION	AMOUNT									
SAFE DEPOSIT RENTAL	89									
TAX PREP FEES	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.

Thank 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:

Taxpayer

Spouse

Date

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

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

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**Thank you for participating in IRS *e-file*.

Taxpayer name

BHAVESH B & MITALBAHEN PATEL

Taxpayer address (optional)

Montgomery, AL 36117

1. Your federal income tax return for 2017 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ALPESH PATEL CPA.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child'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.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**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 www.irs.gov 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

Form **1040** Department of the Treasury - Internal Revenue Service (99) **2017** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

See separate instructions.

Your first name and initial: **BHAVESH B** Last name: **PATEL** Your social security number: **XXX-XX-XXXX**

If a joint return, spouse's first name and initial: **MITALBAHEN** Last name: **PATEL** Spouse's social security number: **XXX-XX-XXXX**

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

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

Montgomery **AL** **36117**

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

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) (see instructions)

Exemptions

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

6b Spouse

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
		xxx-xx-xxxx	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: **2**

No. of children on 6c who: lived with you **1**

did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: **0**

Add numbers on lines above: **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	73,775
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	12,511
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	70,736
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	157,022

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,402
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,402
37	Subtract line 36 from line 22. This is your adjusted gross income	37	155,620

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2017)

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	155,620
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. checked ▶ 39a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . ▶ 39b <input type="checkbox"/>		
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . .	40	15,335
	41	Subtract line 40 from line 38	41	140,285
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions . . .	42	12,150
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	128,135
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	23,511
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	23,511
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	0
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	23,511
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	2,803
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	3,371
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax ▶	63	29,685
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	3,512
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election . . . 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	3,512
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here . . ▶ <input type="checkbox"/>	76a	
Direct deposit? See instructions.	▶ b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2018 estimated tax . . . ▶ 77	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	26,597
	79	Estimated tax penalty (see instructions)	79	424
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number	
13589	05-16-2018		973-444-4017	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)	
46631	05-16-2018			
Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
Alpesh Patel	05-16-2018		XXXXXXXXXX	
Print/Type preparer's name	ALPESH PATEL CPA			Firm's EIN ▶
Firm's name ▶	205 US 46 WEST STE 7			
Firm's address ▶	Totowa, NJ 07512			Phone no. 973-638-1418

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

► Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	2,083	
2	Enter amount from Form 1040, line 38	2	155,620	
3	Multiply line 2 by 7.5% (0.075)	3	11,672	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0
Taxes You Paid	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	4,356	
	b <input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6	1,284	
7	Personal property taxes	7	483	
8	Other taxes. List type and amount	8		
9	Add lines 5 through 8	9		6,123
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	4,957	
Note: Your mortgage interest deduction may be limited (see instructions).	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11		
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. See instructions.	14		
	15 Add lines 10 through 14	15		4,957
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	4,132	
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	123	
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19		4,255
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instr.			
	► FORM 2106-EZ 1,419	21	1,419	
	22 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	
	26 Multiply line 25 by 2% (0.02)	26	3,112	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			15,335
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

For Paperwork Reduction Act Notice, see the instructions for Form 1040.

Schedule A (Form 1040) 2017

EEA

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2017

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor
BHAVESH B PATEL

Social security number (SSN)
XXX-XX-XXXX

A Principal business or profession, including product or service (see instructions)
Gas Pumps

B Enter code from instructions

C Business name. If no separate business name, leave blank.
MBM02 LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ **2631 East South Blvd**
City, town or post office, state, and ZIP code **Montgomery, AL 36116**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income	
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>
1	1,032,745
2	Returns and allowances
2	0
3	Subtract line 2 from line 1
3	1,032,745
4	Cost of goods sold (from line 42)
4	989,423
5	Gross profit. Subtract line 4 from line 3
5	43,322
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
6	
7	Gross income. Add lines 5 and 6
7	43,322

Part II Expenses. Enter expenses for business use of your home only on line 30.							
8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	17,611	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	1,959	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a	9,942	a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	600	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	699
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	30,811
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	12,511
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	30		30		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 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31		31	12,511
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 on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

EEA

Name(s) BHAVESH B PATEL SSN XXX-XX-XXXX

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	36 989,423
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	40 989,423
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	42 989,423

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 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 for:
 a 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? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

DOCUMENT FEES	699
48 Total other expenses. Enter here and on line 27a	48 699

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

BHAVESH B & MITALBAHEN PATEL

Your social security number
XXX-XX-XXXX

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			70,736
b	Totals			
30	Add columns (g) and (j) of line 29a		30	70,736
31	Add columns (f), (h), and (i) of line 29b		31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	70,736

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	70,736
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **17**

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

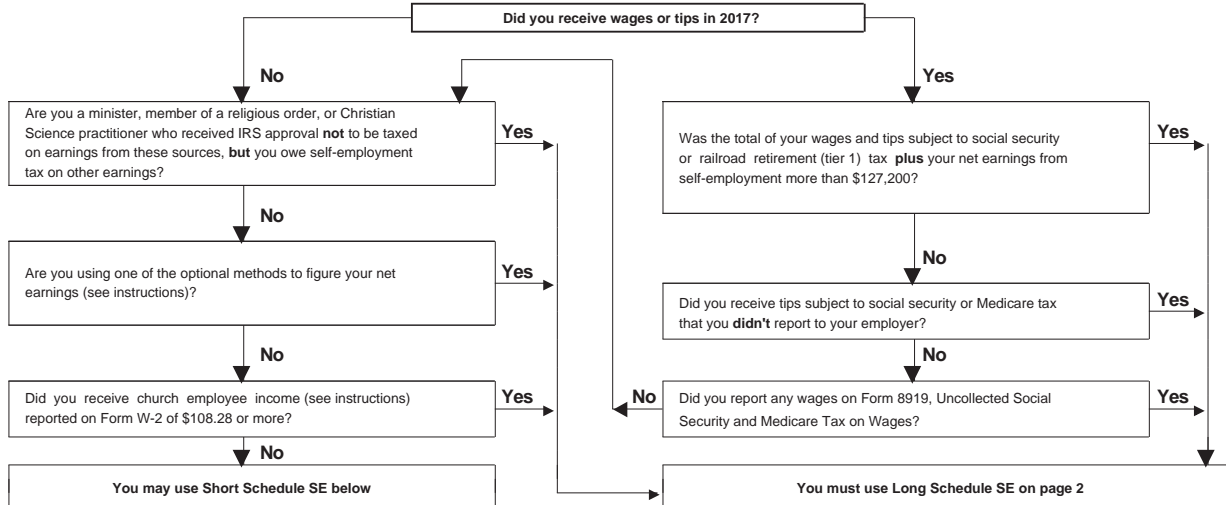
Social security number of person
with **self-employment** income ▶

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.

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
5 Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	2,803
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,402

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

Schedule SE (Form 1040) 2017

EEA

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

OMB No. 1545-0074

2017
Attachment
Sequence No. **129A**

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

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.

Part 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 didn't 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. Don't include meals and entertainment . . .	4	
5 Meals and entertainment expenses: \$ <u>632</u> 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

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense 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 for:
- a 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
- b If "Yes," is the evidence written? Yes No

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

Form **2106-EZ** (2017)

EEA

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return: **BHAVESH B & MITALBAHEN PATEL**
Business or activity to which this form relates: **MBM02 LLC**
Identifying number: **XXX-XX-XXXX**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,308

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	10,303
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	17,611
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

EEA

Form PMT

ACH Payment

2017

(Keep for your records)

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

Earned Income Credit Due Diligence

(Keep for your records)

2017

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Tax ID Number

XXX-XX-XXXX

Age - Qualifying Child (complete only if qualifying child is over age 18)

For children over age 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

	Child 1	Child 2	Child 3
1. Children who are students	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student
a. What school does the child attend?	Child 1 <u>elementary</u>		
	Child 2 _____		
	Child 3 _____		
b. Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. The months don't have to be consecutive	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Children with a permanent and total disability	<input checked="" type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled
a. What type of disability does the child have?	Child 1 _____		
	Child 2 _____		
	Child 3 _____		
b. Does the child receive SSI or other disability payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship - Qualifying Child (complete only if relationship is other than son or daughter)

For relationships with children other than son or daughter, the following additional information and documentation should be available:

1. If the biological parent is NOT living with the child, where is the parent?

	Child 1	Child 2	Child 3
Mother _____			
Father _____			

2. Adopted children:

 a. Is the adoption final or pending? Yes No

 b. If the adoption is pending, do you have a letter from an authorized adoption agency? Yes No

3. Foster children:

 a. Do you have a letter from the authorized placement agency or applicable court document? Yes No

4. Brother, sister, niece, nephew, grandchild, great-grandchild:

 a. Can you provide a birth certificate that verifies your relationship to the child? Yes No

5. Stepchildren or descendent of them, step-grandchildren, step-great-grandchildren:

 a. Can you provide a birth certificate & marriage certificate verifying the relationship to the child? Yes No

Residency - Qualifying Child

Can you provide any of the following documentation to prove that your child lived with you for more than half of the year? More than one type of documentation may be required by the IRS.

Child 1	Child 2	Child 3
<input checked="" type="checkbox"/> School records	<input type="checkbox"/> School records	<input type="checkbox"/> School records
<input checked="" type="checkbox"/> Medical records	<input type="checkbox"/> Medical records	<input type="checkbox"/> Medical records
<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*
<input type="checkbox"/> Social service records	<input type="checkbox"/> Social service records	<input type="checkbox"/> Social service records
<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records
Daycare provider _____	Daycare provider _____	Daycare provider _____

*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

Adjusted Gross Income - Qualifying Child

For tax years beginning after December 31, 2016 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?

	Child 1	Child 2	Child 3
For tax years beginning after December 31, 2016 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your signature _____	Date _____	Spouse's signature. If joint return, BOTH must sign. _____	Date _____
Paid preparer's signature _____	Date <u>05-16-2018</u>		

EIC_QC.LD

Earned Income Credit Due Diligence - Notes

(Keep for your records)

2017

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Tax ID Number

XXX-XX-XXXX

Use the notes fields below to document any additional inquiries made by the tax return preparer to help determine if the information furnished by the taxpayer is complete and correct.

Date of interview
05-13-2018

Name of taxpayer interviewed
BHAVESH PATEL

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

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**

2017

▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name BHAVESH B PATEL	Social security number XXX-XX-XXXX
Spouse's name MITALBAHEN PATEL	Spouse's social security number XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	155,620
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	29,685
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	3,512
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	26,597

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, 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

- I authorize ALPESH PATEL CPA to enter or generate my PIN 13589 as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize ALPESH PATEL CPA to enter or generate my PIN 46631 as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-24922
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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.

ERO's signature ▶ Alpesh Patel Date ▶ 05-16-2018

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** (2017)

EEA

Preparer Note		2017 PG01
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your Social Security Number XXX-XX-XXXX	
<p>THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO BONUS DEPRECIATION FOR THE 2017 TAX YEAR.</p> <p>I ELECT OUT OF ALL BONUS DEPRECIATION FOR ALL CLASSES OF PROPERTY.</p>		

EF_NOTE.LD

Federal Supporting Statements											
											2017
Name(s) as shown on return											PG01
BHAVESH B & MITALBAHEN PATEL											Your Social Security Number
											XXX-XX-XXXX
Schedule E - Line 28 - Partnerships and S Corporations											
Statement #1											
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	E- Not At Risk	F- P Loss	G- P Income	H- Loss	I- Sec 179	J- Income			
MUSKAN 2631 LLC	P		0498	0	0	0	0	0	7,330		
MBM 01 INC	S		5622	0	0	0	0	0	13,830		
MBM 01 INC	S		5622	0	0	0	0	0	13,830		
RC WOODLEY	S		9142	0	0	0	0	0	11,756		
OM SAI 1 LLC	S		3184	0	0	0	0	0	21,075		
SAMER LLC	S		1584	0	0	0	0	0	2,915		
Total				0	0	0	0	0	70,736		

STM-ID

Summary of Estimates					2018
Name(s) as shown on return					Your SSN/EIN
BHAVESH B & MITALBAHEN PATEL					XXX-XX-XXXX
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	6,360	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 BHAVESH B & MITALBAHEN PATEL		Tax ID Number XXX-XX-XXXX
1.	Wages	1. _____
2.	Interest and Dividend income	2. _____
3.	Capital gain income	3. _____
4.	Taxable IRA/Pension income	4. _____
5.	Taxable Social Security income	5. _____
6.	Business income	6. _____
7.	Other income	7. _____
8.	Total income (add lines 1 thru 7)	8. _____
9.	Adjustments to income	9. _____
10.	Adjusted gross income (subtract line 9 from line 8)	10. _____
11a.	Itemized deductions	11a. _____
11b.	Standard deduction	11b. _____
12.	Taxable income (subtract 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 income (subtract line 13 from line 12)	14. _____
15.	Projected Tax	15. _____
16.	Alternative Minimum Tax	16. _____
17.	Total tax	17. _____
18a.	Child Tax Credit	18a. _____
18b.	Other projected Credits	18b. _____
18c.	Total projected credits	18c. _____
19.	Subtract line 18d from line 17	19. _____
20.	Projected SE Tax - Taxpayer	20. _____
21.	Projected SE Tax - Spouse	21. _____
22.	Other taxes	22. _____
23a.	Add lines 19 through 22	23a. _____
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	23b. _____
c.	Total 2018 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c. _____
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) 110%	24b. <u>28,945</u>
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c. <u>28,945</u>
25.	Projected Withholding	25. <u>3,512</u>
26.	Projected Net Tax (subtract line 25 from line 24c)	26. <u>25,433</u>

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.

Federal Income Tax Withheld		2017 PG01
Name(s) as shown on return		Your Social Security Number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
Description		Amount
W2 - OM SAI 1 LLC		1,272
W2 - OM SAI 1 LLC		1,272
W2 - RC WOODLEY		372
W2 - MUSKAN 2631 INC		168
W2 - SAMER LLC		428
Total Withholdings		3,512

WITHHELD.LD

W-2 Detail Listing

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	OM SAI 1 LLC	22,000	1,272	AL	22,000	537
S	OM SAI 1 LLC	22,000	1,272	AL	22,000	537
T	RC WOODLEY	6,000	372	AL	6,000	116
S	MUSKAN 2631 INC	14,400	168	AL	14,400	129
T	SAMER LLC	9,375	428	AL	9,375	140
<u>Taxpayer Totals</u>		<u>37,375</u>	<u>2,072</u>		<u>37,375</u>	<u>793</u>
<u>Spouse Totals</u>		<u>36,400</u>	<u>1,440</u>		<u>36,400</u>	<u>666</u>
<u>Totals</u>		<u>73,775</u>	<u>3,512</u>		<u>73,775</u>	<u>1,459</u>

	Computation of Regular Tax	2017																																																						
Name(s) as shown on return	(Keep for your records)	Tax ID Number																																																						
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX																																																						
<p>Statement for line 44 of Form 1040</p> <p>Tax Rate Schedule for Married Filing Joint Filing Status</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If taxable income is</th> <th style="text-align: left;">but not</th> <th style="text-align: left;">pay</th> <th style="text-align: left;">plus</th> <th style="text-align: left;">% on</th> <th style="text-align: left;">of the</th> </tr> <tr> <th style="text-align: left;">over</th> <th style="text-align: left;">over</th> <th style="text-align: left;">plus</th> <th style="text-align: left;">plus</th> <th style="text-align: left;">excess</th> <th style="text-align: left;">amount</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>18,650</td> <td>0.00</td> <td></td> <td>10%</td> <td>0</td> </tr> <tr> <td>18,650</td> <td>75,900</td> <td>1,865.00</td> <td></td> <td>15%</td> <td>18,650</td> </tr> <tr> <td>75,900</td> <td>153,100</td> <td>10,452.50</td> <td></td> <td>25%</td> <td>75,900</td> </tr> <tr> <td>153,100</td> <td>233,350</td> <td>29,752.50</td> <td></td> <td>28%</td> <td>153,100</td> </tr> <tr> <td>233,350</td> <td>416,700</td> <td>52,222.50</td> <td></td> <td>33%</td> <td>233,350</td> </tr> <tr> <td>416,700</td> <td>470,700</td> <td>112,728.00</td> <td></td> <td>35%</td> <td>416,700</td> </tr> <tr> <td>470,700</td> <td>.</td> <td>131,628.00</td> <td></td> <td>39.6%</td> <td>470,700</td> </tr> </tbody> </table> <p style="margin-top: 10px;">\$10,452.50 + ((\$128,135.00 - \$75,900.00) x 25.0%) = \$23,511</p> <p>Tax from Tax Rate Schedule \$ 23,511</p> <p>\$ 23,511 Tax computed using only available method</p>			If taxable income is	but not	pay	plus	% on	of the	over	over	plus	plus	excess	amount	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
If taxable income is	but not	pay	plus	% on	of the																																																			
over	over	plus	plus	excess	amount																																																			
0	18,650	0.00		10%	0																																																			
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416,700	470,700	112,728.00		35%	416,700																																																			
470,700	131,628.00		39.6%	470,700																																																			

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Worksheet B Form 1040 <small>Name(s) as shown on return</small> BHAVESH B PATEL	Earned Income Credit (EIC)-Lines 66a and 66b <small>(Keep for your records)</small>	2017 <small>Tax ID Number</small> XXX-XX-XXXX															
<p>Use this worksheet if you answered "Yes" to Step 5, question 2.</p> <ul style="list-style-type: none"> • Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4. • If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3. 																	
Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE	<p>1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.</p> <p>b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.</p> <p>c. Combine lines 1a and 1b.</p> <p>d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.</p> <p>e. Subtract line 1d from 1c.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1a</td> <td style="width: 20px;"></td> <td style="width: 100px; text-align: center;">19,841</td> </tr> <tr> <td style="text-align: center;">1b</td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td style="text-align: center;">1c</td> <td style="text-align: center;">=</td> <td style="text-align: center;">19,841</td> </tr> <tr> <td style="text-align: center;">1d</td> <td style="text-align: center;">-</td> <td style="text-align: center;">1,402</td> </tr> <tr> <td style="text-align: center;">1e</td> <td style="text-align: center;">=</td> <td style="text-align: center; border: 2px solid black;">18,439</td> </tr> </table>	1a		19,841	1b	+		1c	=	19,841	1d	-	1,402	1e	=	18,439
1a		19,841															
1b	+																
1c	=	19,841															
1d	-	1,402															
1e	=	18,439															
Part 2 Self-Employed NOT Required To File Schedule SE <small>For example, your net earnings from self-employment were less than \$400.</small>	<p>2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.</p> <p>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*.</p> <p>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*.</p> <p>c. Combine lines 2a and 2b.</p> <p style="font-size: small;"><i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">2a</td> <td style="width: 20px;"></td> <td style="width: 100px;"></td> </tr> <tr> <td style="text-align: center;">2b</td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td style="text-align: center;">2c</td> <td style="text-align: center;">=</td> <td style="text-align: center; border: 2px solid black;"></td> </tr> </table>	2a			2b	+		2c	=							
2a																	
2b	+																
2c	=																
Part 3 Statutory Employees Filing Schedule C or C-EZ	<p>3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">3</td> <td style="width: 100px; text-align: center; border: 2px solid black;"></td> </tr> </table>	3														
3																	
Part 4 All Filers Using Worksheet B	<p>4. Combine lines 1e, 2c, and 3. This is your total self-employed income.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">4</td> <td style="width: 100px; text-align: center; border: 2px solid black;">18,439</td> </tr> </table>	4	18,439													
4	18,439																

Need more information or forms? Visit IRS.gov.

WK_EIC2.LD

1040	Overflow Statement	2017
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your Social Security Number XXX-XX-XXXX
Schedule A, Line 5 - STATE AND LOCAL INCOME TAXES		
Description		Amount
Form W-2 - OM SAI 1 LLC		\$ 537
Form W-2 - OM SAI 1 LLC		537
Form W-2 - RC WOODLEY		116
Form W-2 - MUSKAN 2631 INC		129
Form W-2 - SAMER LLC		140
Adjusting entry on Schedule A - line 5		2,897
	Total:	\$ 4,356

OVERFLOW.LD

Forms 1040, 1040A,
1040NR

Child Tax Credit Worksheet
(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Before 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.
CAUTION! • To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2017 and meet the other requirements listed earlier under Qualifying Child. Also see Taxpayer identification number needed by due date of return, earlier.
 • If you do not have a qualifying child, you cannot claim the child tax credit.
 *See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2017.

Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1. 1,000
2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. 2. 155,620
3. **1040 Filers.** Enter the total of any -
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.3. _____
- 1040A and 1040NR Filers.** Enter -0-.
4. Add lines 2 and 3. Enter the total. 4. 155,620
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005. 110,000
6. Is the amount on line 4 more than the amount on line 5?
 - No. Leave line 6 blank. Enter -0- on line 7.
 - Yes. Subtract line 5 from line 4. 6. 46,000

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7. 2,300
8. Is the amount on line 1 more than the amount on line 7?
 - No. STOP**
 - You cannot take the child tax credit on Form 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. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.
 - Yes. Subtract line 7 from line 1. Enter the result. *Go to Part 2 below.* 8. _____

Part 2

9. Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. 9. 0
10. Add the following amounts from:

Form 1040	or	Form 1040A	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 22			_____
Enter the total.						10. _____
11. 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 the amount from line 10.
 - Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here.11. _____
12. Subtract line 11 from line 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 amount from line 8.
 - Yes. Enter the amount from line 12. See the **TIP** below.

This is your child tax credit.

13. 0

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.
 • First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
 • Then, use Parts II - IV of Schedule 8812 to figure any additional child tax credit.

Enter this amount on
Form 1040, line 52;
Form 1040A, line 35;
or Form 1040NR, line 49.

Household Income Worksheets for Form 8965 and Flat Dollar Amount Worksheet

(Keep for your records)

2017

Name(s) as shown on return

BHAVESH B PATEL

Tax ID Number

XXX-XX-XXXX

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. 155,620
- 2. Enter any tax-exempt interest from Form 1040, line 8b; Form 1040A, line 8b; or Form 1040NR, line 9b 2. _____
- 3. Enter any amounts from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 3. _____
- 4. _____ 4. _____
- 5. Modified AGI. Add lines 2 through 4 5. 0
- 6. Amount from Dependents' Combined Modified AGI Worksheet, line 5 6. _____
- 7. Household income. Add lines 1, 5, and 6. Enter here and on the Shared Responsibility Payment Worksheet, line 7 . . . 7. 155,620

- 8. Premiums paid through a salary reduction arrangement 8. _____
- 9. Household income for computing Coverage Exemption "A". Add lines 7 and 8 9. 155,620
- 10. Non-taxable social security received by taxpayers and dependents who were required to file a return 10. _____
- 11. Household income for computing Coverage Exemption "G" for residents of a state that did not expand Medicaid. Add lines 7 and 10 11. 155,620

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 Form 1040NR, line 37 1. _____
- 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 Form 1040NR, line 9b 2. _____
- 3. Enter any amounts for your dependents from Form 2555, lines 45 and 50, and Form 2555-EZ, line 18 3. _____
- 4. Add lines 2 and 3 4. _____
- 5. Add lines 1 and 4. Enter here and on Household Income Worksheet, line 6 5. _____

- The Filing Threshold for this return is 20,800
- The Federal Poverty Line for this household is 20,160
- Household income (Household Income Worksheet, line 11) as a percentage of Federal Poverty Line 772

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.

For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?*	Yes	No
	Enter the amount from line 10	Enter the amount from line 5
1. January		
2. February		
3. March		
4. April		
5. May		
6. June		
7. July		
8. August		
9. September		
10. October		
11. November		
12. December		
13. Add the amounts in each column		
14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet		

*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.

2017

PAGE 1

Depreciation Detail Listing

MEM02 LLC

For your records only

* Item was disposed of during current year.

Name(s) as shown on return		Social security number/EN													
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX													
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	BUILDING	01/01/2013	285,000		100.00			285,000	39	SL	2.564	16,356	7,308	23,664	7,308
2	POS SYSTEM NEW PUMPS	09/16/2014	89,434		100.00			89,434	10	200 DB HY	11.52	20,700	10,303	31,003	10,303
Totals			374,434					374,434				37,056	17,611	54,667	17,611
Land Amount															
Net Depreciable Cost			374,434												
			CY 179 and CY Bonus												
			TOTAL CY Depr including 179/bonus												
			17,611												
			ST ADJ:												

Next Year's Depreciation Worksheet							2017
(Keep for your records)							
Name(s) as shown on return							Tax ID Number
BHAVESH B & MITALBAHEN PATEL							XXX-XX-XXXX
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	BUILDING	01012013	285,000	SL	39	7,308
C	1	POS SYSTEM NEW PUMPS	09162014	89,434	M	10	8,246
		TOTAL					15,554

Carryover Worksheet
List of items that will carryover to the 2018 tax return
 (Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

	Carryover Amount
Itemized Deductions	
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 2018 to flow to the Schedule A	4,138
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 AMT _____ Reg. Tax _____	
Long-term capital loss AMT _____ Reg. Tax _____	
Net operating loss AMT _____ Reg. Tax _____	
Nonrecaptured net section 1231 losses from WK_1231C AMT _____ Reg. Tax _____	
Credits	
Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit AMT _____ Reg. Tax _____	
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____
Other	
Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 <u>6,360</u> Estimated Tax Payment 2 <u>6,360</u>	
Estimated Tax Payment 3 <u>6,360</u> Estimated Tax Payment 4 <u>6,360</u>	
Federal tax liability for 2210 calculation	29,685
State tax liability for state 2210 calculation	5,597
IRA basis Taxpayer _____ Spouse _____	
Passive Activity	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
At Risk Limitations	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Potential Tax Cuts and Jobs Act Impact		2017
(For your information)		
Name(s) as shown on return		Tax ID Number
BHAVESH B & 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 before 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

*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 return BHAVESH B & MITALBAHEN PATEL				Identifying number 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

Account Transaction Summary		2017
<small>Name(s) as shown on return</small> BHAVESH B & MITALBAHEN PATEL	<small>Your ID Number</small> XXX-XX-XXXX	
Account #1		
Financial Institution Name		
Routing Transit Number	021200025	
Account Number	1010180010776	
Account Type	Checking	
Federal Debit	(26,597)	Date of Transaction 05-16-2018
AL Debit	<u>(4,138)</u>	Date of Transaction 05-16-2018
Net Debit	(30,735)	
<p>PLEASE VERIFY BANK INFORMATION</p> <ol style="list-style-type: none"> 1. Bank Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Account Type <p>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.</p> <p>I have reviewed the above information and certify that this information is correct and authorize ALPESH PATEL CPA to use this account.</p>		
_____ Your Signature	_____ Date	_____ Spouse's Signature (If Married Filing Jointly) _____ Date

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ALINST	Filing Instructions	2017
<small>Name(s) as shown on return</small> BHAVESH B & MITALBAHEN PATEL		<small>SSN or EIN</small> 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.	

FORM 40 Alabama 2017

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2017, or other tax year:

Beginning: Ending:

Your social security number
● XXX-XX-XXXX

Spouse's SSN if joint return
● XXX-XX-XXXX

Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name Initial Last name
● BHAVESH B PATEL

Spouse's first name Initial Last name
● MITALBAHEN PATEL

Present home address (number and street or P.O. Box number)

▶ CHECK BOX IF AMENDED RETURN ●

City, town or post office
● Montgomery

State ZIP code
AL 36117

Foreign Country
 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).

		A - Alabama tax withheld	B - Income
5a	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	1,459 00	73,775 00
5b	Wages, salaries, tips, etc. (from Schedule W-2, line 18, columns I plus J):		
6	Interest and dividend income (also attach Schedule B if over \$1,500)		
7	Other income (from page 2, Part I, line 9)		83,247 00
8	Total income. Add amounts in the income column for line 5b through line 7.		157,022 00
9	Total adjustments to income (from page 2, Part II, line 12)		00
10	Adjusted gross income. Subtract line 9 from line 8		157,022 00
Deductions			
11	Box a or b MUST be checked. 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) ● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	16,623 00	
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	23,511 00	
13	Personal exemption (from line 1, 2, 3, or 4)	3,000 00	
14	Dependent exemption (from page 2, Part III, line 2)	300 00	
15	Total deductions. Add lines 11, 12, 13, and 14		43,434 00
16	Taxable income. Subtract line 15 from line 10		113,588 00
17	Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A		5,597 00
18	Net tax due Alabama. Check box if computing tax using Schedule NTC <input type="checkbox"/> , otherwise enter amount from line 17		5,597 00
19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>		0 00
Alabama Election Campaign Fund. You may make a voluntary contribution to the following:			
20a	a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none		00
20b	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none		00
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b		5,597 00
22	Alabama income tax withheld (from column A, line 5a)	1,459 00	
23	2017 estimated tax payments/Automatic Extension Payment		
24	Amended Returns Only - Previous payments (see instructions)		
25	Refundable portion of Alabama Accountability Act of 2013 Credit		00
26	Refundable portion of Adoption Credit		00
27	Total payments. Add lines 22, 23, 24, 25, and 26		1,459 00
28	Amended Returns Only - Previous refund (see instructions)		
29	Adjusted Total Payments. Subtract line 28 from line 27		1,459 00
AMOUNT YOU OWE			
30	If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope (FORM 40V MUST ACCOMPANY PAYMENT.)		4,138 00
31	Estimated tax penalty. Also include on line 30 (see instructions page 12)		00
OVERPAID			
32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID		00
33	Amount of line 32 to be applied to your 2018 estimated tax		00
Donations			
34	Total Donation Check-offs from Schedule DC, line 2		00
REFUND			
35	REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) Subtract lines 33 and 34 from line 32		00

You Must Attach page 2 of Federal Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR if claiming a deduction on line 12.



BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

PART I

1	Alimony received	1	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	12,511 00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
4a	Total IRA distributions	4a	00
4b	Taxable amount (see instructions)	4b	00
5a	Total pensions and annuities	5a	00
5b	Taxable amount (see instructions)	5b	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	70,736 00
7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature and source - see instructions)	8	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	83,247 00

PART II

1a	Your IRA deduction	1a	00
1b	Spouse's IRA deduction	1b	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	00
3	Penalty on early withdrawal of savings	3	00
4	Alimony paid. Recipient's last name SSN	4	00
5	Adoption expenses	5	00
6	Moving Expenses (Attach Federal Form 3903) to: City State ZIP	6	00
7	Self-employed health insurance deduction	7	00
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	00
9	Health insurance deduction for small employer employee (see instructions)	9	00
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	00
11	Deposits to a catastrophe savings account	11	00
12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	00

PART III

1a 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?
[REDACTED]	[REDACTED]	• XXX-XX-XXXX	DAUGHTER	YES
b Total number of dependents claimed above				1b 1
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, line 14				2 300 00

PART IV

1 Residency Check only one box Full Year Part Year From _____ through _____

2 Did you file an Alabama income tax return for the year 2016? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours OM SAI 1 LLC Montgomery 36109
Your Spouse's OM SAI 1 LLC Montgomery 36109

4 Enter the Federal Adjusted Gross Income • \$ 155,620 and Federal Taxable Income • \$ 128,135 as reported on your 2017 Federal Individual Income Tax Return.

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 No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source	Amount	00
Source	Amount	00

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.)

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? Yes No

Drivers License Info

DOB (mm/dd/yyyy)	Your state	DL#	Iss date (mm/dd/yyyy)	Exp date (mm/dd/yyyy)
DOB (mm/dd/yyyy)	Spouse state	DL#	Iss date (mm/dd/yyyy)	Exp date (mm/dd/yyyy)

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.

Sign Here In Black Ink

Your Signature _____ Date _____ Daytime Telephone Number 973-444-4017 Your Occupation _____

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Preparer's Signature _____ Date 05-16-2018 Check if Self-employed. Preparer's SSN or PTIN XXXXXXXXXX E.I. Number _____

Firm's Name (or yours if self-employed) ALPESH PATEL CPA Daytime Telephone No. 973-638-1418 ZIP Code 07512

Address 205 US 46 WEST STE 7 Totowa NJ

**SCHEDULES
A, B, & DC
(FORM 40)**



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

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

The itemized deductions you may claim for the year 2017 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses (See page 19)	1 Medical and dental expenses	1	2,083	00	
	2 Enter amount from Form 40, line 10	2	157,022	00	
	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
Taxes You Paid (See page 19)	5 Real estate taxes	5	1,284	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	5,644	00	
	7 Railroad Retirement (Tier 1 only)	7		00	
	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
Interest You Paid (See page 19) <i>NOTE: Personal interest is not deductible.</i>	10 a Home mortgage interest and points reported to you on Federal Form 1098	10a	4,957	00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶				
	10b			00	
	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	
14 Add the amounts on lines 10a through 13. Enter the total here	14		4,957	00	
Gifts to Charity (See page 19)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.				
	15 Contributions by cash or check	15	4,132	00	
	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	
18 Add the amounts on lines 15 through 17. Enter the total here	18		4,255	00	
Casualty and Theft Loss (Attach Form 4684)	19 a Enter the amount from Federal Form 4684, line 16 (See page 20)	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c			00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶ FORM 2106	20	1,419	00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ SEE ALA21	21	325	00	
	22 Add the amounts on lines 20 and 21. Enter the total	22	1,744	00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	3,140	00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24			00
Other Miscellaneous Deductions	25 Other (from list on page 21 of instructions). List type and amount. ▶				
		25			00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here	26			00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11	27		16,623	00

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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corps, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 LLC Montgomery, AL 36108	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			██████████0498	7,330 00
MBM 01 INC Montgomery, AL 36117				<input checked="" type="checkbox"/>	██████████5622	13,830 00
MBM 01 INC Montgomery, AL 36117				<input checked="" type="checkbox"/>	██████████5622	13,830 00
RC WOODLEY Montgomery, AL 36116				<input checked="" type="checkbox"/>	██████████9142	11,756 00
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. ▶						24 46,746 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 ▶						25 46,746 00

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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____			
B _____			
C _____			

Income:	Properties			Totals (Add Columns A, B, and C)	
	A	B	C		
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corps, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	S Corporation	Estate or Trust	(i) Employer Identification Number	(j) Amount
OM SAI 1 LLC Montgomery, AL 36109			X		██████████ 3184	21,075 00
SAMER LLC Lowndesboro, AL 36752			X		██████████ 1584	2,915 00
_____						00
_____						00
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. ▶						24 23,990 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 ▶						25 23,990 00

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 initial BHAVESH B PATEL	Last name
If a joint return, spouse's first name and initial MITALBAHEN PATEL	Last name
Home address (number and street). If a P.O. Box, see instructions. [REDACTED]	Apt. no.
City, town or post office, state, and ZIP code Montgomery, AL 36117	

Your social security number XXX-XX-XXXX
Spouse's soc. sec. no. if joint return XXX-XX-XXXX
Telephone number (optional) [REDACTED]

Part I

Tax Return Information

(Whole dollars only.)

1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	113,588	00
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	5,597	00
3 Total payments (Form 40, line 27 or Form 40NR, line 27)	3	1,459	00
4 Refund (Form 40, line 35 or Form 40NR, line 34)	4		00
5 Amount you owe (Form 40, line 30 or Form 40NR, line 30)	5	4,138	00

Part II

Refund and Payment Information

1 Routing number: [REDACTED] 0 0 2 5

2 Account number: [REDACTED] 0 7 7 6

3 Type of account: Checking Savings

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

Declaration of Taxpayer

(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2017 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement 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 preparer.

Sign Here

Your signature	Date	Spouse's signature. If a joint return, BOTH must sign.	Date
[REDACTED]	05-16-2018	[REDACTED]	05-16-2018

Part IV

Declaration of Electronic Return Originator (ERO) and Paid Preparer

(See instructions.)

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2017), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
[REDACTED]	05-16-2018	<input checked="" type="checkbox"/>	XXXXXXXXXX
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
ALPESH PATEL CPA 205 US 46 WEST STE 7; Totowa, NJ		07512	

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
[REDACTED]		<input type="checkbox"/>	
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	

Form AL8453 2017

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

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ALCCLMWK.LD	Worksheet 2 - Applying the Deduction Limits If the result on any line is less than zero, enter zero. (Keep for your records)	2017
--------------------	---	-------------

Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
---	---

Step 1. Enter any qualified conservation contributions (QCCs).

1. If you are a qualified farmer or rancher, enter any QCCs eligible for the 100% limit	1	0
2. Enter any QCCs not entered on line 1. Do not include this amount on line 3, 4, 5, 6, or 8	2	0

Step 2. List your other charitable contributions made during the year.

3. Enter your contributions to 50% limit organizations. (Include contributions of capital gain property if you reduced the property's fair market value. Do not include contributions of capital gain property deducted at fair market value.) Do not include any contributions you entered on line 1 or 2	3	4,255
4. Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	4	0
5. Enter your contributions (other than of capital gain property) to qualified organizations that are not 50% limit organizations	5	0
6. Enter your contributions "for the use of" any qualified organization. (But do not enter here any amount that must be entered on line 8.)	6	0
7. Add lines 5 and 6	7	0
8. Enter your contributions of capital gain property to or for the use of any qualified organization. (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.

9. Enter your adjusted gross income	9	157,022
10. Multiply line 9 by 0.5. This is your 50% limit	10	78,511

Contributions to 50% limit organizations

11. Enter the smaller of line 3 or line 10	11	4,255	Carryover
12. Subtract line 11 from line 3	12		0
13. Subtract line 11 from line 10	13	74,256	

Contributions not to 50% limit organizations

14. Add lines 3 and 4	14	4,255	
15. Multiply line 9 by 0.3. This is your 30% limit	15	47,107	
16. Subtract line 14 from line 10	16	74,256	
17. Enter the smallest of line 7, 15, or 16	17	0	
18. Subtract line 17 from line 7	18		0
19. Subtract line 17 from line 15	19	47,107	

Contributions of capital 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		0
22. Subtract line 17 from line 16	22	74,256	
23. Subtract line 20 from line 15	23	47,107	

Other contributions

24. Multiply line 9 by 0.2. This is your 20% limit	24	31,404	
25. Enter the smallest of line 8, 19, 22, 23, or 24	25	0	
26. Subtract line 25 from line 8	26		0
27. Add lines 11, 17, 20, and 25	27	4,255	
28. Subtract line 27 from line 10	28	74,256	
29. Enter the smaller of line 2 or line 28	29	0	
30. Subtract line 29 from line 2	30		0
31. Subtract line 27 from line 9	31	152,767	

32. Enter the smaller of line 1 or line 31	32	0	
33. Add lines 27, 29, and 32. Enter the total here and on Schedule A (Form AL40/NR), line 16 or line 17, whichever is appropriate	33	4,255	
34. Subtract line 32 from line 1	34		0
35. Add lines 12, 18, 21, 26, 30, and 34. Carry this amount forward to Schedule A (AL40/40NR) next year	35		0

ALINCWK	Federal Income Tax Deduction Worksheet		2017
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL			Your social security number XXX-XX-XXXX
1 Enter the tax as shown on line 56, Form 1040, line 37 on Form 1040A, line 10 on Form 1040EZ or line 53 on Form 1040NR	1	23,511	
2 Net Investment Income Tax. Enter amount from line 17, Form 8960	2		
3 Federal Tax. Add lines 1 and 2	3	23,511	
4 a Earned income credit (EIC) . Enter the amount from line 66a, Form 1040, line 42a on Form 1040A or line 8a on Form 1040EZ	4a		
b Additional child tax credit . Enter the amount from line 67, Form 1040, line 43 on Form 1040A, or line 64 on Form 1040NR	4b		
c American Opportunity Credit . Enter the amount from line 68, Form 1040 or line 44 on Form 1040A	4c		
d Credits from Forms 2439 . Enter the amount from line 73, Form 1040 or line 69 on Form 1040NR	4d		
5 Add lines 4a, b, c and d	5		
6 Subtract line 5 from line 3 and enter on line 12 on Form 40, line 9 Form 40A or line 4, Part IV, page 2 on Form 40NR. If amount is negative enter zero	6	23,511	



2017

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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

NAME(S) AS SHOWN ON TAX RETURN **BHAVEESH B & MITALBAHEN PATEL** PRIMARY SOCIAL SECURITY NO. **XXX-XX-XXXX** SPOUSE SOCIAL SECURITY NO. **XXX-XX-XXXX**

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages Other States	
1 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R006254613	●537	●22,000	●22,000	●	
2 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R006254613	●537	●22,000	●22,000	●	
3 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009035728	●116	●6,000	●6,000	●	
4 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009129318	●129	●14,400	●14,400	●	
5 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009757824	●140	●9,375	●9,375	●	
6 ●	●	●	●	●	●	●	●	●	●	
7 ●	●	●	●	●	●	●	●	●	●	
8 ●	●	●	●	●	●	●	●	●	●	
9 ●	●	●	●	●	●	●	●	●	●	
10 ●	●	●	●	●	●	●	●	●	●	
11 ●	●	●	●	●	●	●	●	●	●	
12 ●	●	●	●	●	●	●	●	●	●	
13 ●	●	●	●	●	●	●	●	●	●	
14 ●	●	●	●	●	●	●	●	●	●	
15 ●	●	●	●	●	●	●	●	●	●	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2S. Total lines 1-15, Column G and enter the amount here					●1,459				
17	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 these statements					●				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2S, 1099S, AND W-2GS. See instructions					●1,459	●73,775	●73,775	●73,775	●

ALA21	Form 40, Schedule A, Line 21 Attachment Other Expenses	2017								
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number XXX-XX-XXXX								
<table border="0"> <thead> <tr> <th data-bbox="277 422 412 447">DESCRIPTION</th> <th data-bbox="1024 422 1105 447">AMOUNT</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 474 581 499">SAFE DEPOSIT RENTAL</td> <td data-bbox="1024 474 1068 499">75</td> </tr> <tr> <td data-bbox="277 499 483 525">TAX PREP FEES</td> <td data-bbox="1024 499 1068 525">250</td> </tr> <tr> <td data-bbox="277 552 594 577">TOTAL OTHER EXPENSES</td> <td data-bbox="911 531 1068 577">===== 325</td> </tr> </tbody> </table>		DESCRIPTION	AMOUNT	SAFE DEPOSIT RENTAL	75	TAX PREP FEES	250	TOTAL OTHER EXPENSES	===== 325	
DESCRIPTION	AMOUNT									
SAFE DEPOSIT RENTAL	75									
TAX PREP FEES	250									
TOTAL OTHER EXPENSES	===== 325									

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
 alpeshpa@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
 ALPESH PATEL CPA

<p>EF_PDF~</p>	<p align="center">(KEEP FOR YOUR RECORDS) EF Attachments</p>		<p align="center">2018</p>
<p>Name of corporation BHAVESH B & MITALBAHEN PATEL</p>			
<p>Reference</p>	<p>Sch. E, pg. 2</p>	<p>Description</p> <p>Shareholder Basis Computation</p>	<p>Filename:</p> <p>ShareholderBasisComp.pdf</p>

FEIN
XXXX-XX-XXXX

EF_PDF~LD *** Before selecting this return for EF, ensure all PDFs are current, based on the last calculation. ***

Form **1040** Department of the Treasury-Internal Revenue Service (99) **U.S. Individual Income Tax Return 2018** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **BHAVESH B** Last name: **PATEL** Your social security number: **XXX-XX-XXXX**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **MITALBAHEN** Last name: **PATEL** Spouse's social security number: **XXX-XX-XXXX**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

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

Home address (number and street): [REDACTED] Apt. no.: [REDACTED] Presidential Election Campaign (see inst.): You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Montgomery, AL 36117** If more than four dependents, see inst. and check here

(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see inst.):	
Last name				Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	XXX-XX-XXXX	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: **13589** Date: **05-21-2019** Your occupation: [REDACTED]

Spouse's signature. If a joint return, both must sign. **46631** Date: **05-21-2019** Spouse's occupation: [REDACTED]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

Paid Preparer Use Only

Preparer's signature: **ALPESH PATEL** PTIN: **XXXXXXXXXX** Firm's EIN: **27-0624922** Check if: 3rd Party Designee

Preparer's name: **ALPESH PATEL** Phone no.: **973-638-1418** Self-employed

Firm's name: **ALPESH PATEL CPA**

Firm's address: **205 US 46 WEST STE 7, Totowa, NJ 07512**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	72,400
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	1
3a	Qualified dividends	3a	121
3b	Ordinary dividends	3b	121
4a	IRAs, pensions, and annuities	4a	
4b	Taxable amount	4b	
5a	Social security benefits	5a	
5b	Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	122,645
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	122,156
8	Standard deduction or itemized deductions (from Schedule A).	8	24,000
9	Qualified business income deduction (see instructions)	9	7,603
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	90,553
11	a Tax (see inst.) 11,791 (check if any from: 1 Form(s) 8814 2 Form 4972 3)	11	11,791
11	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	11,791
12	a Child tax credit/credit for other dependents 2,000 b Add any amount from Schedule 3 & check here <input type="checkbox"/>	12	2,000
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	9,791
14	Other taxes. Attach Schedule 4	14	978
15	Total tax. Add lines 13 and 14	15	10,769
16	Federal income tax withheld from Forms W-2 and 1099	16	7,213
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	
17	Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	7,213
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
20b	Routing number [REDACTED] c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	20b	
20c	Account number [REDACTED]	20c	
21	Amount of line 19 you want applied to your 2019 estimated tax	21	21
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	3,645
23	Estimated tax penalty (see instructions)	23	89

SCHEDULE 1
(Form 1040)

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

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040		Your social security number	
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX	
Additional Income	1-9b Reserved	1-9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	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, etc. Attach 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 adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	50,123	
Adjustments to Income	23 Educator expenses	23	
	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 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

EEA

SCHEDULE 4
(Form 1040)

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

Other Taxes

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040		Your social security number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
Other Taxes	57 Self-employment tax. Attach Schedule SE	57 978
	58 Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62
	63 Section 965 net tax liability installment from Form 965-A 63	
	64 Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64 978

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

Schedule 4 (Form 1040) 2018

EEA

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
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 Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 11,850

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

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

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

Schedule D (Form 1040) 2018

EEA

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> <p>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 ▶</p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; vertical-align: top;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </td> <td style="width: 5%; text-align: center; vertical-align: middle;">} ▶</td> <td style="width: 55%; border-bottom: 1px solid black;">.</td> </tr> </table> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	} ▶	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>11,850</p> <p>()</p>
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	} ▶			

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

BHAVESH B & MITALBAHEN PATEL

Your social security number
XXX-XX-XXXX

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			64,401
b	Totals	20,610		
30	Add columns (h) and (k) of line 29a			30 64,401
31	Add columns (g), (i), and (j) of line 29b			31 (20,610)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32 43,791

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36		37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	43,791
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0184

2018

Attachment
Sequence No. **27**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Identifying number

XXX-XX-XXXX

1 Enter the gross proceeds from sales or exchanges reported 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 instructions **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1							(5,518)

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 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 casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** **(5,518)**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property 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 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** **(5,518)**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 **18b** **(5,518)**

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

EEA

Form 8867 Department of the Treasury Internal Revenue Service	Paid Preparer's Due Diligence Checklist <i>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</i> ▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR. ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.	OMB No. 1545-0074 2018 Attachment Sequence No. 70
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Taxpayer name(s) shown on return BHAVESH B & MITALBAHEN PATEL	Taxpayer identification number XXX-XX-XXXX
Enter preparer's name and PTIN ALPESH PATEL XXXXXXXXXX	

Part I Due Diligence Requirements	EIC	CTC/ ACTC/ODC	AOTC	HOH
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 status claimed (check all that apply).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
2 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, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • 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 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
4 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. If "No," go to question 5.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 return.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5 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 the amount of the credit(s) List those documents, if any, that you relied on. <u>School Records, Medical Records</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
6 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 audit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)				
	EIC	CTC/ CTC/ODC	AOTC	HOH
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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c 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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification				
<p>▶ You 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:</p> <p>A. Interview the taxpayer, ask adequate questions, 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/or HOH filing status and to determine the amount of the credit(s) claimed;</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of Form 8867; 2. 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 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 and the applicable worksheet(s) was obtained; and 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers. <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>				
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form PMT

ACH Payment

2018

(Keep for your records)

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

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

2018

Submission Identification Number (SID) ▶

Taxpayer's name BHAVESH B PATEL	Social security number XXX-XX-XXXX
Spouse's name MITALBAHEN PATEL	Spouse's social security number XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)		
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	122,156
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	10,769
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	7,213
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	3,645

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. 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

- I authorize ALPESH PATEL CPA to enter or generate my PIN 13589
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 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 ▶ _____ Date ▶ 05-22-2019

Spouse's PIN: check one box only

- I authorize ALPESH PATEL CPA to enter or generate my PIN 46631
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 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 ▶ _____ Date ▶ 05-22-2019

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-24922
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 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.

ERO's signature ▶ ALPESH PATEL Date ▶ 05-22-2019

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** (2018)

EEA

Federal Supporting Statements											
											2018
Name(s) as shown on return											PG01
BHAVESH B & MITALBAHEN PATEL											Tax ID Number XXX-XX-XXXX
Schedule E - Line 28 - Partnerships and S Corporations											
											Statement #1
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Basis Req.	F- Not At Risk	G- P Loss	H- P Income	I- Loss	J- Sec 179	K- Income	L- Income
MUSKAN 2631 LLC	P		0498			0	0	0	0	0	6,920
MBM 01 INC	S		5622			0	0	0	0	0	6,081
MEM 01 INC	S		5622			0	0	0	0	0	6,080
RC WOODLEY	S		9142	X		0	0	230	0	0	0
OM SAI 1 LLC	S		3184			0	0	0	0	0	9,964
JASHI INC	S		6259	X		0	0	20,380	0	0	0
HUM INC	S		2502			0	0	0	0	0	4,449
MBM 02 LLC	S		5594			0	0	0	0	0	30,907
Total						0	0	20,610	0	0	64,401

STM- LD

Summary of Estimates				2019	
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Your SSN/EIN XXX-XX-XXXX	
Federal Form: 1040-ES					
Payment Schedule					
Due Date	04-15-2019	06-17-2019	09-16-2019	01-15-2020	Total
Total Installment Amount	890	890	890	890	3,560
Overpayment Applied	0	0	0	0	0
Net Installment Due	890	890	890	890	3,560
Taxpayer Records					
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Estimated Tax Worksheet for Next Year		2018
(Keep for your records)		
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Tax ID Number XXX-XX-XXXX
1.	Wages	1. _____
2.	Interest and Dividend income	2. _____
3.	Capital gain income	3. _____
4.	Taxable IRA/Pension income	4. _____
5.	Taxable Social Security income	5. _____
6.	Business income	6. _____
7.	Other income	7. _____
8.	Total income (add lines 1 thru 7)	8. _____
9.	Adjustments to income	9. _____
10.	Adjusted gross income (subtract line 9 from line 8)	10. _____
11a.	Itemized deductions	11a. _____
11b.	Standard deduction	11b. _____
12.	Taxable income (subtract 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 income (subtract line 13 from line 12)	14. _____
15.	Projected Tax	15. _____
16.	Alternative Minimum Tax	16. _____
17.	Total tax	17. _____
18a.	Child Tax Credit and Other Dependent Credit	18a. _____
18b.	Other projected Credits	18b. _____
18c.	Total projected credits	18c. _____
19.	Subtract line 18d from line 17	19. _____
20.	Projected SE Tax - Taxpayer	20. _____
21.	Projected SE Tax - Spouse	21. _____
22.	Other taxes	22. _____
23a.	Add lines 19 through 22	23a. _____
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	23b. _____
c.	Total 2019 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c. _____
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. <u>10,769</u>
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c. <u>10,769</u>
25.	Projected Withholding	25. <u>7,213</u>
26.	Projected Net Tax (subtract line 25 from line 24c)	26. <u>3,556</u>

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		2018 PG01
Name(s) as shown on return		Your Social Security Number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
Description	Amount	
W2 - OM SAI 1 LLC	138	
W2 - OM SAI 1 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	

WITHHELD.LD

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 27-0583184				1 Wages, tips, other compensation 4,000		2 Federal income tax withheld 138							
c Employer's name, address, and ZIP code OM SAI 1 LLC 3445 ATLANTA HWY Montgomery AL 36109				3 Social security wages 4,000		4 Social security tax withheld 248							
				5 Medicare wages and tips 4,000		6 Medicare tax withheld 58							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12					
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
f Employee's address and ZIP code				14 Other		12c							
15 State Employer's state ID number AL R006254613				16 State wages, tips, etc. 4,000		17 State income tax 100		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 27-0583184				1 Wages, tips, other compensation 4,000		2 Federal income tax withheld 138							
c Employer's name, address, and ZIP code OM SAI 1 LLC 3445 ATLANTA HWY Montgomery AL 36109				3 Social security wages 4,000		4 Social security tax withheld 248							
				5 Medicare wages and tips 4,000		6 Medicare tax withheld 58							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial MITALBAHEN		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12					
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
f Employee's address and ZIP code				14 Other		12c							
15 State Employer's state ID number AL R006254613				16 State wages, tips, etc. 4,000		17 State income tax 100		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2018** Department of the Treasury-Internal Revenue Service

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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 47-2559142				1 Wages, tips, other compensation 1,500	2 Federal income tax withheld 57		
c Employer's name, address, and ZIP code RC WOODLEY 3401 WOODLEY ROAD Montgomery AL 36116				3 Social security wages 1,500	4 Social security tax withheld 93		
				5 Medicare wages and tips 1,500	6 Medicare tax withheld 22		
				7 Social security tips	8 Allocated tips		
d Control number				9 Verification code	10 Dependent care benefits		
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans	
[REDACTED]		[REDACTED]		[REDACTED]		12a See instructions for box 12	
Montgomery		AL		36117		12b	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
				14 Other		12d	
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	R009035728	1,500	31				

Form **W-2 Wage and Tax Statement** **2018** Department of the Treasury-Internal Revenue Service

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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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 47-3410498				1 Wages, tips, other compensation 17,900	2 Federal income tax withheld 1,057		
c Employer's name, address, and ZIP code MUSKAN 2631 INC 1192 WESTERN BLVD Montgomery AL 36108				3 Social security wages 17,900	4 Social security tax withheld 1,110		
				5 Medicare wages and tips 17,900	6 Medicare tax withheld 260		
				7 Social security tips	8 Allocated tips		
d Control number				9 Verification code	10 Dependent care benefits		
e Employee's first name and initial MITALBAHEN		Last name PATEL		Suff.		11 Nonqualified plans	
[REDACTED]		[REDACTED]		[REDACTED]		12a See instructions for box 12	
Montgomery		AL		36117		12b	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
				14 Other		12d	
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	R009129318	17,900	503				

Form **W-2 Wage and Tax Statement** **2018** Department of the Treasury-Internal Revenue Service

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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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 38-4056000				1 Wages, tips, other compensation 5,000		2 Federal income tax withheld 953					
c Employer's name, address, and ZIP code PLEASURE LLC 3401 WOODLEY RD Montgomery AL 36116				3 Social security wages 5,000		4 Social security tax withheld 310					
				5 Medicare wages and tips 5,000		6 Medicare tax withheld 73					
				7 Social security tips		8 Allocated tips					
d Control number				9 Verification code		10 Dependent care benefits					
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12			
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
Montgomery		AL		36117		14 Other		12c			
f Employee's address and ZIP code								12d			
15 State Employer's state ID number AL R009991145		16 State wages, tips, etc. 5,000		17 State income tax 241		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 82-3796259				1 Wages, tips, other compensation 20,000		2 Federal income tax withheld 2,435					
c Employer's name, address, and ZIP code JASHI INC 3445 ATLANA HWY Montgomery AL 36109				3 Social security wages 20,000		4 Social security tax withheld 1,240					
				5 Medicare wages and tips 20,000		6 Medicare tax withheld 290					
				7 Social security tips		8 Allocated tips					
d Control number				9 Verification code		10 Dependent care benefits					
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12			
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
Montgomery		AL		36117		14 Other		12c			
f Employee's address and ZIP code								12d			
15 State Employer's state ID number AL R009927468		16 State wages, tips, etc. 20,000		17 State income tax 872		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 82-3796259				1 Wages, tips, other compensation 20,000		2 Federal income tax withheld 2,435				
c Employer's name, address, and ZIP code JASHI INC 3445 ATLANA HWY Montgomery AL 36109				3 Social security wages 20,000		4 Social security tax withheld 1,240				
				5 Medicare wages and tips 20,000		6 Medicare tax withheld 290				
				7 Social security tips		8 Allocated tips				
d Control number				9 Verification code		10 Dependent care benefits				
e Employee's first name and initial MITALBAHEN		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12		
Montgomery		AL 36117				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
f Employee's address and ZIP code				14 Other		12c		12d		
15 State Employer's state ID number AL R009927468		16 State wages, tips, etc. 20,000		17 State income tax 872		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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

a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code				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 <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
f Employee's address and ZIP code				14 Other		12c		12d		
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

Form **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

W-2 Detail Listing

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	OM SAI 1 LLC	4,000	138	AL	4,000	100
S	OM SAI 1 LLC	4,000	138	AL	4,000	100
T	RC WOODLEY	1,500	57	AL	1,500	31
S	MUSKAN 2631 INC	17,900	1,057	AL	17,900	503
T	PLEASURE LLC	5,000	953	AL	5,000	241
T	JASHI INC	20,000	2,435	AL	20,000	872
S	JASHI INC	20,000	2,435	AL	20,000	872
Taxpayer Totals		30,500	3,583		30,500	1,244
Spouse Totals		41,900	3,630		41,900	1,475
Totals		72,400	7,213		72,400	2,719

Computation of Regular Tax		2018									
<small>(Keep for your records)</small>											
<small>Name(s) as shown on return</small>		<small>Tax ID Number</small>									
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX									
<p>Statement for line 11a of Form 1040</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Tax per Tax Table</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">11,806</td> </tr> <tr> <td>Tax from Qualified Dividends/Capital Gain Worksheet</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">11,791</td> </tr> <tr> <td style="padding-top: 10px;">\$ 11,791</td> <td style="padding-top: 10px;"></td> <td style="padding-top: 10px;">Tax computed using the most advantageous method allowed</td> </tr> </table>			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
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									

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

(Keep for your records)

2018

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Tax ID Number

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 line 3 of the Foreign Earned Income Tax Worksheet	1.	90,553
2. Enter the amount from Form 1040, line 3a*	2.	121
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> No. Enter the amount from Schedule 1, line 13.		
4. Add lines 2 and 3	4.	121
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	121
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	90,432
8. Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8.	77,200
9. Enter the smaller of line 1 or line 8	9.	77,200
10. Enter the smaller of line 7 or line 9	10.	77,200
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	
12. Enter the smaller of line 1 or line 6	12.	121
13. Enter the amount from line 11	13.	
14. Subtract line 13 from line 12	14.	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.	15.	479,000
16. Enter the smaller of line 1 or line 15	16.	90,553
17. Add lines 7 and 11	17.	90,432
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	121
19. Enter the smaller of line 14 or line 18	19.	121
20. Multiply line 19 by 15% (0.15)	20.	18
21. Add lines 11 and 19	21.	121
22. Subtract line 21 from line 12	22.	
23. Multiply line 22 by 20% (0.20)	23.	
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.	11,773
25. Add lines 20, 23, and 24	25.	11,791
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	11,806
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.	11,791

* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form 1040	Investment Income for the Earned Income Credit (Keep for your records)	2018
Name(s) as shown on return		Tax ID Number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
Interest and Dividends		
1. Enter any amount from Form 1040, line 2b	1.	1
2. Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b	2.	
3. Enter any amount from Form 1040, line 3b	3.	121
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 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 from Form 1040, Schedule 1, line 13. If the amount on that line is a loss, enter -0-	5.	11,850
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, enter -0-.)	7.	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.	
Passive Activities		
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.	0
10. Adjustment from EIC screen	10.	
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income	11.	11,972
12. Is the amount on line 11 more than \$3,500 ?		
<input checked="" type="checkbox"/> Yes. You cannot take the credit. <input type="checkbox"/> 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.		

Forms 1040 and 1040NR	Child Tax Credit and Credit for Other Dependents Worksheet (Keep for your records)	2018
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Tax ID Number XXX-XX-XXXX
<p>Before you begin:</p> <ul style="list-style-type: none"> Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R. <p><i>*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.</i></p>		
<p>Part 1</p>		
1. Number of qualifying children under 17 with the required social security number: _____ <u>1</u> x \$2,000. Enter the result 1. <u>2,000</u>		
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. <u>2,000</u>		
4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 35 4. <u>122,156</u>		
5. 1040 Filers. Enter the total of any - • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } 5. _____ 1040NR Filers. Enter -0-.		
6. Add lines 4 and 5. Enter the total 6. <u>122,156</u>		
7. Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 } 7. <u>400,000</u>		
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 8. _____ If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
9. Multiply the amount on line 8 by 5% (.05). Enter the result 9. <u>0</u>		
10. Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result 10. <u>2,000</u> Go to Part 2 on the next page.		

Forms 1040 and 1040NR	Child Tax Credit and Credit for Other Dependents Worksheet (Keep for your records)	2018
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Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Tax ID Number XXX-XX-XXXX
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Before you begin Part 2: Figure the amount of any credits you are claiming on Form 5695, Part II; line 30; Form 8910; Form 8936; or Schedule R.

Part 2

11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45 **11.** 11,791

12. Add the following amounts from:

Form 1040	or	Form 1040NR			
Schedule 3, Line 48		Line 46	+		
Schedule 3, Line 49		Line 47	+		
Schedule 3, Line 50		-----	+		
Schedule 3, Line 51		Line 48	+		
Form 5695, line 30			+		
Form 8910, line 15			+		
Form 8936, line 23			+		
Schedule R, line 22			+		

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 11,791

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 or 2555-EZ, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

} **14.** _____

15. Subtract line 14 from line 13. Enter the result **15.** 11,791

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

} **This is your child tax credit and credit for other dependents.**

16. 2,000

Enter this amount on Form 1040, line 12a, or Form 1040NR, line 49.

TIP You may be able to take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72) or Form 1040NR through line 63 (also, complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

2018

Name of Partner: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Partnership: MUSKAN 2631 LLC	EIN: XXXXXXXXXXX

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. _____	
B. Partner's share of partnership liabilities from PRIOR year	B. (_____)	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. _____	
1. Adjusted Basis from preceding year		1. <u>10,000</u>
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	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
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. <u>6,920</u>	
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)	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 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 Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. <u>6,920</u>	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. <u>16,920</u>
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. <u>16,920</u>
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. _____	
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 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. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. <u>16,920</u>

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Corporation: MBM 01 INC	EIN: [REDACTED] 5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>15,000</u>	
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	<u>6,081</u>		
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	<u>6,081</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>21,081</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>21,081</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>21,081</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>21,081</u>	

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 / 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 lines 11 and 17)	18	<u>21,081</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: MITALBAHEN PATEL	SSN: XXX-XX-XXXX
Name of Corporation: MBM 01 INC	EIN 4-5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>15,000</u>	
2	Additional Capital Contributions of Stock Purchased		2	<u> </u>	
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	<u>6,080</u>		
c	Other Rental Income (Sch K, Line 3c)	c	<u> </u>		
d	Interest, Dividends & Royalties (Sch K, Lines 4, 5 & 6)	d	<u> </u>		
e	Capital Gain (Sch K, Lines 7 & 8a)	e	<u> </u>		
f	Other Portfolio Income (Sch K, Line 10a)	f	<u> </u>		
g	Section 1231 Gain (Sch K, Line 9)	g	<u> </u>		
h	Other Income (Sch K, Line 10h)	h	<u> </u>		
	Total Income and Gain Items (Total lines 3a-3h)	3a-h	<u>6,080</u>		
i	Increase for Non-Taxable Income (Sch K, Lines 16a & b)	3i	<u> </u>		
j	Increase for Excess Depletion Adjustment	3j	<u> </u>		
k	Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k	<u> </u>		
l	Gain from 179 asset disposition	3l	<u> </u>		
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>21,080</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)			<u> </u>	5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>21,080</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u> </u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>21,080</u>	8
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a	<u> </u>		
b	Real Estate Rental Loss (Page 2, Col d, Line 9b)	b	<u> </u>		
c	Other Rental Loss (Page 2, Col d, Line 9c)	c	<u> </u>		
d	Capital Loss (Page 2, Col d, Line 9d)	d	<u> </u>		
e	Other Portfolio Loss (Page 2, Col d, Line 9e)	e	<u> </u>		
f	Section 1231 Loss (Page 2, Col d, Line 9f)	f	<u> </u>		
g	Other Loss (Page 2, Col d, Line 9g)	g	<u> </u>		
h	Charitable Contributions (Page 2, Col d, Line 9h)	h	<u> </u>		
i	Section 179 Expense (Page 2, Col d, Line 9i)	i	<u> </u>		
j	Portfolio Income Expenses (Page 2, Col d, Line 9j)	j	<u> </u>		
k	Other Deductions (Page 2, Col d, Line 9k)	k	<u> </u>		
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l	<u> </u>		
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m	<u> </u>		
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u> </u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n	<u> </u>		
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o	<u> </u>		
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u> </u>		
10	Less: net increase applied to debt basis	10	<u> </u>		
11	Stock Basis at End of Year (Line 8 minus line 9 minus line 10) (not less than zero)	11	<u>21,080</u>		

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	<u> </u>
13	New loans to corporation during year	13	<u> </u>
14	Restoration of Debt Basis (Line 10)	14	<u> </u>
15	Less: Loans repaid by corporation during the year	15	<u> </u>
16	Less: Applied against excess loss and deductions / non-deductible items	16	<u> </u>
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	<u> </u>
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	<u>21,080</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year	<u> </u>	<u> </u>
20 Add: Losses and deductions this year	<u> </u>	<u> </u>
21 Less: Applied this year	<u> </u>	<u> </u>
22 End of year (Not less than zero)	<u> </u>	<u> </u>

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Corporation: RC WOODLEY	EIN: [REDACTED] 9142

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>478</u>	
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	_____		
l	Gain from 179 asset disposition	3l	_____		
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>478</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)			_____	5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>478</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			_____	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>478</u>	8
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a	<u>230</u>		
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	_____		
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l	_____		
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m	_____		
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u>230</u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n	_____		
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o	_____		
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u>230</u>		
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)	11	<u>248</u>		

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 / 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 lines 11 and 17)	18	<u>248</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)	_____	_____

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2018

Name of Shareholder: BHAVESH B PATEL		SSN: XXX-XX-XXXX
Name of Corporation: RC WOODLEY		EIN: [REDACTED] 9142

Part I - Shareholder Stock Basis

1. Stock basis at the beginning of the corporation's tax year	1.	478
2. Basis from any capital contributions made or additional stock acquired during the tax year	2.	_____
3a. Ordinary business income (losses go on Part III)	3a.	_____
b. Net rental real estate income (losses go on Part III)	3b.	_____
c. Other net rental income (losses go on Part III)	3c.	_____
d. Interest income	3d.	_____
e. Ordinary dividends	3e.	_____
f. Royalties	3f.	_____
g. Net capital gains (losses go on Part III)	3g.	_____
h. Net section 1231 gain (losses go on Part III)	3h.	_____
i. Other income (losses go on Part III)	3i.	_____
j. Excess depletion adjustment	3j.	_____
k. Tax-exempt income	3k.	_____
l. Recapture of business credits	3l.	_____
m. Other items that increase stock basis	3m.	_____
4. Add lines 3a through 3m	4.	_____
5. Stock basis before distributions. Add lines 1, 2, and 4	5.	478
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 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.	478
8a. Nondeductible expenses	8a.	_____
b. Depletion for oil and gas	8b.	_____
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.	478
11. Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c)	11.	230
12. Debt basis restoration (see net increase in instructions for Part II, line 8)	12.	_____
13. Other items that decrease stock basis	13.	_____
14. Add lines 11, 12, and 13	14.	230
15. Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15.	248

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2018

Name of Shareholder: BHAVESH B PATEL		SSN: XXX-XX-XXXX				
Name of Corporation: RC WOODLEY		EIN: [REDACTED] 9142				
Part III - Allowable Loss and Deduction 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		0

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: MITALBAHEN PATEL	SSN: XXX-XX-XXXX
Name of Corporation: OM SAI 1 LLC	EIN: [REDACTED] 3184

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>1,003</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>9,964</u>		
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	<u>9,964</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>10,967</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>10,967</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u>63</u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>10,904</u>	8
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	<u>5,518</u>		
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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m			
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u>5,518</u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n			
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o			
	Total Decrease for Loss and Deductions Items and Business Credits	9		<u>5,518</u>	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)	11		<u>5,386</u>	11

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 / 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 lines 11 and 17)	18	<u>5,386</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Corporation: JASHI INC	EIN: [REDACTED] 6259

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>115,000</u>	
2	Additional Capital Contributions of Stock Purchased		2	<u> </u>	
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)		4	<u>115,000</u>	
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)		5	<u> </u>	
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)		6	<u>115,000</u>	
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)		7	<u>532</u>	
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)		8	<u>114,468</u>	
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a	<u>20,380</u>		
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	<u>250</u>		
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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m			
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u>20,630</u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n			
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o			
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u>20,630</u>		
10	Less: net increase applied to debt basis	10	<u> </u>		
11	Stock Basis at End of Year (Line 8 minus line 9 minus line 10) (not less than zero)	11	<u>93,838</u>		

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	<u> </u>
13	New loans to corporation during year	13	<u> </u>
14	Restoration of Debt Basis (Line 10)	14	<u> </u>
15	Less: Loans repaid by corporation during the year	15	<u> </u>
16	Less: Applied against excess loss and deductions / non-deductible items	16	<u> </u>
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	<u> </u>
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	<u>93,838</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year	<u> </u>	<u> </u>
20 Add: Losses and deductions this year	<u> </u>	<u> </u>
21 Less: Applied this year	<u> </u>	<u> </u>
22 End of year (Not less than zero)	<u> </u>	<u> </u>

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2018

Name of Shareholder: BHAVESH B PATEL		SSN: XXX-XX-XXXX
Name of Corporation: JASHI INC		EIN: [REDACTED] 6259

Part I - Shareholder Stock Basis

1. Stock basis at the beginning of the corporation's tax year	1.	115,000
2. Basis from any capital contributions made or additional stock acquired during the tax year	2.	_____
3a. Ordinary business income (losses go on Part III)	3a.	_____
b. Net rental real estate income (losses go on Part III)	3b.	_____
c. Other net rental income (losses go on Part III)	3c.	_____
d. Interest income	3d.	_____
e. Ordinary dividends	3e.	_____
f. Royalties	3f.	_____
g. Net capital gains (losses go on Part III)	3g.	_____
h. Net section 1231 gain (losses go on Part III)	3h.	_____
i. Other income (losses go on Part III)	3i.	_____
j. Excess depletion adjustment	3j.	_____
k. Tax-exempt income	3k.	_____
l. Recapture of business credits	3l.	_____
m. Other items that increase stock basis	3m.	_____
4. Add lines 3a through 3m	4.	_____
5. Stock basis before distributions. Add lines 1, 2, and 4	5.	115,000
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 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.	115,000
8a. Nondeductible expenses	8a.	532
b. Depletion for oil and gas	8b.	_____
9. Add lines 8a and 8b	9.	532
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.	114,468
11. Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c)	11.	20,630
12. Debt basis restoration (see net increase in instructions for Part II, line 8)	12.	_____
13. Other items that decrease stock basis	13.	_____
14. Add lines 11, 12, and 13	14.	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 less, enter -0-	15.	93,838

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2018

Name of Shareholder: BHAVESH B PATEL		SSN: XXX-XX-XXXX				
Name of Corporation: JASHI INC		EIN: [REDACTED] 6259				
Part III - Allowable Loss and Deduction 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

2018

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Corporation: HUM INC	EIN: [REDACTED] 2502

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>15,000</u>	
2	Additional Capital Contributions of Stock Purchased		2	<u> </u>	
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>4,449</u>		
b	Real Estate Rental Income (Sch K, Line 2)	b	<u> </u>		
c	Other Rental Income (Sch K, Line 3c)	c	<u> </u>		
d	Interest, Dividends & Royalties (Sch K, Lines 4, 5 & 6)	d	<u> </u>		
e	Capital Gain (Sch K, Lines 7 & 8a)	e	<u> </u>		
f	Other Portfolio Income (Sch K, Line 10a)	f	<u> </u>		
g	Section 1231 Gain (Sch K, Line 9)	g	<u> </u>		
h	Other Income (Sch K, Line 10h)	h	<u> </u>		
	Total Income and Gain Items (Total lines 3a-3h)	3a-h	<u>4,449</u>		
i	Increase for Non-Taxable Income (Sch K, Lines 16a & b)	3i	<u> </u>		
j	Increase for Excess Depletion Adjustment	3j	<u> </u>		
k	Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k	<u> </u>		
l	Gain from 179 asset disposition	3l	<u> </u>		
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>19,449</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)			<u> </u>	5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>19,449</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u> </u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>19,449</u>	8
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a	<u> </u>		
b	Real Estate Rental Loss (Page 2, Col d, Line 9b)	b	<u> </u>		
c	Other Rental Loss (Page 2, Col d, Line 9c)	c	<u> </u>		
d	Capital Loss (Page 2, Col d, Line 9d)	d	<u> </u>		
e	Other Portfolio Loss (Page 2, Col d, Line 9e)	e	<u> </u>		
f	Section 1231 Loss (Page 2, Col d, Line 9f)	f	<u> </u>		
g	Other Loss (Page 2, Col d, Line 9g)	g	<u> </u>		
h	Charitable Contributions (Page 2, Col d, Line 9h)	h	<u> </u>		
i	Section 179 Expense (Page 2, Col d, Line 9i)	i	<u> </u>		
j	Portfolio Income Expenses (Page 2, Col d, Line 9j)	j	<u> </u>		
k	Other Deductions (Page 2, Col d, Line 9k)	k	<u> </u>		
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l	<u> </u>		
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m	<u> </u>		
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u> </u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n	<u> </u>		
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o	<u> </u>		
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u> </u>		
10	Less: net increase applied to debt basis	10	<u> </u>		
11	Stock Basis at End of Year (Line 8 minus line 9 minus line 10) (not less than zero)	11	<u>19,449</u>		

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	<u> </u>
13	New loans to corporation during year	13	<u> </u>
14	Restoration of Debt Basis (Line 10)	14	<u> </u>
15	Less: Loans repaid by corporation during the year	15	<u> </u>
16	Less: Applied against excess loss and deductions / non-deductible items	16	<u> </u>
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	<u> </u>
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	<u>19,449</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year	<u> </u>	<u> </u>
20 Add: Losses and deductions this year	<u> </u>	<u> </u>
21 Less: Applied this year	<u> </u>	<u> </u>
22 End of year (Not less than zero)	<u> </u>	<u> </u>

Shareholder's Adjusted Basis Worksheet, page 1

2018

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Corporation: MBM 02 LLC	EIN: [REDACTED] 594

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>10,000</u>	
2	Additional Capital Contributions of Stock Purchased		2	<u> </u>	
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>30,907</u>		
b	Real Estate Rental Income (Sch K, Line 2)	b	<u> </u>		
c	Other Rental Income (Sch K, Line 3c)	c	<u> </u>		
d	Interest, Dividends & Royalties (Sch K, Lines 4, 5 & 6)	d	<u> </u>		
e	Capital Gain (Sch K, Lines 7 & 8a)	e	<u> </u>		
f	Other Portfolio Income (Sch K, Line 10a)	f	<u> </u>		
g	Section 1231 Gain (Sch K, Line 9)	g	<u> </u>		
h	Other Income (Sch K, Line 10h)	h	<u> </u>		
	Total Income and Gain Items (Total lines 3a-3h)	3a-h	<u>30,907</u>		
i	Increase for Non-Taxable Income (Sch K, Lines 16a & b)	3i	<u> </u>		
j	Increase for Excess Depletion Adjustment	3j	<u> </u>		
k	Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k	<u> </u>		
l	Gain from 179 asset disposition	3l	<u> </u>		
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>40,907</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)			<u> </u>	5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>40,907</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u> </u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>40,907</u>	8
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a	<u> </u>		
b	Real Estate Rental Loss (Page 2, Col d, Line 9b)	b	<u> </u>		
c	Other Rental Loss (Page 2, Col d, Line 9c)	c	<u> </u>		
d	Capital Loss (Page 2, Col d, Line 9d)	d	<u> </u>		
e	Other Portfolio Loss (Page 2, Col d, Line 9e)	e	<u> </u>		
f	Section 1231 Loss (Page 2, Col d, Line 9f)	f	<u> </u>		
g	Other Loss (Page 2, Col d, Line 9g)	g	<u> </u>		
h	Charitable Contributions (Page 2, Col d, Line 9h)	h	<u> </u>		
i	Section 179 Expense (Page 2, Col d, Line 9i)	i	<u> </u>		
j	Portfolio Income Expenses (Page 2, Col d, Line 9j)	j	<u> </u>		
k	Other Deductions (Page 2, Col d, Line 9k)	k	<u> </u>		
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l	<u> </u>		
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m	<u> </u>		
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u> </u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n	<u> </u>		
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o	<u> </u>		
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u> </u>		
10	Less: net increase applied to debt basis	10	<u> </u>		
11	Stock Basis at End of Year (Line 8 minus line 9 minus line 10) (not less than zero)	11	<u>40,907</u>		

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	<u> </u>
13	New loans to corporation during year	13	<u> </u>
14	Restoration of Debt Basis (Line 10)	14	<u> </u>
15	Less: Loans repaid by corporation during the year	15	<u> </u>
16	Less: Applied against excess loss and deductions / non-deductible items	16	<u> </u>
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	<u> </u>
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	<u>40,907</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year	<u> </u>	<u> </u>
20 Add: Losses and deductions this year	<u> </u>	<u> </u>
21 Less: Applied this year	<u> </u>	<u> </u>
22 End of year (Not less than zero)	<u> </u>	<u> </u>

Form 1040/1041 Name(s) as shown on return	2018 Qualified Business Income Deduction Simplified Worksheet (Keep for your records)	2018 Tax ID Number XXX-XX-XXXX
---	---	---

BHAVESH B & MITALBAHEN PATEL

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.
- Have taxable income of \$157,500 or less (\$315,000 or less if married filing jointly).

	(a) Trade or business name	(b) Employer identification number	(c) Qualified business income or (loss)
i.	K1P: MUSKAN 2631 LLC	0498	6,431
ii.	K1S: MBM 01 INC	5622	6,081
iii.	K1S: MBM 01 INC	5622	6,080
iv.	K1S: OM SAI 1 LLC	3184	4,446
Continued on "QBI Simple - Line 1"			
1.	Total qualified business income or (loss). Add the amounts in 1i through 1iv, column 1(c)		2. 38,014
<i>Note. If reporting qualified business income or (loss) from more than four trades or businesses, see the instructions for line 2 of this worksheet.</i>			
3.	Qualified business loss carryforward from the prior year		3.
4.	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4. 38,014
5.	Qualified business income component. Multiply line 4 by 20% (0.20)		5. 7,603
6.	Qualified REIT dividends and PTP income or (loss)		6. 0
7.	Qualified REIT dividends and PTP loss carryforward from the prior year		7. ()
8.	Total qualified REIT dividends and PTP income. Add lines 6 and 7. If zero or less, enter -0-		8. 0
9.	REIT and PTP component. Multiply line 8 by 20% (0.20)		9.
10.	Qualified business income deduction before the income limitation. Add lines 5 and 9		10. 7,603
a.	Enter amount from Form 1040, line 7 a.		122,156
b.	Enter amount from Form 1040, line 8 b.		24,000
11.	Taxable income before qualified business income deduction. Subtract line b from line a. If filing with Form 1041, enter amount from Form 1041, line 22.		11. 98,156
12.	Net capital gain (see instructions)		12. 121
13.	Subtract line 12 from line 11. If zero or less, enter -0-		13. 98,035
14.	Income limitation. Multiply line 13 by 20% (0.20)		14. 19,607
15.	Qualified business income deduction. Enter the smaller of line 10 or line 14		15. 7,603
16.	Total qualified business loss carryforward. Add lines 2 and 3. If more than zero, enter -0-		16. (0)
17.	Total qualified REIT dividends and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0-		17. (0)

QBI Deduction Simplified Worksheet Overflow		2018
Name(s) as shown on return		Tax ID Number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
(a) Trade or business name	(b) EIN	(c) Qualified business income or (loss)
K1S: JASHI INC	82-3796259	(20,380)
K1S: HUM INC	83-1442502	4,449
K1S: MBM 02 LLC	47-1275594	30,907

QBI Explanation Worksheet

Form 1040

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Name of business activity **KLP: MUSKAN 2631 LLC**

1. Gain or loss per form or schedule	<u>6,920</u>
2. Pre-2018 loss suspended for basis limitation allowed in current year	<u> </u>
3. Pre-2018 at-risk carryover allowed in current year	<u> </u>
4. Pre-2018 passive loss carryover allowed in current year	<u> </u>
5. Ordinary gain (loss) from Form 4797	<u> </u>
6. Unreimbursed partnership expenses, including Section 179	<u>()</u>
7. Deductible part of self-employment tax.	<u>(489)</u>
8. Self-employed SEP, SIMPLE, and qualified plans	<u>()</u>
9. Self-employed health insurance deduction	<u>()</u>
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	<u>6,431</u>

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

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Name of business activity KLS: OM SAI 1 LLC

1. Gain or loss per form or schedule	<u>9,964</u>
2. Pre-2018 loss suspended for basis limitation allowed in current year	<u> </u>
3. Pre-2018 at-risk carryover allowed in current year	<u> </u>
4. Pre-2018 passive loss carryover allowed in current year	<u> </u>
5. Ordinary gain (loss) from Form 4797	<u>(5,518)</u>
6. Unreimbursed partnership expenses, including Section 179	<u>()</u>
7. Deductible part of self-employment tax.	<u>()</u>
8. Self-employed SEP, SIMPLE, and qualified plans	<u>()</u>
9. Self-employed health insurance deduction	<u>()</u>
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	<u>4,446</u>

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
 (Keep for your records)

2018

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 60% 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 2019 to flow to the Schedule A	<u>2,084</u>
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 AMT _____ Reg. Tax _____	_____
Long-term capital loss AMT _____ Reg. Tax _____	_____
Net operating loss AMT _____ Reg. Tax _____	_____
Excess business loss from Form 461 (becomes part of NOL next year) AMT _____ Reg. Tax _____	_____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C AMT <u>5,518</u> Reg. Tax _____	<u>5,518</u>
Credits	
Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit AMT _____ Reg. Tax _____	_____
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____
Other	
Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 <u>890</u> Estimated Tax Payment 2 <u>890</u>	_____
Estimated Tax Payment 3 <u>890</u> Estimated Tax Payment 4 <u>890</u>	_____
Federal tax liability for 2210 calculation	<u>10,769</u>
State tax liability for state 2210 calculation	<u>4,803</u>
IRA basis Taxpayer _____ Spouse _____	_____
 Passive Activity	
_____	_____
_____	_____
 At Risk Limitations	
_____	_____
_____	_____

**Nonrecaptured Net Section 1231
Losses Carryover Worksheet**

(Keep for your records)

2018

Name(s) as shown on return

BHAVESH B & MITALBAHEN PATEL

Tax ID Number

XXX-XX-XXXX

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2018	Remaining 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 BHAVESH B & MITALBAHEN PATEL				Identifying number 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)			6,332	6,332
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	61,398	70,736	43,791	(26,945)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	131,426	157,022	122,645	(34,377)
Adjusted Gross Income				
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				
Withholdings	3,592	3,512	7,213	3,701
Estimated tax payments	16,500			
Earned income credit				
Other payments and credits				
Overpayment	637			
Overpayment Applied				
Refund	528			
Balance Due		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 Summary		2018
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your ID Number XXX-XX-XXXX	
Account #1		
Financial Institution Name		
Routing Transit Number	[REDACTED]0025	
Account Number	[REDACTED]0776	
Account Type	Checking	
Federal Debit	(3,645)	Date of Transaction 05-21-2019
AL Debit	<u>(2,084)</u>	Date of Transaction 05-22-2019
Net Debit	(5,729)	
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.		
_____	05-22-2019	_____ 05-22-2019
Your Signature	Date	Spouse's Signature (If Married Filing Jointly) Date

DD_PMT.LD

ALINST	Filing Instructions	2018
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		SSN or EIN 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 efilng		
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.	

ALINST.LD

FORM 40 Alabama 2018

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2018, or other tax year:

Beginning: Ending:

Your social security number
● XXX-XX-XXXX

Spouse's SSN if joint return
● XXX-XX-XXXX

Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name
● BHAVESH

Initial
● B

Last name
● PATEL

Spouse's first name
● MITALBAHEN

Initial
●

Last name
● PATEL

Present home address (number and street or P.O. Box number)

▶ CHECK BOX IF AMENDED RETURN ●

City, town or post office
● Montgomery

State ZIP code
● AL ● 36117

Foreign Country
 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). Complete Schedule HOF

	A - Alabama tax withheld	B - Income
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	5a ● 2,719	5b ● 72,400
6 Interest and dividend income (also attach Schedule B if over \$1,500)	6 ●	6 ● 122
7 Other income (from page 2, Part I, line 9)	7 ●	7 ● 50,123
8 Total income. Add amounts in the income column for line 5b through line 7.	8 ●	8 ● 122,645
9 Total adjustments to income (from page 2, Part II, line 13)	9 ●	9 ●
10 Adjusted gross income. Subtract line 9 from line 8	10 ●	10 ● 122,645

11 Box a or b MUST be checked. 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)	11 ● 11,935	
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12 ● 9,791	
13 Personal exemption (from line 1, 2, 3, or 4)	13 ● 3,000	
14 Dependent exemption (from page 2, Part III, line 2)	14 ● 300	
15 Total deductions. Add lines 11, 12, 13, and 14	15 ●	15 ● 25,026

16 Taxable income. Subtract line 15 from line 10	16 ●	16 ● 97,619
17 Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A	17 ●	17 ● 4,803
18 Net tax due Alabama. Check box if computing tax using Schedule NTC <input type="checkbox"/> , otherwise enter amount from line 17	18 ●	18 ● 4,803
19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	19 ●	19 ● 0
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20a ● 20b ●	
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21 ●	21 ● 4,803

22 Alabama income tax withheld (from column A, line 5a)	22 ● 2,719	
23 2018 estimated tax payments/Automatic Extension Payment	23 ●	
24 Amended Returns Only - Previous payments (see instructions)	24 ●	
25 Refundable Credits. Enter the amount from Schedule RC, line 4.	25 ●	
26 Total payments. Add lines 22, 23, 24, and 25	26 ●	26 ● 2,719
27 Amended Returns Only - Previous refund (see instructions)	27 ●	
28 Adjusted Total Payments. Subtract line 27 from line 26	28 ●	28 ● 2,719

29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	29 ●	29 ● 2,084
30 Estimated tax penalty. Also include on line 29 (see instructions page 12)	30 ●	

31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID	31 ●	
32 Amount of line 31 to be applied to your 2019 estimated tax	32 ●	

33 Total Donation Check-offs from Schedule DC, line 2	33 ●	
34 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) Subtract lines 32 and 33 from line 31 For Direct Deposit, check here <input type="checkbox"/> and complete Part V, Page 2.	34 ●	

You Must Attach page 2 of Federal Form 1040 or Form 1040NR if claiming a deduction on line 12.



BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

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PART I

Other Income <i>(See page 13)</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)	3	• 6,332
	4a	Total IRA distributions	4a	•
	4b	Taxable amount (see instructions)	4b	•
	5a	Total pensions and annuities	5a	•
	5b	Taxable amount (see instructions)	5b	•
	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	• 43,791
	7	Farm income or (loss) (attach Federal Schedule F)	7	•
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	• 50,123

PART II

Adjustments to Income <i>(See page 16)</i>	1a	Your IRA deduction	1a	•
		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	•
	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	•
	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	•
	11	Deposits to a catastrophe savings account	11	•
	12	Contributions to a health savings account	12	•
13	Total adjustments. Add lines 1 through 12. Enter here and also on page 1, line 9	13	•	

PART III

Dependents	1	Total number of dependents from Schedule DS, line 1b	1	• 1
	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	2	• 300

PART IV

General Information

1 **Residency** Check only one box Full Year Part Year From _____ through _____

2 Did you file an Alabama income tax return for the year 2017? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours OM SAI 1 LLC Montgomery 36109
Your Spouse's OM SAI 1 LLC Montgomery 36109

4 Enter the Federal Adjusted Gross Income • \$ 122,156 and Federal Taxable Income • \$ 90,553 as reported on your 2018 Federal Individual Income Tax Return.

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 No

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source	Amount
• _____	• _____
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.)

Direct Deposit

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy)	• XX/XX/XXXX	Your state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XX/XX/XXXX	Exp date (mm/dd/yyyy)	• XX/XX/XXXX
DOB (mm/dd/yyyy)	• XX/XX/XXXX	Spouse state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XX/XX/XXXX	Exp date (mm/dd/yyyy)	• XX/XX/XXXX

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.

Sign Here In Black Ink

Keep a copy of this return for your records

Your Signature	Date	Daytime Telephone Number	Your Occupation
_____	05-22-2019	973-444-4017	_____
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____	05-22-2019	_____	_____
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN
_____	05-22-2019	<input checked="" type="checkbox"/>	• XXXXXXXXXX
Firm's Name (or yours if self-employed)	Daytime Telephone No.	E.I. Number	
ALPESH PATEL CPA	973-638-1418	27-0624922	
Address	ZIP Code		
205 US 46 WEST STE 7 Totowa NJ	07512		

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

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

The itemized deductions you may claim for the year 2018 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses (See page 18)	1 Medical and dental expenses	1	3,253	00	
	2 Enter amount from Form 40, line 10	2	122,645	00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result	3	4,906	00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-	4			0 00
Taxes You Paid (See page 19)	5 Real estate taxes	5	1,295	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	5,540	00	
	7 Railroad Retirement (Tier 1 only)	7		00	
	8 Other taxes. (List - include personal property taxes.) PERSONAL PROPERTY TAX	8	584	00	
	9 Add the amounts on lines 5 through 8. Enter the total here	9			7,419 00
Interest You Paid (See page 19)	10 a Home mortgage interest and points reported to you on Federal Form 1098	10a	4,266	00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) _____				
	10 b _____	10b		00	
	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		
14 Add the amounts on lines 10a through 13. Enter the total here	14			4,266 00	
Gifts to Charity (See page 19)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.				
	15 Contributions by cash or check	15	250	00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00	
	17 Carryover from prior year	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here	18			250 00	
Casualty and Theft Loss (Attach Form 4684)	19 a Enter the amount from Federal Form 4684, line 16 (See page 20)	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c			0 00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) _____	20		00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. SEE ALA21	21	375	00	
	22 Add the amounts on lines 20 and 21. Enter the total	22	375	00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	2,453	00	
24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24			0 00	
Other Miscellaneous Deductions	25 Other (from list on page 21 of instructions). List type and amount. _____ _____	25			00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here	26			00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions	27			11,935 00

SCHEDULES
D&E
(FORM 40)



Alabama Department of Revenue
Schedule D - Net Profit or Loss **2018**

(Schedule E is on back)
ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E

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

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 4797 LT SCH D					5,518		(5,518)00
2 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
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							00
							00
							00
							00
							00

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

1024 Schedule D (Form 40) 2018

SCHEDULE E
(FORM 40)



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).**

Name(s) shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals		
	A	B	C	(Add Columns A, B, and 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	8	00	00	00		
9 Insurance	9	00	00	00		
10 Legal and other professional fees	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		
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) ▶ _____	18	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	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				23	00

PART II **Income from Partnerships, S Corps, Estates & Trusts**

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 LLC Montgomery, AL 36108	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			██████████0498	6,920 00
MBM 01 INC Montgomery, AL 36117				<input checked="" type="checkbox"/>	██████████5622	6,081 00
MBM 01 INC Montgomery, AL 36117				<input checked="" type="checkbox"/>	██████████5622	6,080 00
RC WOODLEY Montgomery, AL 36116				<input checked="" type="checkbox"/>	██████████9142	(230) 00
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.						24 18,851 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 ▶						25 18,851 00

SCHEDULE E
(FORM 40)



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).**

Name(s) shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____			
B _____			
C _____			

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	00	00
4 Royalties received	00	00	00	00	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	00	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	00	00
20 Depreciation expense or depletion	00	00	00	00	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				00	00

PART II **Income from Partnerships, S Corps, Estates & Trusts**

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
OM SAI 1 LLC Montgomery, AL 36109				X	██████████ 3184	9,964 00
JASHI INC Montgomery, AL 36109				X	██████████ 6259	(20,380) 00
HUM INC Greenville, AL 36037				X	██████████ 2502	4,449 00
MBM 02 LLC Montgomery, AL 36117				X	██████████ 5594	30,907 00
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. ▶						24,940 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 ▶						24,940 00

FORM
AL8453

ALABAMA DEPARTMENT OF REVENUE
Individual Income Tax Declaration for Electronic Filing

2018

For the year January 1 - December 31, 2018

Your first name and initial: BHAVESH B PATEL Last name: _____
 If a joint return, spouse's first name and initial: MITALBAHEN PATEL Last name: _____
 Home address (number and street). If a P.O. Box, see instructions. 8832 PEMBERTON PARK Apt. no. _____
 City, town or post office, state, and ZIP code: Montgomery, AL 36117

Your social security number	XXX-XX-XXXX
Spouse's soc. sec. no. if joint return	XXX-XX-XXXX
Telephone number (optional)	██████████

Part I				
Tax Return Information (Whole dollars only.)	1	Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	97,619 00
	2	Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	4,803 00
	3	Total payments (Form 40, line 26 or Form 40NR, line 26)	3	2,719 00
	4	Refund (Form 40, line 34 or Form 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 Payment Information

1 Routing number: ██████████ 0025
 2 Account number: ██████████ 0776
 3 Type of account: Checking Savings
 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 Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2018 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement 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 preparer.

Sign Here

	05-22-2019		05-22-2019
Your signature	Date	Spouse's signature. If a joint return, BOTH must sign.	Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2018), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
<u>ALPESH PATEL CPA</u>	<u>05-22-2019</u>	<input checked="" type="checkbox"/>	<u>XXXXXXXXXX</u>
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
<u>205 US 46 WEST STE 7; Totowa, NJ</u>	<u>27-0624922</u>	<u>07512</u>	

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
_____	_____	<input type="checkbox"/>	_____
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
_____	_____	_____	

Form AL8453 2018

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

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ALCCLMWK.LD	Worksheet 2 - Applying the Deduction Limits If the result on any line is less than zero, enter zero. (Keep for your records)	2018
--------------------	---	-------------

Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
---	---

Step 1. Enter any qualified conservation contributions (QCCs).

1. If you are a qualified farmer or rancher, enter any QCCs eligible for the 100% limit	1	0
2. Enter any QCCs not entered on line 1. Do not include this amount on line 3, 4, 5, 6, or 8	2	0

Step 2. List your other charitable contributions made during the year.

3. Enter your contributions to 50% limit organizations. (Include contributions of capital gain property if you reduced the property's fair market value. Do not include contributions of capital gain property deducted at fair market value.) Do not include any contributions you entered on line 1 or 2	3	250
4. Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	4	0
5. Enter your contributions (other than of capital gain property) to qualified organizations that are not 50% limit organizations	5	0
6. Enter your contributions "for the use of" any qualified organization. (But do not enter here any amount that must be entered on line 8.)	6	0
7. Add lines 5 and 6	7	0
8. Enter your contributions of capital gain property to or for the use of any qualified organization. (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.

9. Enter your adjusted gross income	9	122,645
10. Multiply line 9 by 0.6. This is your 60% limit	10	73,587

Contributions to 60% limit organizations			Carryover
11. Enter the smaller of line 3 or line 10	11	250	
12. Subtract line 11 from line 3	12		0
13. Subtract line 11 from line 10	13	73,337	
Contributions not to 50% limit organizations			
14. Add lines 3 and 4	14	250	
15. Multiply line 9 by 0.3. This is your 30% limit	15	36,794	
16. Subtract line 14 from line 10	16	73,337	
17. Enter the smallest of line 7, 15, or 16	17	0	
18. Subtract line 17 from line 7	18		0
19. Subtract line 17 from line 15	19	36,794	
Contributions of capital 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		0
22. Subtract line 17 from line 16	22	73,337	
23. Subtract line 20 from line 15	23	36,794	
Other contributions			
24. Multiply line 9 by 0.2. This is your 20% limit	24	24,529	
25. Enter the smallest of line 8, 19, 22, 23, or 24	25	0	
26. Subtract line 25 from line 8	26		0
27. Add lines 11, 17, 20, and 25	27	250	
28. Subtract line 27 from line 10	28	73,337	
29. Enter the smaller of line 2 or line 28	29	0	
30. Subtract line 29 from line 2	30		0
31. Subtract line 27 from line 9	31	122,395	
32. Enter the smaller of line 1 or line 31	32	0	
33. Add lines 27, 29, and 32. Enter the total here and on Schedule A (Form AL40/NR), line 16 or line 17, whichever is appropriate	33	250	
34. Subtract line 32 from line 1	34		0
35. Add lines 12, 18, 21, 26, 30, and 34. Carry this amount forward to Schedule A (AL40/40NR) next year	35		0

SCHEDULE DS & HOF 2018
(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
XXX-XX-XXXX 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?
██████	██████	• XXX-XX-XXXX	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 **1b** • 1



**SCHEDULE
DS & HOF 2018**
(Form 40 or 40NR)



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	Federal Income Tax Deduction Worksheet		2018
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number XXX-XX-XXXX	
1 Enter the tax as shown on line 13 of Form 1040 or line 53 on Form 1040NR	1	9,791	
2 Net Investment Income Tax. Enter amount from line 17, Form 8960	2		
3 Federal Tax. Add lines 1 and 2	3	9,791	
4 a Earned Income Credit (EIC).			
Enter the amount from line 17a of Form 1040	4a		
b Additional Child Tax Credit. Enter the amount from line 17b of Form 1040 or line 64 on Form 1040NR	4b		
c American Opportunity Credit.			
Enter the amount from line 17c of Form 1040	4c		
d Credits from Forms 2439. Enter the amount from Schedule 5, line 74 of Form 1040 if 74a is checked or line 69 of Form 1040NR if 69a is checked	4d		
5 Add lines 4a, b, c and d	5		
6 Subtract line 5 from line 3 and enter on line 12 on Form 40, line 9 Form 40A or page 2, Part IV, line 4 on Form 40NR. If amount is negative enter zero	6	9,791	



2018
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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.: **XXX-XX-XXXX** SPOUSE'S SOCIAL SECURITY NO.: **XXX-XX-XXXX**

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages Other States	
1 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R006254613	●100	●4,000	●4,000	●	
2 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R006254613	●100	●4,000	●4,000	●	
3 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009035728	●31	●1,500	●1,500	●	
4 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009129318	●503	●17,900	●17,900	●	
5 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009991145	●241	●5,000	●5,000	●	
6 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009927468	●872	●20,000	●20,000	●	
7 ●XXXXXXXXXX	●XXXXXXXXXX	●	●	●AL	●R009927468	●872	●20,000	●20,000	●	
8 ●	●	●	●	●	●	●	●	●	●	
9 ●	●	●	●	●	●	●	●	●	●	
10 ●	●	●	●	●	●	●	●	●	●	
11 ●	●	●	●	●	●	●	●	●	●	
12 ●	●	●	●	●	●	●	●	●	●	
13 ●	●	●	●	●	●	●	●	●	●	
14 ●	●	●	●	●	●	●	●	●	●	
15 ●	●	●	●	●	●	●	●	●	●	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. 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 all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements									
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.					2,719	72,400	72,400	72,400	

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

AL-COMP	Three-year State Tax Return Comparison			2018
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2016	2017	2018	Difference 2017-2018
Filing Status	MFJ	MFJ	MFJ	
Gross Income	131,426	157,022	122,645	(34,377)
Source Income	131,426	157,022	122,645	(34,377)
Deductions	20,008	16,623	11,935	(4,688)
Taxable Income	91,951	113,588	97,619	(15,969)
Actual State Income	91,951	113,588	97,619	(15,969)
State Income Tax	4,518	5,597	4,803	(794)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld		1,459	2,719	1,260
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Balance Due		4,138	2,084	(2,054)
Refund				
Marginal tax rate	5.000000	5.000000	5.000000	
Effective tax rate	4.910000	4.930000	4.920000	(0.010000)

ALA21	Form 40, Schedule A, Line 21 Attachment Other Expenses	2018										
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number XXX-XX-XXXX										
<table border="0"> <thead> <tr> <th data-bbox="277 422 412 447">DESCRIPTION</th> <th data-bbox="1019 422 1101 447">AMOUNT</th> </tr> </thead> <tbody> <tr> <td data-bbox="277 474 581 499">SAFE DEPOSIT RENTAL</td> <td data-bbox="1036 474 1068 499">75</td> </tr> <tr> <td data-bbox="277 499 483 525">TAX PREP FEES</td> <td data-bbox="1024 499 1068 525">300</td> </tr> <tr> <td></td> <td data-bbox="911 531 1068 556">=====</td> </tr> <tr> <td data-bbox="277 556 594 581">TOTAL OTHER EXPENSES</td> <td data-bbox="1024 556 1068 581">375</td> </tr> </tbody> </table>			DESCRIPTION	AMOUNT	SAFE DEPOSIT RENTAL	75	TAX PREP FEES	300		=====	TOTAL OTHER EXPENSES	375
DESCRIPTION	AMOUNT											
SAFE DEPOSIT RENTAL	75											
TAX PREP FEES	300											
	=====											
TOTAL OTHER EXPENSES	375											

FOR TAX YEAR 2019

BHAVESH B & MITALBAHEN PATEL

ALPESH PATEL CPA

205 US 46 W STE 7

Totowa, NJ 07512

(973)638-1418

ALPESH PATEL CPA

205 US 46 W STE 7
Totowa, NJ 07512
ALPESHCPA@GMAIL.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 **(0776
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
ALPESH PATEL CPA

<p>EF_PDF~</p>	<p align="center">(KEEP FOR YOUR RECORDS) EF Attachments</p>		<p align="center">2019</p>
<p>Name of corporation BHAVESH B & MITALBAHEN PATEL</p>			
<p>FEIN ██████████-1368</p>			
<p>Reference Sch. E, pg. 2</p>	<p>Description Shareholder Basis Computation</p>	<p>Filename: ShareholderBasisComp.pdf</p>	

EF_PDF~LD *** Before selecting this return for EF, ensure all PDFs are current, based on the last calculation. ***

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial BHAVESH B	Last name PATEL	Your social security number -1368
If joint return, spouse's first name and middle initial MITALBAHEN	Last name PATEL	Spouse's social security number -5976
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Montgomery, AL 36117		Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent

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

You: Were born before January 2, 1955 Are blind

Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):			(4) check if qualifies for (see inst.):		
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED] 1165	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	80,600
2a Tax-exempt interest	2a	
2b Taxable interest	2b	
3a Qualified dividends	3a	356
3b Ordinary dividends	3b	529
4a IRA distributions	4a	
4b Taxable amount	4b	
c Pensions and annuities	4c	
d Taxable amount	4d	
5a Social security benefits	5a	
b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	26,288
7a Other income from Schedule 1, line 9	7a	84,932
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	192,349
8a Adjustments to income from Schedule 1, line 22	8a	1,424
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	190,925
9 Standard deduction or itemized deductions (from Schedule A)	9	24,400
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	16,702
11a Add lines 9 and 10	11a	41,102
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	149,823

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	12a	24,652
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	24,652
13a	Child tax credit or credit for other dependents	13a	2,000
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,000
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	22,652
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	2,847
16	Add lines 14 and 15. This is your total tax	16	25,499
17	Federal income tax withheld from Forms W-2 and 1099	17	20,609
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14.	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	20,609
Refund			
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
21 a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe			
23	Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions.	23	4,890
24	Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. **No**

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

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

Joint return? See instructions. Keep a copy for your records. 13589	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
46631	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. 973-444-4017		Email address	

Paid Preparer Use Only

Preparer's signature ALPESH PATEL	Date 08-12-2020	PTIN P00845932	Check if: <input type="checkbox"/> 3rd Party Designee
Preparer's name ALPESH PATEL	Phone no. 973-638-1418		<input checked="" type="checkbox"/> Self-employed
Firm's name ALPESH PATEL CPA			
Firm's address 205 US 46 W STE 7 Totowa, NJ 07512		Firm's EIN 27-0624922	

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

2019

Attachment
Sequence No. **01**

Your social security number

██████ -1368

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	84,932
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	84,932

Part 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	1,424
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. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	1,424

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

Schedule 1 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

2019

Attachment
Sequence No. **02**

▶ **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			
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 include on Form 1040 or 1040-SR, line 12b	3	0
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	2,847
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	2,847

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

Schedule 2 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2019

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

Attachment
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

██████████-1368

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	389,162	363,388	498	26,272
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	26,272

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	16
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	16

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

Schedule D (Form 1040 or 1040-SR) 2019

EEA

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> <p>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 ▶</p> <p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>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:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> 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). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>26,288</p> <p>()</p>
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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.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2019
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

-1368

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.

Part I 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 1099-B

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 Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	47-0533629 - AMERITRADE ACTIVITIES							
		VARIOUS	12-31-2019	389,162	363,388	W	498	26,272
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			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.

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

Your social security number

BHAVESH B & MITALBAHEN PATEL

██████████ - 1368

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals	20,147		95,445
b	Totals		30,660	
30	Add columns (h) and (k) of line 29a		30	115,592
31	Add columns (g), (i), and (j) of line 29b		31	(30,660)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	84,932

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36	37	

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18	41	84,932
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2019
Attachment
Sequence No. **17**

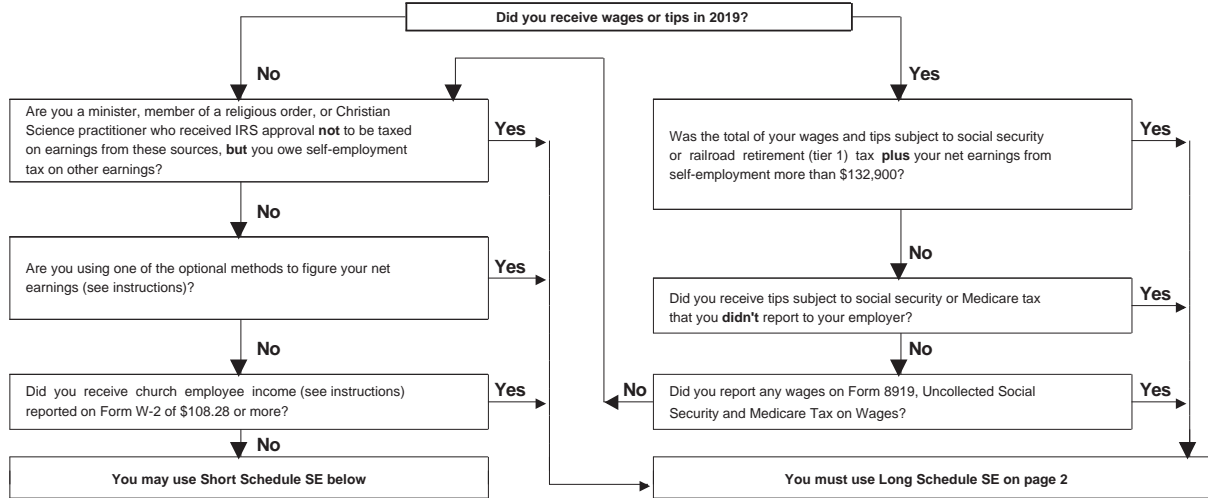
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
BHAVESH B PATEL

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 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 Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 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 Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1,424

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

Schedule SE (Form 1040 or 1040-SR) 2019

EEA

Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

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

Name(s) shown on return

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	K1S: ALABAMA BEVERAGE INC	██████████ 4709	(30,653)
ii	K1S: JASHI INC	██████████ 6259	18,106
iii	K1S: 3445 ATLANTA HWY Montgomery AL 3	██████████ 5622	4,108
iv	K1S: 3445 ATLANTA HWY Montgomery AL 3	██████████ 5622	4,108
v	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, column (c)	2 83,508	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0-	4 83,508	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 16,702
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 16,702
11	Taxable income before qualified business income deduction	11 166,525	
12	Net capital gain (see instructions)	12 372	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 166,153	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 33,231
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 16,702
16	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

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

Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... 190,925

Amount from Form 1040, line 9..... 24,400

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

8995 QBI Deduction, Line 1, Overflow		2019
Name(s) as shown on return		Tax ID Number
BHAVESH B & MITALBAHEN PATEL		416-63-1368
(a) Trade, business or aggregation name	(b) Taxpayer identificaiton number	(c) Qualified business income or (loss)
K1P: MUSKAN 2631 LLC	[REDACTED] 0498	18,723
K1S: 2019 FOUR PLUS INC	[REDACTED] 8136	19,200
K1S: FRIDAY LIQUOR INC	[REDACTED] 1486	15,108
K1S: HUM INC	[REDACTED] 2502	1,367
K1S: RC WOODLEY INC	[REDACTED] 9142	(7)

Form 8867 Department of the Treasury Internal Revenue Service	Paid Preparer's Due Diligence Checklist <i>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</i> ▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.	OMB No. 1545-0074 2019 Attachment Sequence No. 70
Taxpayer name(s) shown on return BHAVESH B & MITALBAHEN PATEL		Taxpayer identification number [REDACTED] -1368
Enter preparer's name and PTIN ALPESH PATEL P00845932		

Part I	Due Diligence Requirements	Yes	No	N/A
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). <input type="checkbox"/> EIC <input checked="" type="checkbox"/> CTC/ ACTC/ODC <input type="checkbox"/> AOTC <input type="checkbox"/> HOH				
1	Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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 information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	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 status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	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. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
5	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 the amount(s) of the credit(s) List those documents, if any, that you relied on. <u>School Records, Medical Records</u> _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	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 return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)			
	Yes	No	
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)			
	Yes	No	
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?	<input type="checkbox"/>	<input type="checkbox"/>	

Part VI Eligibility Certification			
<p>▶ 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:</p> <p>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/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. 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 eligibility for the credit(s) and/or HOH filing status and to compute 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 responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>			
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Form PMT

ACH Payment

2019

(Keep for your records)

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

Form **8879**
 Department of the Treasury
 Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

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

Submission Identification Number (SID) ▶

Taxpayer's name BHAVESH B PATEL	Social security number [REDACTED] - 1368
Spouse's name MITALBAHEN PATEL	Spouse's social security number [REDACTED] - 5976

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)		
1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	190,925
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	25,499
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	20,609
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	4,890

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. 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 Amount owed will be debited from: RTN:021200025 DAN:1010180010776

I authorize ALPESH PATEL CPA to enter or generate my PIN 13589 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize ALPESH PATEL CPA to enter or generate my PIN 46631 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 200645-24922
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 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.

ERO's signature ▶ ALPESH PATEL Date ▶ 08-12-2020

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)

Federal Supporting Statements											
Name(s) as shown on return											2019
BHAVESH B & MITALBAHEN PATEL											PG01
											Tax ID Number
											-1368

Schedule E - Line 28 - Partnerships and S Corporations												Statement #1
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Basis Req.	F- Not At Risk	G- P Loss	H- P Income	I- Loss	J- Sec 179	K- Income		
MUSKAN 2631 LLC	P		0498			0	20,147	0	0	0	0	
MBM 01 INC	S		5622			0	0	0	0	0	4,108	
MEM 01 INC	S		5622			0	0	0	0	0	4,108	
JASHI INC	S		6259			0	0	0	0	0	18,106	
HUM INC	S		2502			0	0	0	0	0	1,367	
MEM 02 LLC	S		5594			0	0	0	0	0	33,448	
ALABAMA BEVERAGE INC	S		4709	X		0	0	30,653	0	0	0	
RC WOODLEY INC	S		9142	X		0	0	7	0	0	0	
2019 FOUR PLUS INC	S		8136			0	0	0	0	0	19,200	
FRIDAY LIQUOR INC	S		1486			0	0	0	0	0	15,108	
Total						0	20,147	30,660	0	0	95,445	

STM- LD

Summary of Estimates					2020
Name(s) as shown on return					Your SSN/EIN
BHAVESH B & MITALBAHEN PATEL					[REDACTED]-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	1,860	7,440
Overpayment Applied	0	0	0	0	0
Net Installment Due	1,860	1,860	1,860	1,860	7,440
Taxpayer Records					
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Estimated Tax Worksheet for Next Year

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████-1368

1.	Wages	1.	_____
2.	Interest and Dividend income	2.	_____
3.	Capital gain income	3.	_____
4.	Taxable IRA/Pension income	4.	_____
5.	Taxable Social Security income	5.	_____
6.	Business income	6.	_____
7.	Other income	7.	_____
8.	Total income (add lines 1 thru 7)	8.	_____
9.	Adjustments to income	9.	_____
10.	Adjusted gross income (subtract line 9 from line 8)	10.	_____
11a.	Itemized deductions	11a.	_____
11b.	Standard deduction	11b.	_____
12.	Taxable income (subtract 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 income (subtract line 13 from line 12)	14.	_____
15.	Projected Tax	15.	_____
16.	Alternative Minimum Tax	16.	_____
17.	Total tax	17.	_____
18a.	Child Tax Credit and Other Dependent Credit	18a.	_____
18b.	Other projected Credits	18b.	_____
18c.	Total projected credits	18c.	_____
19.	Subtract line 18d from line 17	19.	_____
20.	Projected SE Tax - Taxpayer	20.	_____
21.	Projected SE Tax - Spouse	21.	_____
22.	Other taxes	22.	_____
23a.	Add lines 19 through 22	23a.	_____
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	23b.	_____
c.	Total 2020 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	_____
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) 110%	24b.	28,049
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	28,049
25.	Projected Withholding	25.	20,609
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	7,440

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 BHAVESH B & MITALBAHEN PATEL		Your Social Security Number [REDACTED] -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

WITHHELD.LD

		a Employee's social security number [REDACTED] -5976		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) [REDACTED] 0498				1 Wages, tips, other compensation 20,400		2 Federal income tax withheld 1,800					
c Employer's name, address, and ZIP code MUSKAN 2631 INC 1192 WESTERN BLVD Montgomery AL 36108				3 Social security wages 20,400		4 Social security tax withheld 1,265					
				5 Medicare wages and tips 20,400		6 Medicare tax withheld 296					
				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. MITALBAHEN PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
f Employee's address and ZIP code						12d					
15 State Employer's state ID number AL R009129318		16 State wages, tips, etc. 20,400		17 State income tax 765		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **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

		a Employee's social security number [REDACTED] 1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) [REDACTED] 6000				1 Wages, tips, other compensation 6,000		2 Federal income tax withheld 4,127					
c Employer's name, address, and ZIP code PLEASURE LLC 3401 WOODLEY RD Montgomery AL 36116				3 Social security wages 6,000		4 Social security tax withheld 372					
				5 Medicare wages and tips 6,000		6 Medicare tax withheld 87					
				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. BHAVESH B PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
f Employee's address and ZIP code						12d					
15 State Employer's state ID number AL R009991145		16 State wages, tips, etc. 6,000		17 State income tax 161		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **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

		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 Employer identification number (EIN) ██████████ 6259				1 Wages, tips, other compensation 18,000		2 Federal income tax withheld 4,572					
c Employer's name, address, and ZIP code JASHI INC 3445 ATLANA HWY Montgomery AL 36109				3 Social security wages 18,000		4 Social security tax withheld 1,116					
				5 Medicare wages and tips 18,000		6 Medicare tax withheld 261					
				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. BHAVESH B PATEL ██████████ Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
f Employee's address and ZIP code											
15 State Employer's state ID number AL R009927468		16 State wages, tips, etc. 18,000		17 State income tax 1,239		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **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

		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 Employer identification number (EIN) ██████████ 6259				1 Wages, tips, other compensation 24,000		2 Federal income tax withheld 6,630					
c Employer's name, address, and ZIP code JASHI INC 3445 ATLANA HWY Montgomery AL 36109				3 Social security wages 24,000		4 Social security tax withheld 1,488					
				5 Medicare wages and tips 24,000		6 Medicare tax withheld 348					
				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. MITALBAHEN PATEL ██████████ Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
f Employee's address and ZIP code											
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 income tax		20 Locality name	

Form **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

		a Employee's social security number [REDACTED] 1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) [REDACTED] 4709				1 Wages, tips, other compensation 3,600		2 Federal income tax withheld 2,690					
c Employer's name, address, and ZIP code ALABAMA BEVERAGE INC 8832 PEMBERTON PARK Montgomery AL 36117				3 Social security wages 3,600		4 Social security tax withheld 223					
				5 Medicare wages and tips 3,600		6 Medicare tax withheld 52					
				7 Social security tips		8 Allocated tips					
d Control number				9 [REDACTED]		10 Dependent care benefits					
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12			
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
f Employee's address and ZIP code		Montgomery		AL 36117		14 Other		12c			
15 State Employer's state ID number AL R010040923		16 State wages, tips, etc. 3,600		17 State income tax 634		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **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

		a Employee's social security number [REDACTED] -1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) [REDACTED] 1486				1 Wages, tips, other compensation 1,400		2 Federal income tax withheld 76					
c Employer's name, address, and ZIP code FRIDAY LIQUOR INC 225 E SOUTH BLVD Montgomery AL 36105				3 Social security wages 1,400		4 Social security tax withheld 87					
				5 Medicare wages and tips 1,400		6 Medicare tax withheld 20					
				7 Social security tips		8 Allocated tips					
d Control number				9 [REDACTED]		10 Dependent care benefits					
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans		12a See instructions for box 12			
[REDACTED]		[REDACTED]		[REDACTED]		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
f Employee's address and ZIP code		Montgomery		AL 36117		14 Other		12c			
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 income tax		20 Locality name	

Form **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

a Employee's social security number [REDACTED] - 1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) [REDACTED] 8136				1 Wages, tips, other compensation 7,200		2 Federal income tax withheld 540					
c Employer's name, address, and ZIP code 2019 FOUR PLUS INC 2949 FORBES RD Montgomery AL 36110				3 Social security wages 7,200		4 Social security tax withheld 446					
				5 Medicare wages and tips 7,200		6 Medicare tax withheld 104					
				7 Social security tips		8 Allocated tips					
d Control number				9 [REDACTED]		10 Dependent care benefits					
e Employee's first name and initial BHAVESH B		Last name PATEL		Suff.		11 Nonqualified plans					
[REDACTED]		[REDACTED]		[REDACTED]		12a See instructions for box 12		12b			
Montgomery		AL		36117		12c		12d			
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
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 income tax		20 Locality name	

Form **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

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				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 [REDACTED]		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans					
[REDACTED]		[REDACTED]		[REDACTED]		12a See instructions for box 12		12b			
[REDACTED]		[REDACTED]		[REDACTED]		12c		12d			
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
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	

Form **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

W-2 Detail Listing

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
S	MUSKAN 2631 INC	20,400	1,800	AL	20,400	765
T	PLEASURE LLC	6,000	4,127	AL	6,000	161
T	JASHI INC	18,000	4,572	AL	18,000	1,239
S	JASHI INC	24,000	6,630	AL	24,000	1,752
T	ALABAMA BEVERAGE INC	3,600	2,690	AL	3,600	634
T	FRIDAY LIQUOR INC	1,400	76	AL	1,400	39
T	2019 FOUR PLUS INC	7,200	540	AL	7,200	251
Taxpayer Totals		36,200	12,005		36,200	2,324
Spouse Totals		44,400	8,430		44,400	2,517
Totals		80,600	20,435		80,600	4,841

Computation of Regular Tax

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████-1368

Statement for line 12a of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status
If taxable income is

over	but not over	pay	plus	% on excess	of the amount 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%	78,950
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

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

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

Before you begin:

- See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1. Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Income Tax Worksheet	1.	<u>149,823</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>356</u>
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> 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.	<u>16</u>
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6		
4. Add lines 2 and 3	4.	<u>372</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u> </u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>372</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>149,451</u>
8. Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8.	<u>78,750</u>
9. Enter the smaller of line 1 or line 8	9.	<u>78,750</u>
10. Enter the smaller of line 7 or line 9	10.	<u>78,750</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u> </u>
12. Enter the smaller of line 1 or line 6	12.	<u>372</u>
13. Enter the amount from line 11	13.	<u> </u>
14. Subtract line 13 from line 12	14.	<u>372</u>
15. Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15.	<u>488,850</u>
16. Enter the smaller of line 1 or line 15	16.	<u>149,823</u>
17. Add lines 7 and 11	17.	<u>149,451</u>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>372</u>
19. Enter the smaller of line 14 or line 18	19.	<u>372</u>
20. Multiply line 19 by 15% (0.15)	20.	<u>56</u>
21. Add lines 11 and 19	21.	<u>372</u>
22. Subtract line 21 from line 12	22.	<u> </u>
23. Multiply line 22 by 20% (0.20)	23.	<u> </u>
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>24,596</u>
25. Add lines 20, 23, and 24	25.	<u>24,652</u>
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>24,678</u>
27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	<u>24,652</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**Form 1040 or
1040-SR**

**Investment Income for the
Earned Income Credit**

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b **1.** _____
- 2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b **2.** _____
- 3. Enter any amount from Form 1040 or 1040-SR, line 3b **3.** 529
- 4. Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 8, 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 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 from Form 1040 or 1040-SR, line 6. If the amount on that line is a loss, enter -0- **5.** 26,288
- 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, enter -0-.) **7.** 26,288

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 or 1040-SR, Schedule 1, line 8, 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, Schedule 1, line 22 (If the result is less than zero, enter -0-.) **8.** _____

Passive Activities

- 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.** 20,147
- 10. Adjustment from EIC screen **10.** _____
- 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** **11.** 46,964
- 12. Is the amount on line 11 more than **\$3,600**?
 - Yes.** You can't take the credit.
 - No.** Go to *Step 3* of the Form 1040 and 1040-SR instructions for line 18a 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, don't 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, 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

Income	Regular tax	Alt Min Tax
Wages	80,600	80,600
Interest income before Series EE bond exclusion		
Dividend income	529	529
Taxable state and local refunds		
Alimony received		
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)		
Nonpassive S corporation income or (loss)	64,785	66,471
Nonpassive estate and trust income or (loss)		
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	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
1040-SR, and
1040NR

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

(Keep for your records)

2019

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	2,000
	2. Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result	2	1,400
	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	99,324
	4. Is the amount on line 3 more than \$2,500?		
	<input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6.		
	<input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result	4	96,824
	5. Multiply the amount on line 4 by 15% (0.15) and enter the result	5	14,524
	6. On line 2 of this worksheet, is the amount \$4,200 or more?		
	<input checked="" type="checkbox"/> 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.		
	<input type="checkbox"/> 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.		
If married filing jointly, include your spouse's amounts with yours when completing lines 7 and 8.	7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total of the following amounts from Form(s) W-2 . . .	7	
	• Social security tax withheld from box 4, and		
	• Medicare tax withheld from box 6.		
	8. 1040 and 1040-SR filers. Enter the total of any -	8	
	• 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.		
	9. Add lines 7 and 8. Enter the total	9	
	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.	10	
	1040-NR filers. Enter the amount from Form 1040-NR, line 67.		
	11. Subtract line 10 from line 9. If the result is zero or less, enter -0-	11	0
	12. Enter the larger of line 5 or line 11	12	14,524
	13. Enter the smaller of line 2 or line 12	13	1,400
	14. Is the amount on line 13 of this worksheet more than the amount on line 1?		
	<input checked="" type="checkbox"/> No. Subtract line 13 from line 1. Enter the result.	14	600
	<input type="checkbox"/> 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.		
	<i>Then, go to line 15.</i>		
	15. Enter the total of the amounts from -	15	0
	• Form 8396, line 9, and		
	• Form 8839, line 16, and		
	• Form 5695, line 15, and		
	• Form 8859, line 3.		

Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.

Forms 1040,
1040-SR, and
1040-NR

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

(Keep for your records)

2019

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:
1 x \$2,000. Enter the result 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: 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 3. 2,000

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- 5. _____

6. Add lines 4 and 5. Enter the total 6. 190,925

7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$400,000
 - All other filing statuses - \$200,000
. 7. 400,000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6 8. _____
 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 9. 0

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 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.
 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
1040NR

Child Tax Credit and Credit for Other Dependents Worksheet

(Keep for your records)

2019

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

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45 **11.** 24,652

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	+ _____
Form 5695, line 30			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 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.

} **14.** 0

15. Subtract line 14 from line 13. Enter the result **15.** 24,652

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

} **This is your child tax credit and credit for other dependents.**

16. 2,000

Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.

TIP 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.

! **CAUTION** 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.

1. a.	Enter the amount from Form 1040 or 1040-SR, line 1, or Form 1040-NR, line 8	1a.	<u>80,600</u>
b.	Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 6b. This amount should be shown in Form(s) W-2, box 12, with code Q	1b.	_____
	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.		
2. a.	Enter any statutory employee income reported on line 1 of Schedule C	2a.	_____
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.	<u>20,148</u>
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	2c.	_____
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. Otherwise, skip this line and enter on line 2e the amount from line 2c	2d.	_____
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) from line 2c	2e.	_____
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	3.	<u>100,748</u>
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.	_____
c.	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	4c.	_____
5.	Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	5.	<u>1,424</u>
6.	Add lines 4a, 4b, 4c, and 5	6.	<u>1,424</u>
7.	Subtract line 6 from line 3	7.	<u>99,324</u>

* 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

(Keep for your records)

2019

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 or 1040-SR, line 8b, or Form 1040-NR, line 35 1. 190,925
2. Enter any tax-exempt interest from Form 1040 or 1040-SR, line 2a, or Form 1040-NR, line 9b 2. _____
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, line 2a 5. 190,925

Worksheet 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 1. _____
2. Enter any tax-exempt interest for your dependents from Form 1040 or 1040-SR, line 2a, and Form 1040-NR, line 9b 2. _____
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 3. _____
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 4. _____
5. Add lines 1 through 4. Enter here and on Form 8962, line 2b 5. _____

Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from line 3 of Form 8962 1. 190,925
2. Enter the amount from line 4 of Form 8962 2. 20,780
3. Multiply the amount on line 2 by 4.0 3. 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 4. 401

Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

2019

Name of Partner: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Partnership: MUSKAN 2631 LLC	EIN: [REDACTED] 0498

A.	Partner's share of partnership liabilities (Sch K-1, Item K)	A.	_____	
B.	Partner's share of partnership liabilities from PRIOR year	B.	(_____)	
C.	Increases (Decrease) in share of Partnership Liabilities during this tax period	C.	_____	
1.	Adjusted Basis from preceding year			1. <u>16,920</u>
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	b.	_____	
c.	Adjusted basis of property contributed during the year	c.	_____	
d.	Partnership interest acquired other than by cash or property	d.	_____	
	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.	<u>20,147</u>	
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)	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 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 Credits	k.	_____	
i.	Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i.	_____	
	Total items of Income or Gains (Total lines 3a-3l)	3.	<u>20,147</u>	
4.	Increase in Partnership Share of Partnership Liabilities from line C above	4.	_____	
5.	Total increases in basis (combine lines 1 through 4)	5.	<u>37,067</u>	
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.	<u>37,067</u>	
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.	_____	
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 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.	_____	
11.	Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)	11.	<u>37,067</u>	

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: MBM 01 INC	EIN [REDACTED] 5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>21,081</u>	
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	<u>4,108</u>		
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	<u>4,108</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>25,189</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>25,189</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>25,189</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>25,189</u>	

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 / 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 lines 11 and 17)	18	<u>25,189</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: MITALBAHEN PATEL	SSN: [REDACTED] - 5976
Name of Corporation: MBM 01 INC	EIN [REDACTED] 5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>21,080</u>	
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	<u>4,108</u>		
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	<u>4,108</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>25,188</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>25,188</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>25,188</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>25,188</u>	

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 / 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 lines 11 and 17)	18	<u>25,188</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)	_____	_____

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: JASHI INC	EIN [REDACTED] 6259

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>93,838</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>18,106</u>		
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	<u>18,106</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>111,944</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>111,944</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u>477</u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>111,467</u>	8
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)	g			
h	Charitable Contributions (Page 2, Col d, Line 9h)	h	<u>780</u>		
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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m			
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u>780</u>		
n	Other decreases (Page 2, Col d, Line 9n)	9n			
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o			
	Total Decrease for Loss and Deductions Items and Business Credits	9		<u>780</u>	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)	11		<u>110,687</u>	11

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 / 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 lines 11 and 17)	18	<u>110,687</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: HUM INC	EIN [REDACTED] 2502

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>19,449</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>1,367</u>		
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	<u>1,367</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>20,816</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>20,816</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>20,816</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>20,816</u>	

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 / 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 lines 11 and 17)	18	<u>20,816</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: MBM 02 LLC	EIN [REDACTED] 5594

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>40,907</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>33,448</u>		
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	<u>33,448</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>74,355</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>74,355</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>74,355</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>74,355</u>	

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 / 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 lines 11 and 17)	18	<u>74,355</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: ALABAMA BEVERAGE INC	EIN [REDACTED] 4709

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>450,000</u>	
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	_____		
	l Gain from 179 asset disposition	3l	_____		
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>450,000</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)			_____	5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>450,000</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u>888</u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>449,112</u>	8
9	Decreases for Loss and Deduction items:				
	a Ordinary Loss (Page 2, Col d, Line 9a)	a	<u>30,653</u>		
	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	_____		
	l Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l	_____		
	m Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m	_____		
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m	<u>30,653</u>		
	n Other decreases (Page 2, Col d, Line 9n)	9n	_____		
	o Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o	_____		
	Total Decrease for Loss and Deductions Items and Business Credits	9	<u>30,653</u>		
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)			<u>418,459</u>	11

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 / 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 lines 11 and 17)	18	<u>418,459</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)	_____	_____

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2019

Name of Shareholder: BHAVESH B PATEL		SSN: [REDACTED] -1368
Name of Corporation: ALABAMA BEVERAGE INC		EIN [REDACTED] 4709

Part I - Shareholder Stock Basis

1. Stock basis at the beginning of the corporation's tax year	1.	450,000
2. Basis from any capital contributions made or additional stock acquired during the tax year	2.	
3a. Ordinary business income (losses go on Part III)	3a.	
b. Net rental real estate income (losses go on Part III)	3b.	
c. Other net rental income (losses go on Part III)	3c.	
d. Interest income	3d.	
e. Ordinary dividends	3e.	
f. Royalties	3f.	
g. Net capital gains (losses go on Part III)	3g.	
h. Net section 1231 gain (losses go on Part III)	3h.	
i. Other income (losses go on Part III)	3i.	
j. Excess depletion adjustment	3j.	
k. Tax-exempt income	3k.	
l. Recapture of business credits	3l.	
m. Other items that increase stock basis	3m.	
4. Add lines 3a through 3m	4.	
5. Stock basis before distributions. Add lines 1, 2, and 4	5.	450,000
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 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.	450,000
8a. Nondeductible expenses	8a.	888
b. Depletion for oil and gas	8b.	
9. Add lines 8a and 8b	9.	888
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.	449,112
11. Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c)	11.	30,653
12. Debt basis restoration (see net increase in instructions for Part II, line 8)	12.	
13. Other items that decrease stock basis	13.	
14. Add lines 11, 12, and 13	14.	30,653
15. Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15.	418,459

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2019

Name of Shareholder: BHAVESH B PATEL		SSN: [REDACTED] -1368			
Name of Corporation: ALABAMA BEVERAGE INC		EIN [REDACTED] 4709			
Part III - Allowable Loss and Deduction 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	30,653	30,653		
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	30,653	30,653		0

Shareholder's Adjusted Basis Worksheet, page 1

2019

Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: RC WOODLEY INC	EIN [REDACTED] 9142

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>25,000</u>	
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)		4	<u>25,000</u>	
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)		5		
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)		6	<u>25,000</u>	
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	<u>25,000</u>	
9	Decreases for Loss and Deduction items:				
a	Ordinary Loss (Page 2, Col d, Line 9a)	a		<u>7</u>	
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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
m	Section 59(e) Expenditures (Page 2, Col d, Line 9m)	m			
	Total Loss and Deduction Items (Total Lines 9a-9m)	9a-m		<u>7</u>	
n	Other decreases (Page 2, Col d, Line 9n)	9n			
o	Loss from 179 asset disposition (Page 2, Col d, Line 9o)	9o			
	Total Decrease for Loss and Deductions Items and Business Credits	9		<u>7</u>	
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)	11		<u>24,993</u>	

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 / 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 lines 11 and 17)	18	<u>24,993</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2019

Name of Shareholder: BHAVESH B PATEL		SSN: [REDACTED] -1368
Name of Corporation: RC WOODLEY INC		EIN [REDACTED] 9142

Part I - Shareholder Stock Basis

1. Stock basis at the beginning of the corporation's tax year	1.	25,000
2. Basis from any capital contributions made or additional stock acquired during the tax year	2.	_____
3a. Ordinary business income (losses go on Part III)	3a.	_____
b. Net rental real estate income (losses go on Part III)	3b.	_____
c. Other net rental income (losses go on Part III)	3c.	_____
d. Interest income	3d.	_____
e. Ordinary dividends	3e.	_____
f. Royalties	3f.	_____
g. Net capital gains (losses go on Part III)	3g.	_____
h. Net section 1231 gain (losses go on Part III)	3h.	_____
i. Other income (losses go on Part III)	3i.	_____
j. Excess depletion adjustment	3j.	_____
k. Tax-exempt income	3k.	_____
l. Recapture of business credits	3l.	_____
m. Other items that increase stock basis	3m.	_____
4. Add lines 3a through 3m	4.	_____
5. Stock basis before distributions. Add lines 1, 2, and 4	5.	25,000
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 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.	25,000
8a. Nondeductible expenses	8a.	_____
b. Depletion for oil and gas	8b.	_____
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.	25,000
11. Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c)	11.	7
12. Debt basis restoration (see net increase in instructions for Part II, line 8)	12.	_____
13. Other items that decrease stock basis	13.	_____
14. Add lines 11, 12, and 13	14.	7
15. Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15.	24,993

**Worksheet for Figuring a Shareholder's
Stock and Debt Basis**

Form 1120S

Attach this worksheet to your return.

2019

Name of Shareholder: BHAVESH B PATEL		SSN: [REDACTED] -1368			
Name of Corporation: RC WOODLEY INC		EIN [REDACTED] 9142			
Part III - Allowable Loss and Deduction 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	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	0

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Name of business activity KLS: 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
14. UBIA of qualified property carried to Form 8995 / 8995-A		32,500
15. Section 199A REIT dividends		
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 circumstances:

- Form 8995, 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
- Form 8995-A, Schedule C, line 1

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

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Name of business activity KLP: MUSKAN 2631 LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	20,147	20,147
2. Rental income (loss)	_____	_____
3. Royalty income (loss)	_____	_____
4. Section 1231 gain (loss)	_____	_____
5. Other income (loss)	_____	_____
6. Section 179 deduction	_____	_____
7. Charitable contributions	_____	_____
8. Other deductions	_____	_____
9. Deduction for half of SE tax	_____	1,424
10. Self-employed health insurance deduction	_____	_____
11. Self-employed pension deduction	_____	_____
12. QBI amount carried to Form 8995 / 8995-A	_____	18,723
13. W-2 wages carried to Form 8995 / 8995-A	_____	_____
14. UBIA of qualified property carried to Form 8995 / 8995-A	_____	_____
15. Section 199A REIT dividends	_____	_____
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 circumstances:

- Form 8995, 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
- Form 8995-A, Schedule C, line 1

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 2020 tax return
 (Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

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	_____
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 2020 to flow to the Schedule A	<u>2,777</u>
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 AMT _____ Reg. Tax _____	_____
Long-term capital loss AMT _____ Reg. Tax _____	_____
Net operating loss AMT _____ Reg. Tax _____	_____
Excess business loss from Form 461 (becomes part of NOL next year) AMT _____ Reg. Tax _____	_____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C AMT <u>5,518</u> Reg. Tax _____	<u>5,518</u>
Credits	
Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit AMT _____ Reg. Tax _____	_____
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____
Other	
Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 <u>1,860</u> Estimated Tax Payment 2 <u>1,860</u>	_____
Estimated Tax Payment 3 <u>1,860</u> Estimated Tax Payment 4 <u>1,860</u>	_____
Federal tax liability for 2210 calculation	<u>25,499</u>
State tax liability for state 2210 calculation	<u>7,618</u>
IRA basis Taxpayer _____ Spouse _____	_____
 Passive Activity	
_____	_____
_____	_____
 At Risk Limitations	
_____	_____
_____	_____

**Nonrecaptured Net Section 1231
Losses Carryover Worksheet**

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2019	Remaining 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 2017 / 2018 / 2019			2019
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Identifying number -1368
	2017	2018	2019	Difference 2018-2019
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Exemptions	3	N/A	N/A	N/A
Number of Dependents	N/A	1	1	
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			
Gains (losses)		6,332	26,288	19,956
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	70,736	43,791	84,932	41,141
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	1,424	935
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	155,620	122,156	190,925	68,769
Deductions				
Medical deductions				
State and local taxes	6,123			
Interest	4,957			
Contributions	4,255			
Employee business expenses				
Standard or other deductions		24,000	24,400	400
Total Itemized or Standard Ded	15,335	24,000	24,400	400
Exemption Amount	12,150	N/A	N/A	N/A
Qualified Business Income Deduction	N/A	7,603	16,702	9,099
Tax and Credits				
Taxable Income	128,135	90,553	149,823	59,270
Tax	23,511	11,791	24,652	12,861
Credits		2,000	2,000	
Self-employment tax	2,803	978	2,847	1,869
Other taxes	3,371			
Total Tax	29,685	10,769	25,499	14,730
Payments				
Withholdings	3,512	7,213	20,609	13,396
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment				
Overpayment Applied				
Refund				
Balance Due	26,597	3,645	4,890	1,245
Marginal tax rate	25.00	22.00	22.00	
Effective tax rate	18.00	13.00	16.45	3.45

Account Transaction Summary		2019
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your ID Number XXX-XX-1368
Account #1		
Financial Institution		
Routing Transit Number	██████████0025	
Account Number	██████████0776	
Account Type	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		
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.		
Your Signature	Date	Spouse's Signature (If Married Filing Jointly) Date

DD_PMT.LD

**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:

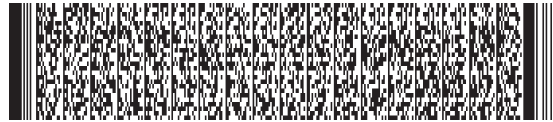
\$2,777.00

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 40 Alabama 2019

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2019, or other tax year:

Beginning: Ending:

Your social security number
-1368

Spouse's SSN if joint return
-5976

Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name
BHAVESH

Initial
B

Last name
PATEL

Spouse's first name
MITALBAHEN

Initial

Last name
PATEL

Present home address (number and street or P.O. Box number)

CHECK BOX IF AMENDED RETURN

City, town or post office
Montgomery

State ZIP code
AL 36117

Foreign Country
 Check if address is outside U.S.

Filing Status/	1 <input type="checkbox"/> \$1,500 Single	3 <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN	
Exemptions	2 <input checked="" type="checkbox"/> \$3,000 Married filing joint	4 <input type="checkbox"/> \$3,000 Head of Family (with qualifying person). Complete Schedule HOF	
	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A - Alabama tax withheld	B - Income
Income	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)	5a 4,841	5b 80,600
and	6 Interest and dividend income (also attach Schedule B if over \$1,500)	6 529	7 110,722
Adjustments	7 Other income (from page 2, Part I, line 9)	7	8 191,851
	8 Total income. Add amounts in the income column for line 5b through line 7.	8	9
	9 Total adjustments to income (from page 2, Part II, line 14)	9	10 191,851
	10 Adjusted gross income. Subtract line 9 from line 8	10	
Deductions	11 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 you do not itemize deductions, and enter standard deduction (see instructions)		
	a <input checked="" type="checkbox"/> Itemized Deductions	b <input type="checkbox"/> Standard Deduction	11 11,901
	12 Federal tax deduction (see instructions)	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	
	13 Personal exemption (from line 1, 2, 3, or 4)	12 22,652	13 3,000
	14 Dependent exemption (from page 2, Part III, line 2)	14 300	
	15 Total deductions. Add lines 11, 12, 13, and 14	15	37,853
	16 Taxable income. Subtract line 15 from line 10	16	153,998
Tax	17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A	17	7,618
	18 Net tax due Alabama. Check box if computing tax using Schedule NTC, otherwise enter amount from line 17	18	7,618
	19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box	19	0
	20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:		
	a Alabama Democratic Party \$1 \$2 none	20a	
	b Alabama Republican Party \$1 \$2 none	20b	
	21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	7,618
	22 Alabama income tax withheld (from column A, line 5a)	22	4,841
	23 2019 estimated tax payments/Automatic Extension Payment	23	
	24 Amended Returns Only - Previous payments (see instructions)	24	
Payments	25 Refundable Credits. Enter the amount from Schedule RC, line 4	25	
	26 Total payments. Add lines 22, 23, 24, and 25	26	4,841
	27 Amended Returns Only - Previous refund (see instructions)	27	
	28 Adjusted Total Payments. Subtract line 27 from line 26	28	4,841
AMOUNT YOU OWE	29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	29	2,777
	30 Estimated tax penalty. Also include on line 29 (see instructions page 12)	30	
OVERPAID	31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID.	31	
	32 Amount of line 31 to be applied to your 2020 estimated tax	32	
Donations	33 Total Donation Check-offs from Schedule DC, line 2	33	
REFUND	34 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) Subtract lines 32 and 33 from line 31	34	

For Direct Deposit, check here and complete Part V, Page 2.



BHAVESH B & MITALBAHEN PATEL [REDACTED] -1368

PART I

Other Income <small>(See page 13)</small>	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)	3	• 25,790
	4a Total IRA distributions	4a	•
	4b Taxable amount (see instructions)	4b	•
	5a Total pensions and annuities	5a	•
	5b Taxable amount (see instructions)	5b	•
	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	• 84,932
7 Farm income or (loss) (attach Federal Schedule F)	7	•	
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	• 110,722	

PART II

Adjustments to Income <small>(See page 16)</small>	1a Your IRA deduction	1a	•
	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	•
	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	•
	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	•
	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 Total adjustments. Add lines 1 through 13. Enter here and also on page 1, line 9	14	•	

PART III

Dependents	1 Total number of dependents from Schedule DS, line 1b	1	• 1
	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	2	• 300

PART IV

1 Residency Check only one box: Full Year Part Year From _____ through _____

2 Did you file an Alabama income tax return for the year 2018? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours PLEASURE LLC Montgomery 36116
Your Spouse MUSKAN 2631 INC Montgomery 36108

4 Enter the Federal Adjusted Gross Income • \$ 190,925 and Federal Taxable Income • \$ 149,823 as reported on your 2019 Federal Individual Income Tax Return.

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 No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • _____	Amount • _____
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.)

1 Routing Number: _____ **2** Type: Checking Savings **3** Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Your state • <u>XX</u>	DL# • <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>
DOB (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Spouse state • <u>XX</u>	DL# • <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>

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.

Sign Here In Black Ink
Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number <u>973-444-4017</u>	Your Occupation _____
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature _____	Date <u>08-12-2020</u>	Check if Self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <u>P00845932</u> E.I. Number <u>27-0624922</u>
Firm's Name (or yours, if self-employed) <u>ALPESH PATEL CPA</u>	Daytime Telephone No. <u>973-638-1418</u>	ZIP Code <u>07512</u>	
Address <u>205 US 46 W STE 7 Totowa NJ</u>			

**SCHEDULES
A, B, & DC
(FORM 40)**



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

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

The itemized deductions you may claim for the year 2019 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses (See page 19)	1 Medical and dental expenses	1		00
	2 Enter amount from Form 40, line 10	2		00
	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-	4	•	0 00
Taxes You Paid (See page 19)	5 Real estate taxes	5	1,360	00
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	6,165	00
	7 Railroad Retirement (Tier 1 only)	7		00
	8 Other taxes. (List - include personal property taxes.)▶	8		00
	9 Add the amounts on lines 5 through 8. Enter the total here	9	•	7,525 00
Interest You Paid (See page 20) <i>NOTE: Personal interest is not deductible.</i>	10a Home mortgage interest and points reported to you on Federal Form 1098	10a	3,596	00
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶			
	10b		00	
	11 Points not reported to you on Form 1098	11		00
	12 Investment interest. (Attach Form 4952A.)	12		00
13 Add the amounts on lines 10a through 12. Enter the total here	13	•	3,596 00	
Gifts to Charity (See page 20)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 20.			
	14 Contributions by cash or check	14	780	00
	15 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	15		00
	16 Carryover from prior year	16		00
17 Add the amounts on lines 14 through 16. Enter the total here	17	•	780 00	
Casualty and Theft Loss (Attach Form 4684)	18a Enter the amount from Federal Form 4684, line 16 (See page 20)	18a		00
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10)	18b		00
	c Subtract line 18b from line 18a. If zero or less, enter -0-	18c	•	0 00
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	19 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶	19		00
	20 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ SAFE DEPOSIT RENTAL	20	75	00
	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	22	3,837	00
	23 Subtract line 22 from line 21. Enter the result. If zero or less, enter -0-	23	•	0 00
Other Miscellaneous Deductions	24 Other (from list on page 21 of instructions). List type and amount▶	24		00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.			
	25 Enter amount here	25		00
Total Itemized Deductions	26 Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 25. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions	26	•	11,901 00

SCHEDULES
D&E
(FORM 40)



(Schedule E is on separate form)
ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULES D AND E

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

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)
CAP GAIN DIST			16				16 00
2 470533629 AMERIT	VARIOUS	12-31-2019	389,162		363,388		25,774 00
							00
							00
							00
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							00

1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 ▶	1	25,790 00
--	----------	-----------

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2019

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____			
B _____			
C _____			

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 LLC Montgomery, AL 36108	X				[REDACTED] 0498	20,147 00
MBM 01 INC Montgomery, AL 36117				X	[REDACTED] 5622	4,108 00
MBM 01 INC Montgomery, AL 36117				X	[REDACTED] 5622	4,108 00
JASHI INC Montgomery, AL 36109				X	[REDACTED] 6259	18,106 00
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.					▶ 24	46,469 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 ▶					▶ 25	46,469 00

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2019

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____			
B _____			
C _____			

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
HUM INC Greenville, AL 36037				X	[REDACTED] 2502	1,367 00
MBM 02 LLC Montgomery, AL 36117				X	[REDACTED] 5594	33,448 00
ALABAMA BEVERAGE INC Montgomery, AL 36117				X	[REDACTED] 4709	(30,653) 00
RC WOODLEY INC Montgomery, AL 36116				X	[REDACTED] 9142	(7) 00
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. ▶						24 4,155 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 ▶						25 4,155 00

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2019

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?		Yes	No
A _____				
B _____				
C _____				

Income:	Properties			Totals (Add Columns A, B, and C)	
	A	B	C		
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
2019 FOUR PLUS INC Montgomery, AL 36110				X	[REDACTED] 8136	19,200 00
FRIDAY LIQUOR INC Montgomery, AL 36105				X	[REDACTED] 1486	15,108 00
_____						00
_____						00
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. ▶						34,308 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 ▶						34,308 00

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 initial BHAVESH B PATEL	Last name
If a joint return, spouse's first name and initial MITALBAHEN PATEL	Last name
Home address (number and street). If a P.O. Box, see instructions. [REDACTED]	Apt. no.
City, town or post office, state, and ZIP code Montgomery, AL 36117	

Your social security number [REDACTED] - 1368
Spouse's soc. sec. no. if joint return [REDACTED] - 5976
Telephone number (optional) [REDACTED]

Part I

Tax Return Information

(Whole dollars only.)

1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	153,998
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	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)	5	2,777

Part II

Refund and Payment Information

1 Routing number: [REDACTED] 0025

2 Account number: [REDACTED] 0776

3 Type of account: Checking Savings

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

Declaration of Taxpayer

(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2019 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement 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 preparer.

Sign Here

08-12-2020	08-12-2020
Your signature	Spouse's signature. If a joint return, BOTH must sign.

Part IV

Declaration of Electronic Return Originator (ERO) and Paid Preparer

(See instructions.)

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2019), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2019). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
[REDACTED]	08-12-2020	<input checked="" type="checkbox"/>	P00845932
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
ALPESH PATEL CPA 205 US 46 W STE 7; Totowa, NJ	27-0624922	07512	

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
[REDACTED]		<input type="checkbox"/>	
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	

Form AL8453 2019

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

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ALCCLMWK.LD	Worksheet 2 - Applying the Deduction Limits If the result on any line is less than zero, enter zero. (Keep for your records)	2019
--------------------	---	-------------

Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
---	---

Step 1. Enter any qualified conservation contributions (QCCs).

1. If you are a qualified farmer or rancher, enter any QCCs eligible for the 100% limit	1	0
2. Enter any QCCs not entered on line 1. Do not include this amount on line 3, 4, 5, 6, or 8	2	0

Step 2. List your other charitable contributions made during the year.

3. Enter your contributions to 50% limit organizations. (Include contributions of capital gain property if you reduced the property's fair market value. Do not include contributions of capital gain property deducted at fair market value.) Do not include any contributions you entered on line 1 or 2	3	780
4. Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	4	0
5. Enter your contributions (other than of capital gain property) to qualified organizations that are not 50% limit organizations	5	0
6. Enter your contributions "for the use of" any qualified organization. (But do not enter here any amount that must be entered on line 8.)	6	0
7. Add lines 5 and 6	7	0
8. Enter your contributions of capital gain property to or for the use of any qualified organization. (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.

9. Enter your adjusted gross income	9	191,851
10. Multiply line 9 by 0.6. This is your 60% limit	10	115,111

			Carryover
Contributions to 60% limit organizations			
11. Enter the smaller of line 3 or line 10	11	780	
12. Subtract line 11 from line 3	12		0
13. Subtract line 11 from line 10	13	114,331	
Contributions not to 50% limit organizations			
14. Add lines 3 and 4	14	780	
15. Multiply line 9 by 0.3. This is your 30% limit	15	57,555	
16. Subtract line 14 from line 10	16	114,331	
17. Enter the smallest of line 7, 15, or 16	17	0	
18. Subtract line 17 from line 7	18		0
19. Subtract line 17 from line 15	19	57,555	
Contributions of capital 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		0
22. Subtract line 17 from line 16	22	114,331	
23. Subtract line 20 from line 15	23	57,555	
Other contributions			
24. Multiply line 9 by 0.2. This is your 20% limit	24	38,370	
25. Enter the smallest of line 8, 19, 22, 23, or 24	25	0	
26. Subtract line 25 from line 8	26		0
27. Add lines 11, 17, 20, and 25	27	780	
28. Subtract line 27 from line 10	28	114,331	
29. Enter the smaller of line 2 or line 28	29	0	
30. Subtract line 29 from line 2	30		0
31. Subtract line 27 from line 9	31	191,071	
32. Enter the smaller of line 1 or line 31	32	0	
33. Add lines 27, 29, and 32. Enter the total here and on Schedule A (Form AL40/NR), line 16 or line 17, whichever is appropriate	33	780	
34. Subtract line 32 from line 1	34		0
35. Add lines 12, 18, 21, 26, 30, and 34. Carry this amount forward to Schedule A (AL40/40NR) next year	35		0

ALINCWK	Federal Income Tax Deduction Worksheet	2019	
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number [REDACTED]-1368	
1	Enter the tax as shown on line 14 on Form 1040/Form 1040-SR, line 53 on Form 1040NR, or line 15 of Form 1040NR-EZ	1	22,652
2	Net Investment Income Tax. Enter amount from line 17, Form 8960	2	
3	Federal Tax. Add lines 1 and 2	3	22,652
4	a Earned Income Credit (EIC).		
	Enter the amount from line 18a of Form 1040/Form 1040-SR	4a	
	b Additional Child Tax Credit. Enter the amount from line 18b of Form 1040/ Form 1040-SR, or line 64 of Form 1040NR	4b	
	c American Opportunity Credit.	4c	
	Enter the amount from line 18c of Form 1040/Form 1040-SR	4c	
	d Credits from Forms 2439. Enter the amount from Schedule 3, line 13 of Form 1040/ Form 1040-SR if 13a is checked, or line 69 of Form 1040NR if 69a is checked	4d	
5	Add lines 4a, b, c and d	5	
6	Subtract line 5 from line 3 and enter amount on line 12 of Form 40, line 9 Form 40A or page 2, Part IV, line 4 of Form 40NR. If amount is negative enter zero	6	22,652

Schedule **W-2** **2019**

(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. **[REDACTED]** SPOUSE'S SOCIAL SECURITY NO. **-5976**

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages Other States	
1	[REDACTED]	•	•	AL	R009129318	765	20,400	20,400	•	
2	[REDACTED]	•	•	AL	R009991145	161	6,000	6,000	•	
3	[REDACTED]	•	•	AL	R009927468	1,239	18,000	18,000	•	
4	[REDACTED]	•	•	AL	R009927468	1,752	24,000	24,000	•	
5	[REDACTED]	•	•	AL	R010040923	634	3,600	3,600	•	
6	[REDACTED]	•	•	AL	R010467913	39	1,400	1,400	•	
7	[REDACTED]	•	•	AL	R010127749	251	7,200	7,200	•	
8		•	•						•	
9		•	•						•	
10		•	•						•	
11		•	•						•	
12		•	•						•	
13		•	•						•	
14		•	•						•	
15		•	•						•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15. Column G and enter the amount here					4,841				
17	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 these statements									
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.					4,841	80,600	80,600	80,600	

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



**SCHEDULE
DS & HOF 2019**
(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

 -1368

SPOUSE SOCIAL SECURITY NUMBER

 -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
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 **1b** 1

**SCHEDULE
DS & HOF 2019**
(Form 40 or 40NR)



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

██████-1368

██████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?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced or legally separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/qualifying person(s) reside with you in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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AL-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Taxpayer ID Number [REDACTED]-1368
[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	113,588	97,619	153,998	56,379
Actual State Income	113,588	97,619	153,998	56,379
State Income Tax	5,597	4,803	7,618	2,815
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	1,459	2,719	4,841	2,122
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund				
Balance Due	4,138	2,084	2,777	693
Marginal tax rate	5.000000	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
ALPESHCPA@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
ALPESH PATEL CPA

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BHAVESH B		Last name PATEL		Your social security number [REDACTED] - 1368	
If joint return, spouse's first name and middle initial MITALBAHEN		Last name PATEL		Spouse's social security number [REDACTED] - 5976	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Montgomery			State AL	ZIP code 36117	
Foreign country name		Foreign province/state/county		Foreign postal code	
<input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	96,400
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	199
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	47,250
	8	Other income from Schedule 1, line 9	8	252,739
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	396,668
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	1,654
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	1,654
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	395,014
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	29,782	
14	Add lines 12 and 13	14	54,582	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	340,432	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	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 dependents	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, 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 .	24	71,816
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	33,977
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	33,977
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	0
33	Add lines 25d, 26, and 32. These are your total payments .	33	33,977
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	0
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	0
Direct deposit? See instructions.	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number _____		
	36 Amount of line 34 you want applied to your 2021 estimated tax .	36	
Amount You Owe For details on how to pay, see instructions.	37 Subtract line 33 from line 24. This is the amount you owe now . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	37,839
	38 Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. **No**

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	13589	05-14-2021		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	46631	05-14-2021		
	Phone no. 973-444-4017	Email address		

Paid Preparer Use Only

Preparer's signature **ALPESH PATEL** Date **09-03-2021** PTIN **P00845932** Check if: Self-employed

Preparer's name **ALPESH PATEL** Phone no. **973-638-1418**

Firm's name **ALPESH PATEL CPA**

Firm's address **271 US 46 W STE E201 Fairfield, NJ 07004** Firm's EIN **27-0624922**

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

2020

Attachment
Sequence No. **01**

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

Your social security number

BHAVESH B & MITALBAHEN PATEL

██████ -1368

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	252,739
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	252,739

Part 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 ▶ _____		
c	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 adjustments to income . 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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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

BHAVESH B & MITALBAHEN PATEL

Your social security number

██████████ -1368

Part 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
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	3,308
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	2,696
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	6,004

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

Schedule 2 (Form 1040) 2020

EEA

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Your social security number

██████████-1368

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	109,741	85,073		24,668
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	24,668

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	50,768	28,298		22,470
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	112
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	22,582

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

Schedule D (Form 1040) 2020

EEA

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	47,250
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

2020
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

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.

Part I 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 1099-B

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 Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE	VARIOUS	12-31-2020	109,741	85,073			24,668
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			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.

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

Social security number or taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

[REDACTED] -1368

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

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 Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE	VARIOUS	12-31-2020	50,768	28,298			22,470
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			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.

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

Your social security number

BHAVESH B & MITALBAHEN PATEL

██████████ - 1368

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section **Yes** **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals	23,409			229,330
b Totals				
30	Add columns (h) and (k) of line 29a			30 252,739
31	Add columns (g), (i), and (j) of line 29b			31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32 252,739

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36		37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	252,739
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

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 ► XXXXXXXXXX -1368

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

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 ()	
Skip line 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 or member of a religious 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, enter amount from line 3	4a	21,618
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ►	4c	21,618
5 a Enter your church employee income from Form W-2. See instructions for 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 to social security 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 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	
c 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 smaller 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 (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 instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$8,460, or (b) your net farm profits ² were less than \$6,107.		
14 Maximum income for optional methods	14	5,640
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income ⁴ , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.
³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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	

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

2020
Attachment
Sequence No. **55A**

▶ **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

██████████-1368

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.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: JASHI INC	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 6259	<input type="checkbox"/>
B	K1S: 3445 ATLANTA HWY Montgomery AL	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 5622	<input type="checkbox"/>
C	K1S: 3445 ATLANTA HWY Montgomery AL	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 5622	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 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 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 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 instructions	12	4,299	4,299
13 Qualified business income deduction before patron reduction. 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 ▶	16 29,766		

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

Form **8995-A** (2020)

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.

		A	B	C
17	Enter the amounts from line 3	17	4,448	4,448
18	Enter the amounts from line 10	18	4,106	4,106
19	Subtract line 18 from line 17	19	342	342
20	Taxable income before qualified business income deduction	20	370,214	
21	Threshold. Enter \$163,300 (\$326,600 if married filing jointly)	21	326,600	
22	Subtract line 21 from line 20	22	43,614	
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23	100,000	
24	Phase-in percentage. Divide line 22 by line 23	24	43.614 %	
25	Total phase-in reduction. Multiply line 19 by line 24	25	149	149
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)	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	Net capital gain. See instructions	34	22,781	
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 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		
39	Total qualified business income deduction. Add lines 37 and 38	39	29,782	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)	

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.**

2020
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

██████████-1368

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.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: ALABAMA BEVERAGE INC	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 4709	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	52,762		
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 and enter the amount from line 3 on line 13	10,552		
4 Allocable share of W-2 wages from the trade, business, or aggregation	35,863		
5 Multiply line 4 by 50% (0.50)	17,932		
6 Multiply line 4 by 25% (0.25)	8,966		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	199,268		
8 Multiply line 7 by 2.5% (0.025)	4,982		
9 Add lines 6 and 8	13,948		
10 Enter the greater of line 5 or line 9	17,932		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	10,552		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	10,552		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	10,552		
16 Total qualified business income component. Add all amounts reported on line 15 ▶			

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

Form **8995-A** (2020)

Form **8867**

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

2020

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

BHAVESH B & MITALBAHEN PATEL

██████████-1368

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

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 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 information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • 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 status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 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. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 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 the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: <u>School Records, Medical Records</u> <hr/> <hr/>			
6 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 return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

EEA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ 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:</p> <p>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/or HOH filing status and to figure the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. 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 eligibility for the 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 responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8960**

**Net Investment Income Tax-
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2020

Attachment
Sequence No. **72**

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

▶ **Attach to your tax return.**
▶ **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		<input type="checkbox"/> Section 6013(g) election (see instructions)
		<input type="checkbox"/> Section 6013(h) election (see instructions)
		<input type="checkbox"/> Regulations section 1.1411-10(g) election (see instructions)
1	Taxable interest (see instructions)	2
2	Ordinary dividends (see instructions)	277
3	Annuities (see instructions)	3
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 252,739
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b (229,330)
4c	Combine lines 4a and 4b	4c 23,409
5a	Net gain or loss from disposition of property (see instructions)	5a 47,250
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c
5d	Combine lines 5a through 5c	5d 47,250
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 70,938
Part II Investment Expenses Allocable to Investment Income and Modifications		
9a	Investment interest expenses (see instructions)	9a
9b	State, local, and foreign income tax (see instructions)	9b
9c	Miscellaneous investment expenses (see instructions)	9c
9d	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
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)	13 395,014
14	Threshold based on filing status (see instructions)	14 250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 145,014
16	Enter the smaller of line 12 or line 15	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	Net investment income (line 12 above)	18a
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b
18c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c
19a	Adjusted gross income (see instructions)	19a
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c
20	Enter the smaller of line 18c or line 19c	20
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21

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

Form 8960 (2020)

EEA

Form PMT

ACH Payment

2020

(Keep for your records)

Name(s) shown on return BHAVESH B & MITALBAHEN PATEL	Taxpayer's SSN [REDACTED]-1368
	Spouse's SSN [REDACTED]-5976
Routing Transit Number [REDACTED]0025	
Bank Account Number [REDACTED]0776	
Type of Account 1 Checking	
Amount of Tax Payment 37,839	
Requested Payment Date 09-03-2021	
Taxpayer's Daytime Phone Number [REDACTED]	
Type of Form being filed 1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

Form **8879**
 (Rev. January 2021)
 Department of the Treasury
 Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074
2020

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

Submission Identification Number (SID) ▶

Taxpayer's name BHAVESH B PATEL	Social security number [REDACTED] -1368
Spouse's name MITALBAHEN PATEL	Spouse's social security number [REDACTED] -5976

Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	395,014
2 Total tax	2	71,816
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	33,977
4 Amount you want refunded to you	4	
5 Amount you owe	5	37,839

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Amount owed will be debited from: RTN:021200025 DAN:1010180010776

I authorize ALPESH PATEL CPA to enter or generate my PIN 13589 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize ALPESH PATEL CPA to enter or generate my PIN 46631 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 200645-24922
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 or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ 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

Federal Supporting Statements											
Name(s) as shown on return											2020
BHAVESH B & MITALBAHEN PATEL											PG01
											Tax ID Number
											-1368

Schedule E - Line 28 - Partnerships and S Corporations												Statement #1				
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Basis Req.	F- Not At Risk	G- P Loss	H- P Income	I- Loss	J- Sec 179	K- Income						
MUSKAN 2631 LLC	P		0498			0	23,409	0	0	0	0					
MBM 01 INC	S		5622			0	0	0	0	0	22,241					
MBM 01 INC	S		5622			0	0	0	0	0	22,240					
JASHI INC	S		5259			0	0	0	0	0	53,082					
MBM 02 LLC	S		5594			0	0	0	0	0	22,373					
ALABAMA BEVERAGE INC	S		4709			0	0	0	0	0	52,762					
RC WOODLEY INC	S		9142			0	0	0	0	0	0					
2019 FOUR PLUS INC	S		8136			0	0	0	0	0	24,870					
FRIDAY LIQUOR INC	S		1486			0	0	0	0	0	18,742					
SUMUKH 2 INC	S		5695			0	0	0	0	0	4,570					
SUMUKH INC	S		5802			0	0	0	0	0	3,896					
SUMUKH 3 INC	S		2802			0	0	0	0	0	4,554					
Total											0	23,409	0	0	0	229,330

STM--LD

Federal Supporting Statements		2020
DO NOT FILE. KEEP FOR YOUR RECORDS.		
<small>Name(s) as shown on return</small>		<small>Your Social Security Number</small>
BHAVESH B & MITALBAHEN PATEL		[REDACTED] -1368
Form 8960 Line 4b Item Detail		
K-1: MBM 01 INC		(22,241)
K-1: MBM 01 INC		(22,240)
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)

Summary of Estimates					2021
Name(s) as shown on return					Your SSN/EIN
BHAVESH B & MITALBAHEN PATEL					██████-1368
Federal					
Form: 1040-ES					
Payment Schedule					
Due Date	04-15-2021	06-15-2021	09-15-2021	01-18-2022	Total
Total Installment Amount	11,260	11,260	11,260	11,260	45,040
Overpayment Applied	0	0	0	0	0
Net Installment Due	11,260	11,260	11,260	11,260	45,040
Taxpayer Records					
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Estimated Tax Worksheet for Next Year

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

1.	Wages	1.	_____
2.	Interest and Dividend income	2.	_____
3.	Capital gain income	3.	_____
4.	Taxable IRA/Pension income	4.	_____
5.	Taxable Social Security income	5.	_____
6.	Business income	6.	_____
7.	Other income	7.	_____
8.	Total income (add lines 1 thru 7)	8.	_____
9.	Adjustments to income	9.	_____
10.	Adjusted gross income (subtract line 9 from line 8)	10.	_____
11a.	Itemized deductions	11a.	_____
11b.	Standard deduction	11b.	_____
12.	Taxable income (subtract 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 income (subtract line 13 from line 12)	14.	_____
15.	Projected Tax	15.	_____
16.	Alternative Minimum Tax	16.	_____
17.	Total tax	17.	_____
18a.	Child Tax Credit and Other Dependent Credit	18a.	_____
18b.	Other projected Credits	18b.	_____
18c.	Total projected credits	18c.	_____
19.	Subtract line 18d from line 17	19.	_____
20.	Projected SE Tax - Taxpayer	20.	_____
21.	Projected SE Tax - Spouse	21.	_____
22.	Other taxes	22.	_____
23a.	Add lines 19 through 22	23a.	_____
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	23b.	_____
c.	Total 2021 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	_____
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) 110%	24b.	78,998
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	78,998
25.	Projected Withholding	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
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your Social Security Number [REDACTED] -1368
Description		Amount
W2 - MUSKAN 2631 INC		8,600
W2 - PLEASURE LLC		6,173
W2 - JASHI INC		8,226
W2 - ALABAMA BEVERAGE INC		9,442
W2 - FRIDAY LIQUOR INC		456
W2 - 2019 FOUR PLUS INC		1,080
W-2 Subtotal		33,977
<hr/>		
Total Withholdings		33,977

WITHHELD.LD

		a Employee's social security number [REDACTED] -5976		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) [REDACTED] 0498				1 Wages, tips, other compensation 28,400		2 Federal income tax withheld 8,600						
c Employer's name, address, and ZIP code MUSKAN 2631 INC 1192 WESTERN BLVD Montgomery AL 36108				3 Social security wages 28,400		4 Social security tax withheld 1,761						
				5 Medicare wages and tips 28,400		6 Medicare tax withheld 412						
				7 Social security tips		8 Allocated tips						
d Control number				9		10 Dependent care benefits						
e Employee's first name and initial MITALBAHEN PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12						
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b						
				14 Other		12c						
						12d						
f Employee's address and ZIP code		15 State Employer's state ID number AL R009129318		16 State wages, tips, etc. 28,400		17 State income tax 840		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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 [REDACTED] -1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) [REDACTED] 6000				1 Wages, tips, other compensation 8,000		2 Federal income tax withheld 6,173						
c Employer's name, address, and ZIP code PLEASURE LLC 3401 WOODLEY RD Montgomery AL 36116				3 Social security wages 8,000		4 Social security tax withheld 496						
				5 Medicare wages and tips 8,000		6 Medicare tax withheld 116						
				7 Social security tips		8 Allocated tips						
d Control number				9		10 Dependent care benefits						
e Employee's first name and initial BHAVESH B PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12						
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b						
				14 Other		12c						
						12d						
f Employee's address and ZIP code		15 State Employer's state ID number AL R009991145		16 State wages, tips, etc. 8,000		17 State income tax 943		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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 [REDACTED] -5976		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) [REDACTED] 6259				1 Wages, tips, other compensation 24,000		2 Federal income tax withheld 8,226							
c Employer's name, address, and ZIP code JASHI INC 3445 ATLANA HWY Montgomery AL 36109				3 Social security wages 24,000		4 Social security tax withheld 1,488							
				5 Medicare wages and tips 24,000		6 Medicare tax withheld 348							
				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. MITALBAHEN PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12							
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number AL R009927468		16 State wages, tips, etc. 24,000		17 State income tax 2,051		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

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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 [REDACTED] -1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) [REDACTED] 4709				1 Wages, tips, other compensation 13,200		2 Federal income tax withheld 9,442							
c Employer's name, address, and ZIP code ALABAMA BEVERAGE INC 8832 PEMBERTON PARK Montgomery AL 36117				3 Social security wages 13,200		4 Social security tax withheld 818							
				5 Medicare wages and tips 13,200		6 Medicare tax withheld 191							
				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. BHAVESH B PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12							
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number AL R010040923		16 State wages, tips, etc. 13,200		17 State income tax 1,765		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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 [REDACTED] -1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) [REDACTED] 1486				1 Wages, tips, other compensation 8,400		2 Federal income tax withheld 456							
c Employer's name, address, and ZIP code FRIDAY LIQUOR INC 225 E SOUTH BLVD Montgomery AL 36105				3 Social security wages 8,400		4 Social security tax withheld 521							
				5 Medicare wages and tips 8,400		6 Medicare tax withheld 122							
				7 Social security tips		8 Allocated tips							
d Control number				9 [REDACTED]		10 Dependent care benefits							
e Employee's first name and initial Last name Suff. BHAVESH B PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12							
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number AL R010467913		16 State wages, tips, etc. 8,400		17 State income tax 232		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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 [REDACTED] -1368		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) [REDACTED] 8136				1 Wages, tips, other compensation 14,400		2 Federal income tax withheld 1,080							
c Employer's name, address, and ZIP code 2019 FOUR PLUS INC 2949 FORBES RD Montgomery AL 36110				3 Social security wages 14,400		4 Social security tax withheld 893							
				5 Medicare wages and tips 14,400		6 Medicare tax withheld 209							
				7 Social security tips		8 Allocated tips							
d Control number				9 [REDACTED]		10 Dependent care benefits							
e Employee's first name and initial Last name Suff. BHAVESH B PATEL [REDACTED] Montgomery AL 36117				11 Nonqualified plans		12a See instructions for box 12							
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number AL R010127749		16 State wages, tips, etc. 14,400		17 State income tax 501		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

W-2 Detail Listing

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
S	MUSKAN 2631 INC	28,400	8,600	AL	28,400	840
T	PLEASURE LLC	8,000	6,173	AL	8,000	943
S	JASHI INC	24,000	8,226	AL	24,000	2,051
T	ALABAMA BEVERAGE INC	13,200	9,442	AL	13,200	1,765
T	FRIDAY LIQUOR INC	8,400	456	AL	8,400	232
T	2019 FOUR PLUS INC	14,400	1,080	AL	14,400	501
Taxpayer Totals		44,000	17,151		44,000	3,441
Spouse Totals		52,400	16,826		52,400	2,891
Totals		96,400	33,977		96,400	6,332

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

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

over	but not over	pay	plus	% on excess	of the amount 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

**Qualified Dividends and Capital Gain
Tax Worksheet - Line 16 (Form 1040)**

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

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	1.	<u>340,432</u>
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>199</u>
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> 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.	<u>22,582</u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4.	Add lines 2 and 3	4.	<u>22,781</u>
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>317,651</u>
6.	Enter: \$40,000 if single or married filing separately, \$80,000 if married filing jointly or qualifying widow(er), \$53,600 if head of household.	6.	<u>80,000</u>
7.	Enter the smaller of line 1 or line 6	7.	<u>80,000</u>
8.	Enter the smaller of line 5 or line 7	8.	<u>80,000</u>
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u></u>
10.	Enter the smaller of line 1 or line 4	10.	<u>22,781</u>
11.	Enter the amount from line 9	11.	<u></u>
12.	Subtract line 11 from line 10	12.	<u>22,781</u>
13.	Enter: \$441,450 if single, \$248,300 if married filing separately, \$496,600 if married filing jointly or qualifying widow(er), \$469,050 if head of household.	13.	<u>496,600</u>
14.	Enter the smaller of line 1 or line 13	14.	<u>340,432</u>
15.	Add lines 5 and 9	15.	<u>317,651</u>
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>22,781</u>
17.	Enter the smaller of line 12 or line 16	17.	<u>22,781</u>
18.	Multiply line 17 by 15% (0.15)	18.	<u>3,417</u>
19.	Add lines 9 and 17	19.	<u>22,781</u>
20.	Subtract line 19 from line 10	20.	<u></u>
21.	Multiply line 20 by 20% (0.20)	21.	<u></u>
22.	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.	<u>64,395</u>
23.	Add lines 18, 21, and 22	23.	<u>67,812</u>
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>70,969</u>
25.	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 filing 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.	<u>67,812</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form 1040 or
1040-SR

**Investment Income for the
Earned Income Credit**

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b **1.** 2
- 2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b **2.**
- 3. Enter any amount from Form 1040 or 1040-SR, line 3b **3.** 277
- 4. Enter the amount from Schedule 1 (Form 1040), line 8, 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 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 from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- **5.** 47,250
- 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, enter -0-.) **7.** 47,250

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 Schedule 1 (Form 1040), line 8. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 22. (If the result is less than zero, enter -0-) **8.**

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) **9.** 23,409
- 10. Adjustment from EIC screen **10.**
- 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** **11.** 70,938
- 12. Is the amount on line 11 more than **\$3,650**?
 - Yes.** You can't take the credit.
 - No.** Go to *Step 3* of the Form 1040 and 1040-SR instructions for line 27 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, don't 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, 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)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

Income	Regular tax	Alt Min Tax
Wages	96,400	96,400
Interest income before Series EE bond exclusion	2	2
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
Nonpassive estate and trust income or (loss)		
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	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**

(Keep for your records)

2020

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:
1 x \$2,000. Enter the result 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: 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 3. 2,000

4. Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 4. 395,014

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-.

5. _____

6. Add lines 4 and 5. Enter the total 6. 395,014

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$400,000
 • All other filing statuses - \$200,000

7. 400,000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6 8. _____
 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 9. 0

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
1040NR

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

(Keep for your records)

2020

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

11. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **11.** 67,812

12. Add the following amounts (if applicable) from:

- Schedule 3, Line 1 + _____
- Schedule 3, Line 2 + _____
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Form 5695, line 30 + _____
- Form 8910, line 15 + _____
- Form 8936, line 23 + _____
- Schedule R, line 22 + _____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 67,812

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.

} **14.** 0

15. Subtract line 14 from line 13. Enter the result **15.** 67,812

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

} **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 You may be able to take the **additional child tax credit** on Line 28 of your Form 1040, 1040-SR, or 1040-NR, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional child tax credit.

Modified AGI Worksheets for Form 8962

(Keep for your records)

2020

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, 1040-SR, or 1040-NR, line 11 1. 395,014
2. Enter any tax-exempt interest from Form 1040, 1040-SR, or 1040-NR, line 2a 2. _____
3. Enter any amounts from Form 2555, lines 45 and 50 3. _____
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, line 2a 5. 395,014

Worksheet 1-2. Dependents' Combined Modified AGI Worksheet - Line 2b

1. Enter the AGI for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11 1. _____
2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a 2. _____
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 3. _____
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 4. _____
5. Add lines 1 through 4. Enter here and on Form 8962, line 2b 5. _____

Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from line 3 of Form 8962 1. 395,014
2. Enter the amount from line 4 of Form 8962 2. 21,330
3. Multiply the amount on line 2 by 4.0 3. 85,320
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 4. 401

Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

2020

Name of Partner: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Partnership: MUSKAN 2631 LLC	EIN: [REDACTED] 0498

A.	Partner's share of partnership liabilities (Sch K-1, Item K)	A.	_____	
B.	Partner's share of partnership liabilities from PRIOR year	B.	(_____)	
C.	Increases (Decrease) in share of Partnership Liabilities during this tax period	C.	_____	
1.	Adjusted Basis from preceding year			1. <u>37,067</u>
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	b.	_____	
c.	Adjusted basis of property contributed during the year	c.	_____	
d.	Partnership interest acquired other than by cash or property	d.	_____	
	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.	<u>23,409</u>	
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)	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 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 Credits	k.	_____	
i.	Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i.	_____	
	Total items of Income or Gains (Total lines 3a-3l)	3.	<u>23,409</u>	
4.	Increase in Partnership Share of Partnership Liabilities from line C above	4.	_____	
5.	Total increases in basis (combine lines 1 through 4)	5.	<u>60,476</u>	
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.	<u>60,476</u>	
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.	_____	
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 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.	_____	
11.	Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)	11.	<u>60,476</u>	

Shareholder's Adjusted Basis Worksheet, page 1

Do not file - keep for your records.

2020

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: MBM 01 INC	EIN [REDACTED] 5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>25,189</u>	
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	<u>22,241</u>		
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	<u>22,241</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)				<u>47,430</u>
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)				<u>47,430</u>
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)				<u>47,430</u>
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11			<u>47,430</u>

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 / 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 lines 11 and 17)	18	<u>47,430</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2020

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Name of Shareholder: MITALBAHEN PATEL	SSN: [REDACTED] - 5976
Name of Corporation: MBM 01 INC	EIN [REDACTED] 5622

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>25,188</u>	
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	<u>22,240</u>		
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	<u>22,240</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)				<u>47,428</u>
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)				<u>47,428</u>
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)				<u>47,428</u>
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11			<u>47,428</u>

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 / 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 lines 11 and 17)	18	<u>47,428</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2020

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Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: JASHI INC	EIN [REDACTED] 6259

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>110,687</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>53,082</u>		
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	<u>53,082</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>163,769</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>163,769</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u>261</u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>163,508</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>163,508</u>	

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 / 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 lines 11 and 17)	18	<u>163,508</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

2020

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Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: MBM 02 LLC	EIN [REDACTED] 5594

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>74,355</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>22,373</u>		
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	<u>22,373</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>96,728</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>96,728</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)				7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>96,728</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>96,728</u>	

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 / 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 lines 11 and 17)	18	<u>96,728</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

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Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: ALABAMA BEVERAGE INC	EIN [REDACTED] 4709

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>418,459</u>	
2	Additional Capital Contributions of Stock Purchased		2		
3	Increases for income and gain items:				
a	Ordinary Income (Sch K, Line 1)	a	<u>52,762</u>		
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	<u>52,762</u>		
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)			<u>471,221</u>	4
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)				5
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)			<u>471,221</u>	6
7	Decrease for Non-Deductible Expense/Credit Adj (Sch K, Line 16c & 13)			<u>93</u>	7
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)			<u>471,128</u>	8
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)	11		<u>471,128</u>	

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 / 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 lines 11 and 17)	18	<u>471,128</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Shareholder's Adjusted Basis Worksheet, page 1

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Do not file - keep for your records.

Name of Shareholder: BHAVESH B PATEL	SSN: [REDACTED] -1368
Name of Corporation: RC WOODLEY INC	EIN [REDACTED] 9142

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	<u>24,993</u>	
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			
l	Gain from 179 asset disposition	3l			
4	Stock Basis Before Distributions (Add lines 1 through 3)		4	<u>24,993</u>	
5	Reduction for Non-Taxable Distributions (Sch K, Line 16d)		5		
6	Stock Basis Before Non-Ded. Expense (Cannot be negative)		6	<u>24,993</u>	
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	<u>24,993</u>	
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)	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			
l	Interest Expense on Investment Debt (Page 2, Col d, Line 9l)	l			
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)	9o			
	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)		11	<u>24,993</u>	

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 / 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 lines 11 and 17)	18	<u>24,993</u>

Carryover

	Total Disallowed Losses	Debt Basis Applied 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)		

Carryover Worksheet
List of items that will carryover to the 2021 tax return

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

-1368

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	_____
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 2021 to flow to the Schedule A	9,295
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	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____ Reg. Tax _____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C	AMT 5,518 Reg. Tax 5,518
Credits	
Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____
Other	
Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 11,260	Estimated Tax Payment 2 11,260
Estimated Tax Payment 3 11,260	Estimated Tax Payment 4 11,260
Federal tax liability for 2210 calculation	71,816
State tax liability for state 2210 calculation	15,627
IRA basis	Taxpayer _____ Spouse _____
Amount from 8915-E taxable in 2021	Taxpayer _____ Spouse _____
Amount from 8915-E taxable in 2022	Taxpayer _____ Spouse _____
Excess repayment from 8915-E	Taxpayer _____ Spouse _____
Deferred SE tax to be repaid by 12/31/2021	_____
Deferred SE tax to be repaid by 12/31/2022	_____
Passive Activity	
_____	_____
_____	_____
At Risk Limitations	
_____	_____
_____	_____

**Nonrecaptured Net Section 1231
Losses Carryover Worksheet**

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

██████████ -1368

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2020	Remaining Carryover
2015	0		0
2016	0		0
2017	0		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 2018 / 2019 / 2020			2020
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Identifying number [REDACTED] -1368	
	2018	2019	2020	Difference 2019-2020	
Filing Status	Married Joint	Married Joint	Married Joint		
Number of Dependents	1	1	1		
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)					
Gains (losses)	6,332	26,288	47,250	20,962	
Pensions and IRA distributions					
Rent and royalty income (loss)					
Part, S-corps, trusts income (loss)	43,791	84,932	252,739	167,807	
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	1,654	230	
IRA deduction					
Other adjustments					
Total Adjusted Gross Income	122,156	190,925	395,014	204,089	
Deductions					
Medical deductions					
State and local taxes					
Interest					
Contributions					
Employee business expenses					
Standard or other deductions	24,000	24,400	24,800	400	
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	
Credits	2,000	2,000	2,000		
Self-employment tax		2,847	3,308	461	
Other taxes			2,696	2,696	
Total Tax	10,769	25,499	71,816	46,317	
Payments					
Withholdings	7,213	20,609	33,977	13,368	
Estimated tax payments					
Earned income credit					
Other payments and credits					
Estimated tax penalty					
Overpayment					
Overpayment Applied					
Refund					
Balance Due	3,645	4,890	37,839	32,949	
Marginal tax rate	22.00	22.00	32.00	10.00	
Effective tax rate	13.00	16.00	19.92	3.92	

Account Transaction Summary		2020
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your ID Number XXX-XX-1368
Account #1		
Financial Institution		
Routing Transit Number	██████████0025	
Account Number	██████████0776	
Account Type	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 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.		
Your Signature	Date	Spouse's Signature (If Married Filing Jointly) Date

DD_PMT.LD

**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 40 Alabama 2020 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2020, or other tax year:

Beginning: Ending:

Your number 368 Spouse's return number 5976
 Check if primary is deceased Primary's deceased date (mm/dd/yy)
 Check if spouse is deceased Spouse's deceased date (mm/dd/yy)

Your first name Initial Last name
 BHAVESH B PATEL
 Spouse's first name Initial Last name
 MITALBAHEN PATEL

Present home address (number and street or P.O. Box number)

CHECK BOX IF AMENDED RETURN

City, town or post office State ZIP code Foreign Country
 Montgomery AL 36117

Filing Status/ Exemptions
 1 Single \$1,500 2 Married filing joint \$3,000 3 Married filing separate \$1,500 4 Head of Family \$3,000

	A - Alabama tax withheld	B - Income
5a Alabama Income Tax Withheld	6,332	96,400
5b Wages, salaries, tips, etc.		279
6 Interest and dividend income		299,989
7 Other income		396,668
8 Total income		
9 Total adjustments to income		
10 Adjusted gross income		396,668

11 Total deductions	10,686	82,494
12 Federal tax deduction	68,508	
13 Personal exemption	3,000	
14 Dependent exemption	300	
15 Total deductions		82,494

16 Taxable income		314,174
17 Income Tax due		15,627
18 Net tax due Alabama		15,627
19 Consumer Use Tax		0
20 Alabama Election Campaign Fund		
21 Total tax liability and voluntary contribution		15,627

22 Alabama income tax withheld	6,332	
23 2020 estimated tax payments		
24 Amended Returns Only - Previous payments		
25 Refundable Credits		
26 Total payments		6,332
27 Amended Returns Only - Previous refund		
28 Adjusted Total Payments		6,332

29 AMOUNT YOU OWE		9,295
30 Estimated tax penalty		

31 OVERPAID		
32 Amount of line 31 to be applied to your 2021 estimated tax		

33 Donations		
34 REFUNDED TO YOU		



BHAVESH B & MITALBAHEN PATEL -1368

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)		3	• 47,250
Other Income	4a Total IRA distributions	4a •	4b Taxable amount (see instructions)	4b •
(See page 12)	5a Total pensions and annuities	5a •	5b Taxable amount (see instructions)	5b •
	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)		6	• 252,739
	7 Farm income or (loss) (attach Federal Schedule F)		7	•
	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	• 299,989

PART II

Adjustments to Income	1a Your IRA deduction	1a •
(See page 15)	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 •
	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 •
	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 •
	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 •
	15 Total adjustments. Add lines 1 through 14. Enter here and also on page 1, line 9	15 •

PART III

Dependents	1 Total number of dependents from Schedule DS, line 1b	1 • 1
	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	2 • 300

PART IV

General Information

1 Residency Check only one box: Full Year Part Year From _____ 2020 through _____ 2020.

2 Did you file an Alabama income tax return for the year 2019? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours PLEASURE LLC Montgomery 36116
Your Spouse MUSKAN 2631 INC Montgomery 36108

All Taxpayers Must Complete This Section.

4 Enter the Federal Adjusted Gross Income • \$ 395,014 and Federal Taxable Income • \$ 340,432 as reported on your 2020 Federal Individual Income Tax Return.

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 No

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • _____	Amount • _____
Source • _____	Amount • _____

(See page 16)

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.)

Direct Deposit

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Your state • <u>XX</u>	DL# • <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>
DOB (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Spouse state • <u>XX</u>	DL# • <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) • <u>XX/XX/XXXX</u>

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.

Sign Here In Black Ink

Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number <u>973-444-4017</u>	Your Occupation _____
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature _____	Date <u>09-03-2021</u>	Check if Self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <u>P00845932</u> E.I. Number <u>27-0624922</u>
Firm's Name (or yours, if self employed) <u>ALPESH PATEL CPA</u>	Daytime Telephone No. <u>973-638-1418</u>	ZIP Code <u>07004</u>	
Address <u>271 US 46 W STE E201 Fairfield NJ</u>			

**SCHEDULES
A, B, & DC
(FORM 40)**



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

Name(s) as shown on Form 40 BHAVESH B & MITALBAHEN PATEL	Your social security number [REDACTED] -1368
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The itemized deductions you may claim for the year 2020 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses	1	00	
	2 Enter amount from Form 40, line 10	2	00	
	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-	4	0	00
Taxes You Paid	5 Real estate taxes	5	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	7,375	00
	7 Railroad Retirement (Tier 1 only)	7	00	
	8 Other taxes. (List - include personal property taxes.)▶	8	00	
	9 Add the amounts on lines 5 through 8. Enter the total here	9	7,375	00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098	10a	3,311	00
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶			
	10b		00	
	11 Qualified mortgage insurance premiums	11	00	
NOTE: Personal interest is not deductible.	12 Points not reported to you on Form 1098	12	00	
	13 Investment interest. (Attach Form 4952A.)	13	00	
	14 Add the amounts on lines 10a through 13. Enter the total here	14	3,311	00
Gifts to Charity	CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.			
	15 Contributions by cash or check	15	00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	00	
	17 Carryover from prior year	17	00	
18 Add the amounts on lines 15 through 17. Enter the total here	18	0	00	
Casualty and Theft Loss (Attach Form 4684)	19a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16	19a	00	
	b Enter 10% of your Adjusted Gross Inc. (Form 40, line 10) if box B is checked, otherwise enter zero	19b	00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0	00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ▶	20	00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ 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
Other Miscellaneous Deductions	25 Other (from list on page 20 of instructions). List type and amount.▶	25		00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.			
26 Enter amount here	26	00	00	
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions	27	10,686	00

SCHEDULES
D&E
(FORM 40)



Alabama Department of Revenue
Schedule D - Net Profit or Loss **2020**

(Schedule E is on separate form)

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

Name(s) as shown on Form 40

BHAVESH B & MITALBAHEN PATEL

Your social security number

██████████ -1368

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)
CAP GAIN DIST			112				112 00
2							
470533629 TD AME	VARIOUS	12-31-2020	109,741		85,073		24,668 00
3							
470533629 TD AME	VARIOUS	12-31-2020	50,768		28,298		22,470 00
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1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 1 **47,250 00**

Schedule D (Form 40) 2020

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2020

(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 **BHAVESH B & MITALBAHEN PATEL** Your social security number **-1368**

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes No	
		A	B
A _____			
B _____			
C _____			

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	00
4 Royalties received	00	00	00	00
Expenses:				
5 Advertising	00	00	00	
6 Auto and travel	00	00	00	
7 Cleaning and maintenance	00	00	00	
8 Commissions	00	00	00	
9 Insurance	00	00	00	
10 Legal and other professional fees	00	00	00	
11 Management fees	00	00	00	
12 Mortgage interest	00	00	00	00
13 Other interest	00	00	00	
14 Repairs	00	00	00	
15 Supplies	00	00	00	
16 Taxes	00	00	00	
17 Utilities	00	00	00	
18 Other (list) ▶ _____	00	00	00	
19 Add lines 5 through 18	00	00	00	00
20 Depreciation expense or depletion	00	00	00	00
21 Total expenses. Add lines 19 and 20	00	00	00	
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				00

PART II Income from Partnerships, S Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 LLC Montgomery, AL 36108	X				0498	23,409 00
MBM 01 INC Montgomery, AL 36117			X		5622	22,241 00
MBM 01 INC Montgomery, AL 36117			X		5622	22,240 00
JASHI INC Montgomery, AL 36109				X	6259	53,082 00
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.						120,972 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 ▶						120,972 00

Schedule E (Form 40) 2020

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2020

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number 1368
--	--

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals		
	A	B	C	(Add Columns A, B, and 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	12	00
6 Auto and travel	6	00	00	00		
7 Cleaning and maintenance	7	00	00	00		
8 Commissions	8	00	00	00		
9 Insurance	9	00	00	00		
10 Legal and other professional fees	10	00	00	00		
11 Management fees	11	00	00	00		
12 Mortgage interest	12	00	00	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) ▶ _____	18	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	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 Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MBM 02 LLC Montgomery, AL 36117				X	5594	22,373 00
ALABAMA BEVERAGE INC Montgomery, AL 36117				X	4709	52,762 00
2019 FOUR PLUS INC Montgomery, AL 36110				X	8136	24,870 00
FRIDAY LIQUOR INC Montgomery, AL 36105				X	1486	18,742 00
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.	24					118,747 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 ▶	25					118,747 00

Schedule E (Form 40) 2020

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2020

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number 1368
--	--

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals	
	A	B	C	(Add Columns A, B, and C)	
3 Rents received	00	00	00	3	00
4 Royalties received	00	00	00	4	00
Expenses:					
5 Advertising	00	00	00		
6 Auto and travel	00	00	00		
7 Cleaning and maintenance	00	00	00		
8 Commissions	00	00	00		
9 Insurance	00	00	00		
10 Legal and other professional fees	00	00	00		
11 Management fees	00	00	00		
12 Mortgage interest	00	00	00	12	00
13 Other interest	00	00	00		
14 Repairs	00	00	00		
15 Supplies	00	00	00		
16 Taxes	00	00	00		
17 Utilities	00	00	00		
18 Other (list) ▶ _____	00	00	00		
_____	00	00	00		
_____	00	00	00		
_____	00	00	00		
19 Add lines 5 through 18	00	00	00	19	00
20 Depreciation expense or depletion	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23	00

PART II Income from Partnerships, S Corporations, Estates & Trusts

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
SUMUKH 2 INC Sylacauga, AL 35150				X	5695	4,570 00
SUMUKH INC Sylacauga, AL 35151				X	6802	3,896 00
SUKUKH 3 INC Sylacauga, AL 35150				X	2802	4,554 00
						00
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.						24 13,020 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 ▶						25 13,020 00

Schedule E (Form 40) 2020

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 initial: BHAVESH B PATEL Last name: _____
 If a joint return, spouse's first name and initial: MITALBAHEN PATEL Last name: _____
 Home address (number and street). If a P.O. Box, see instructions: _____ Apt. no.: _____
 City, town or post office, state, and ZIP code: Montgomery, AL 36117

Your social security number	_____ - 1368
Spouse's soc. sec. no. if joint return	_____ - 5976
Telephone number (optional)	_____

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 26 or Form 40NR, line 26)	3 6,332
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)	5 9,295

Part II Refund and Payment Information

1 Routing number: _____ 0 0 2 5
 2 Account number: _____ 0 7 7 6
 3 Type of account: Checking Savings
 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 Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2020 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

(Sign only after Part I is completed.) I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here

	09-03-2021		09-03-2021
Your signature	Date	Spouse's signature. If a joint return, BOTH must sign.	Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2020), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
<u>ALPESH PATEL CPA</u>	<u>09-03-2021</u>	<input checked="" type="checkbox"/>	<u>P00845932</u>
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
<u>271 US 46 W STE E201; Fairfield, NJ</u>	<u>27-0624922</u>	<u>07004</u>	

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
_____	_____	<input type="checkbox"/>	_____
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
_____	_____	_____	

Form AL8453 2020

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

1024

ALINCWK	Federal Income Tax Deduction Worksheet	2020
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number [REDACTED] -1368
1	Enter the tax as shown on line 22 on Form 1040/Form 1040-SR, line 22 on Form 1040NR, or line 15 of Form 1040NR-EZ	65,812
2	Net Investment Income Tax. Enter amount from line 17, Form 8960	2,696
3	Federal Tax. Add lines 1 and 2	68,508
4 a	Earned Income Credit (EIC). Enter the amount from line 27 of Form 1040/Form 1040-SR	
4 b	Additional Child Tax Credit. Enter the amount from line 28 of Form 1040/ Form 1040-SR, or line 28 of Form 1040NR	
4 c	American Opportunity Credit. Enter the amount from line 29 of Form 1040/Form 1040-SR	
4 d	Credits from Forms 2439. Enter the amount from Schedule 3, line 12a of Form 1040/ Form 1040-SR/1040NR	
5	Add lines 4a, b, c, and d	
6	Subtract line 5 from line 3 and enter amount on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. If amount is negative enter zero	68,508



2020

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.: **[REDACTED]** -1368 SPOUSE'S SOCIAL SECURITY NO.: **[REDACTED]** -5976

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1	[REDACTED]			AL	R009129318	840	28,400	28,400	
2	[REDACTED]			AL	R009991145	943	8,000	8,000	
3	[REDACTED]			AL	R009927468	2,051	24,000	24,000	
4	[REDACTED]			AL	R010040923	1,765	13,200	13,200	
5	[REDACTED]			AL	R010467913	232	8,400	8,400	
6	[REDACTED]			AL	R010127749	501	14,400	14,400	
7									
8									
9									
10									
11									
12									
13									
14									
15									
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15. Column G and enter the amount here					6,332			
17	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 these statements								
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions					6,332	96,400	96,400	

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

ALWK_A5	State / Local tax payments made after 12/31/2020 that will be deductible on 2021 Federal Schedule A	2020
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your Social Security Number [REDACTED] - 1368
<p>A. 2020 Income taxes due that were paid after 12/31/2020</p> <p>A1. 4th quarter estimate/extension (may be adj. by refund) _____</p> <p>A2. Amount paid with return <u>9,295</u></p> <p>A3. Total payments made in 2021 A. <u>9,295</u></p> <p>B. Adjustments made to payments</p> <p>B1. Interest & Penalty _____</p> <p>B2. Contributions, Donations, Checkoffs _____</p> <p>B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____</p> <p>B4. Total adjustments B. _____</p> <p>C. Total tax payments potentially deductible in 2021 (Line A less line B) C. <u>9,295</u></p>		

ALWK_A5.LD

SCHEDULE DS & HOF 2020
(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: [REDACTED]-1368 SPOUSE SOCIAL SECURITY NUMBER: [REDACTED]-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?
[REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	YES
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 **1b** 1

**SCHEDULE
DS & HOF 2020**
(Form 40 or 40NR)



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

██████████-1368

██████████-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?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced or legally separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/qualifying person(s) reside with you in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AL-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Taxpayer ID Number [REDACTED]-1368
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status	MFJ	MFJ	MFJ	
Gross Income	122,645	191,851	396,668	204,817
Standard Deduction				
Itemized Deduction	11,935	11,901	10,686	(1,215)
Deductions		22,652	68,508	45,856
Taxable Income	97,619	153,998	314,174	160,176
Actual State Income	97,619	153,998	314,174	160,176
State Income Tax	4,803	7,618	15,627	8,009
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	2,719	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
 ALPESHCPA@GMAIL.COM
 Phone: (973)638-1418 | Fax: (973)400-4088

March 25, 2022

BHAVESH B & MITALBAHEN PATEL
 [REDACTED]

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
 ALPESH PATEL CPA

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BHAVESH B	Last name PATEL	Your social security number XXX-XX-XXXX
If joint return, spouse's first name and middle initial MITALBAHEN	Last name PATEL	Spouse's social security number XXX-XX-XXXX
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Montgomery		State AL
Foreign country name		ZIP code 36117
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	[REDACTED]	[REDACTED]	XXX-XX-XXXX	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	103,400
	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a 248	b Taxable interest	3b 248
	4a IRA distributions	4a	b Ordinary dividends	4b
	5a Pensions and annuities	5a	b Taxable amount	4b
	6a Social security benefits	6a	b Taxable amount	5b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	73,210
	8 Other income from Schedule 1, line 10		8	314,680
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	491,538
	10 Adjustments to income from Schedule 1, line 26		10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶		11	491,538
Standard Deduction for- ● Single or Married filing separately, \$12,550 ● Married filing jointly or Qualifying widow(er), \$25,100 ● Head of household, \$18,800 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A).	12a 25,100		
	b Charitable contributions if you take the standard deduction (see instructions)	12b 234	12c	25,334
	c Add lines 12a and 12b		13	34,696
	13 Qualified business income deduction from Form 8995 or Form 8995-A		14	60,030
	14 Add lines 12c and 13		15	431,508
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.			

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	100,067
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	100,067
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	100,067
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 .	24	103,853
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	44,468
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	44,468
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, 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 are your total other payments and refundable credits .	32	0
33	Add lines 25d, 26, and 32. These are your total payments .	33	44,468
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	0
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	0
Direct deposit? See instructions.	b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax .	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions.	37	60,072
	38 Estimated tax penalty (see instructions)	38	687

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	35757	03-10-2022		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	68799	03-10-2022		
	Phone no. 973-444-4017	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
ALPESH PATEL	03-25-2022	XXXXXXXXXX	<input checked="" type="checkbox"/> Self-employed
Preparer's name ALPESH PATEL	Phone no. 973-638-1418		
Firm's name ALPESH PATEL CPA			
Firm's address 271 US 46 W STE E201 Fairfield, NJ 07004		Firm's EIN 27-0624922	

**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

2021
Attachment
Sequence No. **01**

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

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	314,680
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	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 property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	10	314,680

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

Schedule 1 (Form 1040) 2021

EEA

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **02**

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

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Part 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

Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	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	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

EEA

Part II Other Taxes (continued)			
17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶ _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	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 total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	3,786

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **03**

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

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	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	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0

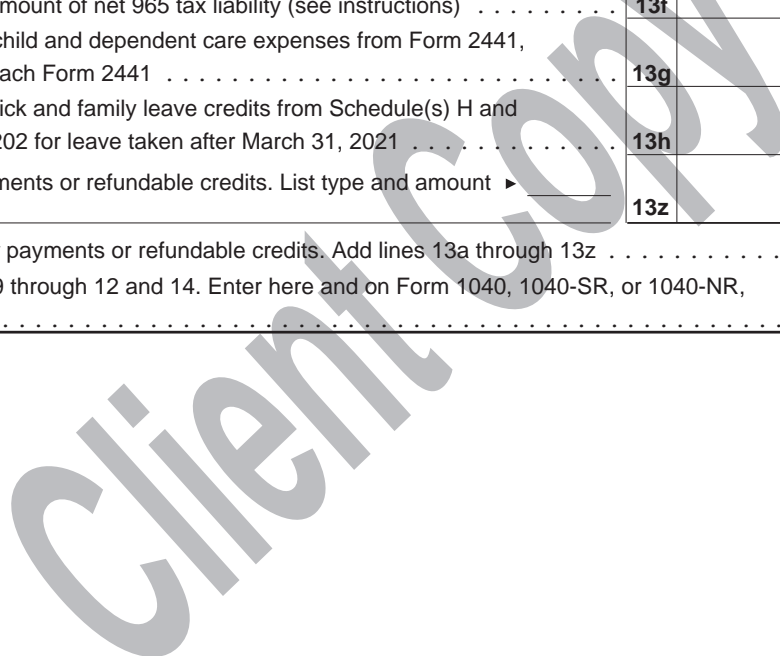
(continued on page 2)

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

Schedule 3 (Form 1040) 2021

EEA

Part 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:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
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)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021

Attachment
Sequence No. 12

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	299,758	226,783	235	73,210
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 73,210

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

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

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

Schedule D (Form 1040) 2021

EEA

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	73,210
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

2021
Attachment
Sequence No. **12A**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Social security number or taxpayer identification number

XXX-XX-XXXX

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.

Part I **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 1099-B

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 Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERITRADE	VARIOUS	12-31-2021	299,758	226,783	W	235	73,210
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								
				299,758	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)

EEA

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

Your social security number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Statement #1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals	26,170			296,156
b Totals		7,646		
30	Add columns (h) and (k) of line 29a			30 322,326
31	Add columns (g), (i), and (j) of line 29b			31 (7,646)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32 314,680

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36		37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	314,680
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Your social security number

XXX-XX-XXXX

Part I-A Child Tax Credit and Credit for Other Dependents

1	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	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	491,538
4a	Number of qualifying children under age 18 with the required social security number	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	
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.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	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
11	Multiply line 10 by 5% (0.05)	11	4,600
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0
13	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 for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

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.

14a	Enter the smaller of line 7 or line 12	14a	0
b	Subtract line 14a from line 12	14b	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0
d	Enter the smaller of line 14a or line 14c	14d	0
e	Add lines 14b and 14d	14e	
f	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-	14f	0
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	0
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0
i	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	14i	0

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

Schedule 8812 (Form 1040) 2021

EEA

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: 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 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.	15b	
c	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	
e	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- 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.	15e	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: 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.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> 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.	20	

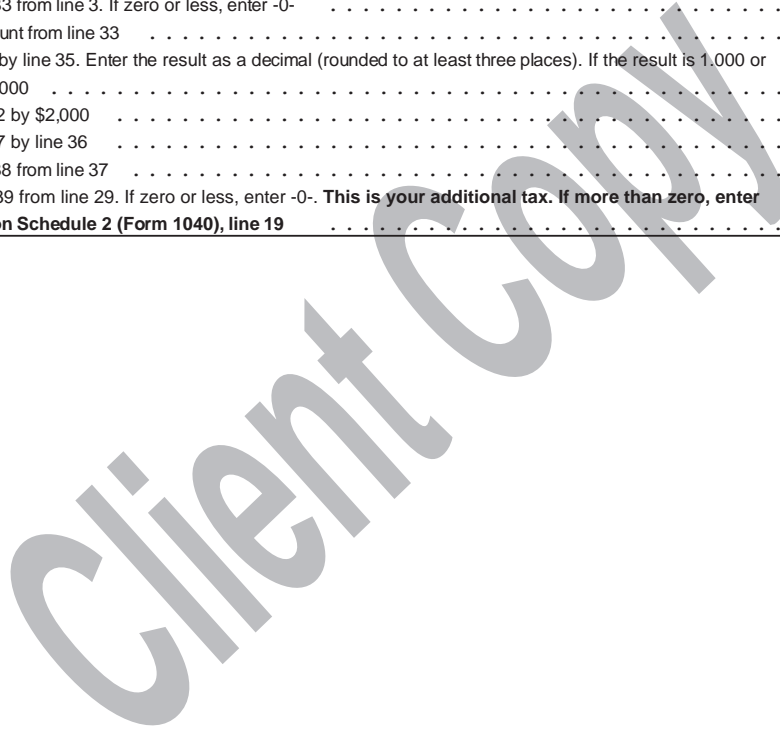
Part II-B Certain Filers Who Have Three or More Qualifying Children

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	21	
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	22	
23	Add lines 21 and 22	23	
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. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part 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. <ul style="list-style-type: none"> • 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



Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

2021
Attachment
Sequence No. **55A**

▶ **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

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: JASHI INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 6259	<input type="checkbox"/>
B	K1S: 3445 ATLANTA HWY Montgomery AL	<input type="checkbox"/>	<input type="checkbox"/>	██████ 5622	<input type="checkbox"/>
C	K1S: 3445 ATLANTA HWY Montgomery AL	<input type="checkbox"/>	<input type="checkbox"/>	██████ 5622	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 64,176	58,001	58,001
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 12,835	11,600	11,600
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 58,400	0	0
5 Multiply line 4 by 50% (0.50)	5 29,200		
6 Multiply line 4 by 25% (0.25)	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 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 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 12,835	4,106	4,106
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 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		
15 Qualified business income component. Subtract line 14 from line 13	15 12,835	4,106	4,106
16 Total qualified business income component. Add all amounts reported on line 15 ▶	16 34,696		

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

Form **8995-A** (2021)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$164,900 but not \$214,900 (\$164,925 and \$214,925 if married filing separately, \$329,800 and \$429,800 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$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. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	34,696	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	0	
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	0	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		34,696
33	Taxable income before qualified business income deduction	33	466,204	
34	Net capital gain. See instructions	34	248	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		465,956
36	Income limitation. Multiply line 35 by 20% (0.20)	36		93,191
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		34,696
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		34,696
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)	

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

2021
Attachment
Sequence No. **55A**

▶ **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

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: ALABAMA BEVERAGE INC	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 4709	<input type="checkbox"/>
B	K1P: MUSKAN 2631 LLC	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 0498	<input type="checkbox"/>
C	K1S: 2019 FOUR PLUS INC	<input type="checkbox"/>	<input type="checkbox"/>	██████████ 8136	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 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	10 35,776	0	0
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 13,649	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 13,649	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 13,649	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.
EEA

Form **8995-A** (2021)

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

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2021
Attachment
Sequence No. **55A**

Name(s) shown on return

BHAVESH B & MITALBAHEN PATEL

Your taxpayer identification number

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

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: FRIDAY LIQUOR INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 1486	<input type="checkbox"/>
B	K1S: MBM 02	<input type="checkbox"/>	<input type="checkbox"/>	██████ 5594	<input type="checkbox"/>
C	K1S: SUMUKH 2 INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 5695	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 15,107	25,764	15,022
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 3,021	5,153	3,004
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)	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.
EEA

Form **8995-A** (2021)

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

2021
Attachment
Sequence No. **55A**

▶ **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

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: SUMUKH INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 6802	<input type="checkbox"/>
B	K1S: SUMUKH 3 INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 2802	<input type="checkbox"/>
C	K1S: MBM 03 INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 3622	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 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)	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.
EEA

Form **8995-A** (2021)

Form **8995-A**

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.**

2021
Attachment
Sequence No. **55A**

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

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1S: TWAIN CURVE INC	<input type="checkbox"/>	<input type="checkbox"/>	██████ 3275	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 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	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.
EEA

Form **8995-A** (2021)

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

Attach to Form 8995-A.

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

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

Table with 5 columns: 1 Trade, business, or aggregation name; (a) Qualified business income/(loss); (b) Reduction for loss netting; (c) Adjusted qualified business income. Rows include JASHI INC, 3445 ATLANTA HWY Montgomery AL 3, ALABAMA BEVERAGE INC, MUSKAN 2631 LLC, 2019 FOUR PLUS INC, FRIDAY LIQUOR INC, MBM 02, SUMUKH 2 INC, SUMUKH INC, SUMUKH 3 INC, MBM 03 INC, TWAIN CURVE INC.

Summary table with 2 columns: Description and Amount. Rows include Qualified business net (loss) carryforward from prior years, Total of the trades, businesses, or aggregations losses, Total of the trades, businesses, or aggregations income, Losses netted with income of other trades, businesses, or aggregations, and Qualified business net (loss) carryforward.

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

Schedule C (Form 8995-A) 2021

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

**Net Investment Income Tax-
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

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

OMB No. 1545-2227

2021

Attachment
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Part I Investment Income					
		<input type="checkbox"/> Section 6013(g) election (see instructions)			
		<input type="checkbox"/> Section 6013(h) election (see instructions)			
		<input type="checkbox"/> Regulations section 1.1411-10(g) election (see instructions)			
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	314,680		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	(288,510)		
c	Combine lines 4a and 4b			4c	26,170
5a	Net gain or loss from disposition of property (see instructions)	5a	73,210		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	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 Modifications					
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	0
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 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	99,628
Individuals:					
13	Modified adjusted gross income (see instructions)	13	491,538		
14	Threshold based on filing status (see instructions)	14	250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	241,538		
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 include on your tax return (see instructions)			17	3,786
Estates and Trusts:					
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			21	

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

Form **8960** (2021)

EEA

Form **8962**

Premium Tax Credit (PTC)

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

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

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

XXX-XX-XXXX

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 check the box. See instructions

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

1 Tax family size. Enter your tax family size. See instructions		1	3
2a Modified AGI. Enter your modified AGI. See instructions	2a	491,538	
b Enter the total of your dependents' modified AGI. See instructions	2b		
3 Household income. Add the amounts on lines 2a and 2b. See instructions		3	491,538
4 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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC		4	21,720
5 Household income as a percentage of federal poverty line (see instructions)		5	401 %
6 Reserved for future use			
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.0850
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	41,781	
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		3,482

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 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. **No.** Continue to line 10.

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 and continue to line 24. **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32 column C)
12 January	1,276	0	3,482	0	0	0
13 February	1,276	0	3,482	0	0	0
14 March	1,276	0	3,482	0	0	0
15 April	1,276	0	3,482	0	0	0
16 May	1,276	0	3,482	0	0	0
17 June	1,276	0	3,482	0	0	0
18 July	1,276	0	3,482	0	0	0
19 August	1,276	0	3,482	0	0	0
20 September	1,276	0	3,482	0	0	0
21 October	1,276	0	3,482	0	0	0
22 November	1,276	0	3,482	0	0	0
23 December	1,276	0	3,482	0	0	0
24 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	
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	
26 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, leave this line blank and continue to line 27					26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28 Repayment limitation (see instructions)	28	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

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

Form **8962** (2021)

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 BHAVESH B & MITALBAHEN PATEL	Taxpayer's SSN 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

Client Copy

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074
2021

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

Submission Identification Number (SID) ▶

Taxpayer's name BHAVESH B PATEL	Social security number XXX-XX-XXXX
Spouse's name MITALBAHEN PATEL	Spouse's social security number XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	491,538
2	Total tax	2	103,853
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	44,468
4	Amount you want refunded to you	4	
5	Amount you owe	5	60,072

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Amount owed will be debited from: RTN:021200025 DAN:1010180010776

I authorize ALPESH PATEL CPA to enter or generate my PIN 35757 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize ALPESH PATEL CPA to enter or generate my PIN 68799 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-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 or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ ALPESH PATEL Date ▶ 03-25-2022

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)

EEA

Schedule 8812	Worksheet for Schedule 8812, Line 5	2021
Name(s) as shown on return	(Keep for your records)	Tax ID Number
BHAVESH B & MITALBAHEN PATEL		XXX-XX-XXXX
1. Multiply Schedule 8812, line 4b, by \$3,600	1. _____	
2. Multiply Schedule 8812, line 4c, by \$3,000	2. <u>3,000</u>	
3. Add line 1 and line 2	3. <u>3,000</u>	
4. Multiply Schedule 8812, line 4a, by \$2,000	4. <u>2,000</u>	
5. Subtract line 4 from line 3	5. <u>1,000</u>	
6. 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	6. <u>12,500</u>	
7. Enter the smaller of line 5 or line 6	7. <u>1,000</u>	
8. 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	8. <u>150,000</u>	
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		
For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc	9. <u>342,000</u>	
10. Multiply line 9 by 5% (0.05)	10. <u>17,100</u>	
11. Enter the smaller of line 7 or line 10	11. <u>1,000</u>	
12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5	12. <u>2,000</u>	

Federal Supporting Statements												2021	PG01
Name(s) as shown on return												Tax ID Number	XXX-XX-XXXX
BHAVESH B & MITALBAHEN PATEL													
Schedule E - Line 28 - Partnerships and S Corporations												Statement # 1	
A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Basis Req.	F- Not At Risk	G- P Loss	H- P Income	I- Loss	J- Sec 179	K- Income			
MUSKAN 2631 LLC	P		0498			0	26,170	0	0	0	0		
MBM 01 INC	S		5622	X		0	0	0	0	0	29,594		
MBM 01 INC	S		5622	X		0	0	0	0	0	29,593		
JASHI INC	S		6259	X		0	0	0	0	0	65,488		
MBM 02 LLC	S		5594			0	0	0	0	0	26,291		
ALABAMA BEVERAGE INC	S		4709			0	0	0	0	0	69,639		
2019 FOUR PLUS INC	S		8136			0	0	0	0	0	6,757		
FRIDAY LIQUOR INC	S		1486			0	0	0	0	0	15,416		
SUNUKH 2 INC	S		5695			0	0	0	0	0	15,329		
SUNUKH INC	S		6802			0	0	0	0	0	17,845		
SUKUKH 3 INC	S		2802			0	0	0	0	0	5,195		
MBM 03 INC	S		3622	X		0	0	7,646	0	0	0		
TWAIN CURVE INC	S		3275			0	0	0	0	0	15,002		
Total						0	26,170	7,646	0	0	296,156		

Federal Supporting Statements		2021
(This page is not filed with the return. It is for your records only.)		
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 BEVERAGE INC		(69,639)
K-1: 2019 FOUR PLUS INC		(6,757)
K-1: FRIDAY LIQUOR INC		(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		7,646
K-1: TWAIN CURVE INC		(15,009)

Total		(288,510)

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Summary of Estimates				2022	
Name(s) as shown on return				Your SSN/EIN	
BHAVESH B & MITALBAHEN PATEL				XXX-XX-XXXX	
Federal					
Form: 1040-ES					
Payment Schedule					
Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	17,450	17,450	17,450	17,450	69,800
Overpayment Applied	0	0	0	0	0
Net Installment Due	17,450	17,450	17,450	17,450	69,800
Taxpayer Records					
Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Client Copy

Estimated Tax Worksheet for Next Year		2021
(Keep for your records)		
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Tax ID Number XXX-XX-XXXX
1. Wages	1.	_____
2. Interest and Dividend income	2.	_____
3. Capital gain income	3.	_____
4. Taxable IRA/Pension income	4.	_____
5. Taxable Social Security income	5.	_____
6. Business income	6.	_____
7. Other income	7.	_____
8. Total income (add lines 1 thru 7)	8.	_____
9. Adjustments to income	9.	_____
10. Adjusted gross income (subtract line 9 from line 8)	10.	_____
11a. Itemized deductions	11a.	_____
11b. Standard deduction	11b.	_____
12. Taxable income (subtract 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 income (subtract line 13 from line 12)	14.	_____
15. Projected Tax	15.	_____
16. Alternative Minimum Tax	16.	_____
17. Total tax	17.	_____
18a. Child Tax Credit and Other Dependent Credit	18a.	_____
18b. Other projected Credits	18b.	_____
18c. Total projected credits	18c.	_____
19. Subtract line 18d from line 17	19.	_____
20. Projected SE Tax - Taxpayer	20.	_____
21. Projected SE Tax - Spouse	21.	_____
22. Other taxes	22.	_____
23a. Add lines 19 through 22	23a.	_____
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	23b.	_____
c. Total 2022 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	_____
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) 110%.	24b.	114,238
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	114,238
25. Projected Withholding	25.	44,468
26. Projected Net Tax (subtract line 25 from line 24c)	26.	69,770

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.

Federal Income Tax Withheld		2021 PG01
(This page is not filed with the return. It is for your records only.)		
Name(s) as shown on return	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		<u>5,315</u>
W-2 Subtotal		44,468
Total Withholdings		<u>44,468</u>

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W-2 Detail Listing

(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

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
S	MUSKAN 2631 INC	32,400	14,976	AL	32,400	2,145
T	PLEASURE LLC	9,000	6,505	AL	9,000	1,385
S	JASHI INC	14,000	4,787	AL	14,000	1,197
T	ALABAMA BEVERAGE INC	9,600	7,743	AL	9,600	1,114
T	FRIDAY LIQUOR INC	16,400	4,332	AL	16,400	1,563
T	2019 FOUR PLUS INC	12,000	810	AL	12,000	395
T	SUKUKH 3 INC	10,000	5,315	AL	10,000	1,098
Taxpayer Totals		57,000	24,705		57,000	5,555
Spouse Totals		46,400	19,763		46,400	3,342
Totals		103,400	44,468		103,400	8,897

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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

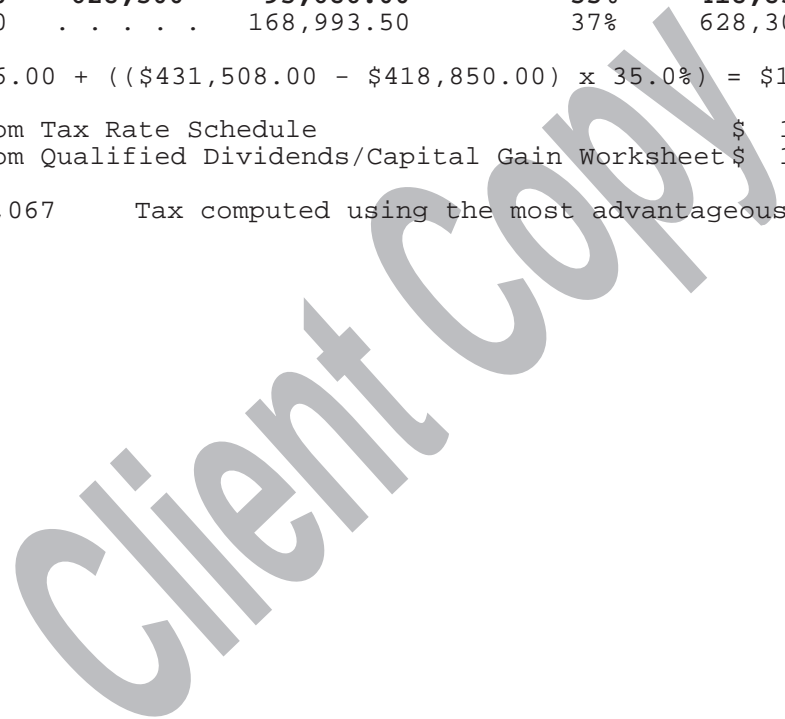
Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status					Status
If taxable income is					of the
over	but not over	pay	plus	% on excess	amount 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



**Qualified Dividends and Capital Gain
Tax Worksheet - Line 16 (Form 1040)**

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

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	1.	<u>431,508</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>248</u>
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	<u>248</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>431,260</u>
6. Enter: \$40,400 if single or married filing separately, \$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	6.	<u>80,800</u>
7. Enter the smaller of line 1 or line 6	7.	<u>80,800</u>
8. Enter the smaller of line 5 or line 7	8.	<u>80,800</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	<u>248</u>
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	<u>248</u>
13. Enter: \$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	13.	<u>501,600</u>
14. Enter the smaller of line 1 or line 13	14.	<u>431,508</u>
15. Add lines 5 and 9	15.	<u>431,260</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>248</u>
17. Enter the smaller of line 12 or line 16	17.	<u>248</u>
18. Multiply line 17 by 15% (0.15)	18.	<u>37</u>
19. Add lines 9 and 17	19.	<u>248</u>
20. Subtract line 19 from line 10	20.	
21. Multiply line 20 by 20% (0.20)	21.	
22. 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.	<u>100,030</u>
23. Add lines 18, 21, and 22	23.	<u>100,067</u>
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>100,116</u>
25. 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 filing 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.	<u>100,067</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form 1040 or 1040-SR <small>Name(s) as shown on return</small>	Investment Income for the Earned Income Credit <small>(Keep for your records)</small>	2021 <small>Tax ID Number</small> XXX-XX-XXXX
BHAVESH B & MITALBAHEN PATEL		
<p>Interest and Dividends</p> <p>1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____</p> <p>2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____</p> <p>3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. <u>248</u></p> <p>4. Enter the amount from Schedule 1 (Form 1040), line 8z, 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 Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____</p> <p>Capital Gain Net Income</p> <p>5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. <u>73,210</u></p> <p>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. _____</p> <p>7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. <u>73,210</u></p> <p>Royalties and Rental Income From Personal Property</p> <p>8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8k. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 24z. (If the result is less than zero, enter -0-) 8. _____</p> <p>Passive Activities</p> <p>9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. <u>26,170</u></p> <p>10. Adjustment from EIC screen 10. _____</p> <p>11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income 11. <u>99,628</u></p> <p>12. Is the amount on line 11 more than \$10,000? <input checked="" type="checkbox"/> Yes. You can't take the credit. <input type="checkbox"/> No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 27 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 <i>Rule 7</i>, next).</p> <hr/> <p>Instructions for line 9. In figuring the amount to enter on line 9, don't 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, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.</p>		

**Worksheet for Form 2210, Part III, Section B -
Figure the Penalty**

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

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'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/21	(b) 06/15/21	(c) 09/15/21	(d) 01/15/22
1a Enter your underpayment from Part III, Section A, line 17	1a	8,633	17,266	19,750	19,750
1b 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 6,149 09-15-2021 11,117	04-15-2022 14,782 01-15-2022 4,968	04-15-2022 19,750
Rate Period 1: April 16, 2021 - June 30, 2021					
2 Computation starting dates for this period	2	04/15/21	06/15/21		
		Days:	Days:		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/21, whichever is earlier	3	61	15		
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.03	4	\$ 43	\$ 21		
Rate 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 from the date on line 5 to the date the amount on line 1a was paid or 9/30/21, whichever is earlier	6		15	15	
			77		
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.03	7	\$	\$ 8	\$ 24	
			109		
Rate Period 3: October 1, 2021 - December 31, 2021					
8 Computation starting dates for this period	8	09/30/21	09/30/21	09/30/21	
		Days:	Days:	Days:	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/21, whichever is earlier	9		92	92	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.03	10	\$	\$ 46	\$ 149	
Rate Period 4: January 1, 2022 - April 15, 2022					
11 Computation starting dates for this period	11	12/31/21	12/31/21	12/31/21	01/15/22
		Days:	Days:	Days:	Days:
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/22, whichever is earlier	12		15	90	90
				15	
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.03	13	\$	\$ 8	\$ 109	\$ 146
				24	
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14		\$	\$ 24	\$ 146
				687	

**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-XX-XXXX

Income	Regular tax	Alt Min Tax
Wages	103,400	103,400
Interest income before Series EE bond exclusion		
Dividend income	248	248
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	73,210	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)	288,510	288,510
Nonpassive estate and trust income or (loss)		
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	465,368	465,368
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	465,368	465,368
MAGI adjustment from input screen E2		
Modified adjusted gross income	465,368	465,368

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, 1040-SR, or 1040-NR, line 11 **1.** 491,538
2. Enter any tax-exempt interest from Form 1040, 1040-SR, or 1040-NR, line 2a **2.** _____
3. Enter any amounts from Form 2555, lines 45 and 50 **3.** _____
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, line 2a **5.** 491,538

Worksheet 1-2. Dependents' Combined Modified AGI - Line 2b

1. Enter the AGI for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11 **1.** _____
2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a **2.** _____
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 **3.** _____
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 **4.** _____
5. Add lines 1 through 4. Enter here and on Form 8962, line 2b **5.** _____

Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from line 3 of Form 8962 **1.** 491,538
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

Partner's Adjusted Basis Worksheet, page 1
Keep for your records.

2021

Name of Partner: BHAVESH B PATEL	SSN: XXX-XX-XXXX
Name of Partnership: MUSKAN 2631 LLC	EIN: XXXXXXXXXX

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. _____	
B. Partner's share of partnership liabilities from PRIOR year	B. (_____)	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. _____	
1. Adjusted Basis from preceding year		1. <u>60,476</u>
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	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
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. <u>26,170</u>	
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)	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 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 Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. <u>26,170</u>	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. <u>86,646</u>
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. <u>86,646</u>
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. _____	
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 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. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. <u>86,646</u>

Explanation of Pre-CARES Act vs. Post-CARES Act
For informational purposes and use by certain states

(Do not file. Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Income	Pre-CARES Act	Post-CARES Act	Difference
Wages, salaries, tips, etc.	103,400	103,400	
Taxable interest			
Ordinary dividends	248	248	
Taxable refunds			
Alimony received			
Business income or (loss)			
Capital gain or (loss)	73,210	73,210	
Other gains or (losses)			
Taxable IRA distributions			
Taxable pensions and annuities			
Schedule E income/loss	314,680	314,680	
Farm income or (loss)			
Unemployment compensation			
Social security benefits			
Net Operating Loss (NOL)			
Limitation on business losses - Form 461 (ELA)			
Other income			
Totals	491,538	491,538	
Adjustments	Pre-CARES Act	Post-CARES Act	Difference
Educator expenses			
Employee business expenses			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees			
Other adjustments			
Charitable contributions if taking standard deduction		234	234
Totals		234	234
Adjusted Gross Income	491,538	491,304	(234)

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

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

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	_____
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	9,621
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	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____ Reg. Tax _____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C	AMT 5,518 Reg. Tax 5,518
Credits	
Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____
Other	
Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1	17,450
Estimated Tax Payment 3	17,450
Federal tax liability for 2210 calculation	103,853
State tax liability for state 2210 calculation	18,518
IRA basis	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2022	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2023	Taxpayer _____ Spouse _____
Excess repayments from 8915-F	Taxpayer _____ Spouse _____
Deferred SE tax to be repaid by 12/31/2022	_____
Passive Activity	
_____	_____
_____	_____
At Risk Limitations	
_____	_____
_____	_____

**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

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2021	Remaining 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).

Client Copy

TAX RETURN COMPARISON				2021		
2019 / 2020 / 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 XXX-XX-XXXX			
	2019		2020		2021	Difference 2020-2021
	Married	Joint	Married	Joint	Married	Joint
Filing Status	1		1		1	
Number of Dependents	1		1		1	
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						
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						
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			2,696		3,786	1,090
Total Tax	25,499		71,816		103,853	32,037
Payments						
Withholdings	20,609		33,977		44,468	10,491
Estimated tax payments						
Earned income credit						
Other payments and credits						
Estimated tax penalty					687	687
Overpayment						
Overpayment Applied						
Refund						
Balance Due	4,890		37,839		60,072	22,233
Marginal tax rate	22.00		32.00		35.00	3.00
Effective tax rate	16.00		19.92		23.19	3.27

Account Transaction Summary		2021
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your ID Number XXX-XX-XXXX
Account #1		
Financial Institution		
Routing Transit Number	██████████0025	
Account Number	██████████0776	
Account Type	checking	
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)	
<div style="font-size: 48px; opacity: 0.2; transform: rotate(-30deg); pointer-events: none;">Client Copy</div>		
PLEASE VERIFY BANK INFORMATION		
1. Bank Name		
2. Bank Routing Transit Number		
3. Bank Account Number		
4. Bank Account Type		
<p>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.</p>		
<p>I have reviewed the above information and certify that this information is correct and authorize ALPESH PATEL CPA to use this account.</p>		
Your Signature	Date	Spouse's Signature (If Married Filing Jointly) Date

Form 7203 (December 2021) Department of the Treasury Internal Revenue Service	S Corporation Shareholder Stock and Debt Basis Limitations ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form7203 for instructions and the latest information.	OMB No. 1545-2302 Attachment Sequence No. 203
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Name(s) shown on return BHAVESH B PATEL	Identifying number XXX-XX-XXXX
Name of S corporation MBM 01 INC	Employer identification number 5622

Stock block (see instructions) ▶

Part I 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 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
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	29,594
5	Stock basis before distributions. Add lines 1, 2, and 4	5	77,024
6	Distributions (excluding dividend distributions) <i>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.</i>	6	22,240
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	54,784
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	54,784
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	54,784

Part II Shareholder Debt Basis				
Section A—Amount of Debt (If more than three debts, see instructions.)				
Description	Debt 1	Debt 2	Debt 3	Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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			

For Paperwork Reduction Act Notice, see separate instructions. Form 7203 (12-2021)

Form 7203 (December 2021) Department of the Treasury Internal Revenue Service	S Corporation Shareholder Stock and Debt Basis Limitations ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form7203 for instructions and the latest information.	OMB No. 1545-2302 Attachment Sequence No. 203
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Name(s) shown on return MITALBAHEN PATEL	Identifying number XXX-XX-XXXX
Name of S corporation MBM 01 INC	Employer identification number 5622

Stock block (see instructions) ▶

Part I Shareholder Stock Basis			
1	Stock basis at the beginning of the corporation's tax year	1	47,428
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	29,593
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	29,593
5	Stock basis before distributions. Add lines 1, 2, and 4	5	77,021
6	Distributions (excluding dividend distributions) <i>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.</i>	6	22,240
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	54,781
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	54,781
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	54,781

Part II Shareholder Debt Basis				
Section A—Amount of Debt (If more than three debts, see instructions.)				
Description	Debt 1	Debt 2	Debt 3	Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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			

For Paperwork Reduction Act Notice, see separate instructions. Form 7203 (12-2021)

Form 7203 (December 2021) Department of the Treasury Internal Revenue Service	S Corporation Shareholder Stock and Debt Basis Limitations ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form7203 for instructions and the latest information.	OMB No. 1545-2302 Attachment Sequence No. 203
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Name(s) shown on return BHAVESH B PATEL	Identifying number XXX-XX-XXXX
Name of S corporation JASHI INC	Employer identification number 6259

Stock block (see instructions) ▶

Part I Shareholder Stock Basis			
1	Stock basis at the beginning of the corporation's tax year	1	163,508
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	65,488
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	65,488
5	Stock basis before distributions. Add lines 1, 2, and 4	5	228,996
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions	6	10,000
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	218,996
8a	Nondeductible expenses	8a	343
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	343
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	218,653
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	218,653

Part II Shareholder Debt Basis		Section A—Amount of Debt (If more than three debts, see instructions.)			
Description	Debt 1	Debt 2	Debt 3		Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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				

For Paperwork Reduction Act Notice, see separate instructions. Form 7203 (12-2021)

Form **7203**
 (December 2021)
 Department of the Treasury
 Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

▶ Attach to your tax return.

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

OMB No. 1545-2302

Attachment Sequence No. **203**

Name(s) shown on return BHAVESH B PATEL	Identifying number XXX-XX-XXXX
Name of S corporation MBM 02 LLC	Employer identification number 5594

Stock block (see instructions) ▶

Part I Shareholder Stock Basis			
1	Stock basis at the beginning of the corporation's tax year	1	96,728
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	26,291
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	26,291
5	Stock basis before distributions. Add lines 1, 2, and 4	5	123,019
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 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	123,019
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	123,019
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	123,019

Part II Shareholder Debt Basis		Section A—Amount of Debt (If more than three debts, see instructions.)			
Description	Debt 1	Debt 2	Debt 3		Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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				

For Paperwork Reduction Act Notice, see separate instructions. Form **7203** (12-2021)

Form **7203**
(December 2021)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

▶ Attach to your tax return.

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

OMB No. 1545-2302

Attachment Sequence No. **203**

Name(s) shown on return BHAVESH B PATEL	Identifying number XXX-XX-XXXX
Name of S corporation ALABAMA BEVERAGE INC	Employer identification number 4709

Stock block (see instructions) ▶

Part I 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 acquired during the tax 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	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	69,639
5	Stock basis before distributions. Add lines 1, 2, and 4	5	540,767
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	540,767
8a	Nondeductible expenses	8a	91
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	91
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	540,676
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	540,676

Part II Shareholder Debt Basis		Section A—Amount of Debt (If more than three debts, see instructions.)			
Description	Debt 1	Debt 2	Debt 3	Total	
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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				

For Paperwork Reduction Act Notice, see separate instructions.

Form **7203** (12-2021)

Form 7203 (December 2021) Department of the Treasury Internal Revenue Service	S Corporation Shareholder Stock and Debt Basis Limitations ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form7203 for instructions and the latest information.	OMB No. 1545-2302 Attachment Sequence No. 203
Name(s) shown on return BHAVESH B PATEL		Identifying number XXX-XX-XXXX
Name of S corporation MBM 03 INC		Employer identification number 3622

Part I Shareholder Stock Basis			
1	Stock basis at the beginning of the corporation's tax year	1	48,000
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	48,000
6	Distributions (excluding dividend distributions) <i>Note:</i> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	48,000
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	48,000
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	7,646
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	7,646
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	40,354

Part II Shareholder Debt Basis				
Section A—Amount of Debt (If more than three debts, see instructions.)				
Description	Debt 1	Debt 2	Debt 3	Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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			

For Paperwork Reduction Act Notice, see separate instructions. Form 7203 (12-2021)

Part II Shareholder Debt Basis (continued)		Section B - Adjustments to Debt Basis			
Description		Debt 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 losses. 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 line 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. Subtract line 30 from line 29. If the result is zero or less, enter -0-				
Section C - Gain on Loan Repayment					
32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	Reportable gain. Subtract line 33 from line 32.				

Part III Shareholder Allowable Loss and Deduction Items		(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
Description						
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 (December 2021) Department of the Treasury Internal Revenue Service	S Corporation Shareholder Stock and Debt Basis Limitations ▶ Attach to your tax return. ▶ Go to www.irs.gov/Form7203 for instructions and the latest information.	OMB No. 1545-2302 Attachment Sequence No. 203
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Name(s) shown on return BHAVESH B PATEL	Identifying number XXX-XX-XXXX
Name of S corporation TWAIN CURVE INC	Employer identification number 3275

Part I Shareholder Stock Basis			
1	Stock basis at the beginning of the corporation's tax year	1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	10,484
3a	Ordinary business income (enter losses in Part III)	3a	15,009
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	15,009
5	Stock basis before distributions. Add lines 1, 2, and 4	5	25,493
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	25,493
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	25,493
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	25,493

Part II Shareholder Debt Basis		Section A—Amount of Debt (If more than three debts, see instructions.)			
Description	Debt 1	Debt 2	Debt 3	Total	
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account debt	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account 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				

For Paperwork Reduction Act Notice, see separate instructions. Form 7203 (12-2021)

Recovery Rebate Credit Worksheet

(keep for your records)

2021

Name(s) as shown on return

Tax ID Number

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
 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 return, go to line 3. If you aren't filing a joint return, 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 *Dependents* 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:
 • \$1,400 if single, head of household, married filing separately, or qualifying widow(er),
 • \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 **6.** 2,800

7. Multiply \$1,400 by the number of dependents listed in the *Dependents* 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 **7.** 1,400

8. Add lines 6 and 7 **8.** 4,200

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 • Single or Married filing separately—\$75,000
 • Married filing jointly or qualifying widow(er)—\$150,000
 • Head of household—\$112,500
 Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 **9.** 491,538
 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?
 • Single or married filing separately—\$80,000
 • Married filing jointly or qualifying widow(er)—\$160,000
 • Head of household—\$120,000
 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).
 • Single or married filing separately—\$5,000
 • Married filing jointly or qualifying widow(er)—\$10,000
 • Head of household—\$7,500 **11.** _____

12. Multiply line 8 by line 11 **12.** _____

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 spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) 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:

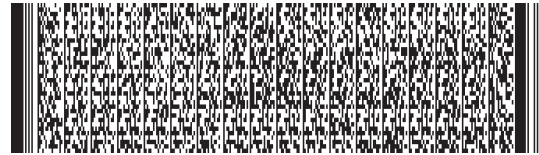
\$9,621.00

Mail-to address:

Alabama Department of Revenue
Alabama Income Tax
P.O. Box 2401
Montgomery, AL 36140-0001

FORM 40 Alabama 2021

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2021, or other tax year:

Beginning: Ending:

Your social security number
● XXX-XX-XXXX

Spouse's SSN if joint return
● XXX-XX-XXXX

Check if primary is deceased
Primary's deceased date (mm/dd/yy)

Check if spouse is deceased
Spouse's deceased date (mm/dd/yy)

Your first name
● BHAVESH

Initial
● B

Last name
● PATEL

Spouse's first name
● MITALBAHEN

Initial
●

Last name
● PATEL

Present home address (number and street or P.O. Box number)

▶ CHECK BOX IF AMENDED RETURN

City, town or post office
● Montgomery

State ZIP code
● AL ● 36117

Check if address is outside U.S. Foreign Country

Filing Status/	1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN
Exemptions	2 ● <input checked="" type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person). Complete Schedule HOF
Income	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A - Alabama tax withheld
and	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)	B - Income
Adjustments	6 Interest and dividend income (also attach Schedule B if over \$1,500)	6 ● 248
	7 Other income (from page 2, Part I, line 9)	7 ● 387,890
	8 Total income. Add amounts in the income column for line 5b through line 7	8 ● 491,538
	9 Total adjustments to income (from page 2, Part II, line 16)	9 ●
	10 Adjusted gross income. Subtract line 9 from line 8	10 ● 491,538
Deductions	11 Box a or b MUST be checked. 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)	
	● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	11 ● 12,394
	12 Federal tax deduction (see instructions)	12 ● 103,853
	13 Personal exemption (from line 1, 2, 3, or 4)	13 ● 3,000
	14 Dependent exemption (from page 2, Part III, line 2)	14 ● 300
	15 Total deductions. Add lines 11, 12, 13, and 14	15 ● 119,547
	16 Taxable income. Subtract line 15 from line 10	16 ● 371,991
Tax	17 Income tax due. Enter amt. from tax table or check if from Form NOL-85A	17 ● 18,518
	18 Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 17	18 ● 18,518
	19 Additional taxes (from Schedule ATP, Part I, Line 3)	19 ● 0
	20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20a ● 20b ●
	21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21 ● 18,518
Payments	22 Alabama income tax withheld (from column A, line 5a)	22 ● 8,897
	23 2021 estimated tax payments/Automatic Extension Payment	23 ●
	24 Amended Returns Only - Previous payments (see instructions)	24 ●
	25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	25 ●
	26 Payments from Schedule CP, Section B, Line 1	26 ●
	27 Total payments. Add lines 22, 23, 24, 25, and 26	27 ● 8,897
	28 Amended Returns Only - Previous refund (see instructions)	28 ●
	29 Adjusted Total Payments. Subtract line 28 from line 27	29 ● 8,897
AMOUNT YOU OWE	30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE and add line 31. Place payment, along with Form 40V, loose in the mailing envelope.(FORM 40V MUST ACCOMPANY PMT.)	30 ● 9,621
	31 Penalties (from Schedule ATP, Part II, line 3) (see instructions)	31 ●
OVERPAID	32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID	32 ●
	33 Amount of line 32 to be applied to your 2022 estimated tax	33 ●
Donations	34 Total Donation Check-offs from Schedule DC, line 2	34 ●
REFUND	35 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32 For Direct Deposit, check here <input type="checkbox"/> and complete Part V, Page 2.	35 ●



BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

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)	3	• 73,210
Other Income	4a Total IRA distributions	4a •	4b Taxable amount (see instructions)
(See instructions)	5a Total pensions and annuities	5a •	5b Taxable amount (see instructions)
	6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	• 314,680
	7 Farm income or (loss) (attach Federal Schedule F)	7	•
	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

Adjustments to Income	1a Your IRA deduction	1a	•
(See instructions)	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	•
	6 Moving Expenses (Attach Federal Form 3903) to:	6	•
	City _____ State _____ ZIP _____		
	7 Self-employed health insurance deduction	7	•
	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	•
	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	•
	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

Dependents	1 Total number of dependents from Schedule DS, line 1b	1	• 1
	2 Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14	2	• 300

PART IV

General Information

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 _____

3 Give name and address of present employer(s). Yours PLEASURE LLC Montgomery 36116
Your Spouse's MUSKAN 2631 INC Montgomery 36108

All Taxpayers Must Complete This Section.

4 Enter the Federal Adjusted Gross Income • \$ 491,538 and Federal Taxable Income • \$ 431,508 as reported on your 2021 Federal Individual Income Tax Return.

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 No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • _____	Amount • _____
Source • _____	Amount • _____

PART V

Direct Deposit

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) • XX/XX/XXXX	Your state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XX/XX/XXXX	Exp date (mm/dd/yyyy) • XX/XX/XXXX
DOB (mm/dd/yyyy) • XX/XX/XXXX	Spouse state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XX/XX/XXXX	Exp date (mm/dd/yyyy) • XX/XX/XXXX

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.

Sign Here In Black Ink

Your Signature _____ Date _____ Daytime Telephone Number 973-444-4017 Your Occupation _____

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____

Preparer's Signature _____ Date 03-25-2022 Check if Self-employed Preparer's SSN or PTIN • XXXXXXXXXX E.I. Number 27-0624922

Paid Preparer's Use Only

Firm's Name (or yours if self-employed) ALPESH PATEL CPA Daytime Telephone No. 973-638-1418 ZIP Code 07004

Address 271 US 46 W STE E201 Fairfield NJ

**SCHEDULES
A, B, & DC
(FORM 40)**



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

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

The itemized deductions you may claim for the year 2021 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses	1 Medical and dental expenses	1		00	
	2 Enter amount from Form 40, line 10	2		00	
	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-	4	•	0	00
Taxes You Paid	5 Real estate taxes	5	1,276	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	7,911	00	
	7 Railroad Retirement (Tier 1 only)	7		00	
	8 Other taxes. (List - include personal property taxes.) PERSONAL PROPERTY TAX	8	318	00	
	9 Add the amounts on lines 5 through 8. Enter the total here	9	•	9,505	00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098	10a	2,655	00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.)				
	10b			00	
	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	
14 Add the amounts on lines 10a through 13. Enter the total here	14	•	2,655	00	
CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.					
Gifts to Charity	15 Contributions by cash or check	15	234	00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00	
	17 Carryover from prior year	17		00	
	18 Add the amounts on lines 15 through 17. Enter the total here	18	•	234	00
Casualty and Theft Loss (Attach Form 4684)	19a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16	19a		00	
	b Enter 10% of your Adjusted Gross Inc. (Form 40, line 10) if box B is checked, otherwise enter zero	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c	•	0	00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.)	20		00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. 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
Other Miscellaneous Deductions	25 Other (from list in the instructions). List type and amount.	25			• 00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here	26	•	00	
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions	27	•	12,394	00



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2021

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

BHAVESH B & MITALBAHEN PATEL

XXX-XX-XXXX

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	0
2	Catastrophe savings tax (see instructions)	2	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	

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	

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SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2021

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	3 00
4 Royalties received	00	00	00	4 00
Expenses:				
5 Advertising	00	00	00	
6 Auto and travel	00	00	00	
7 Cleaning and maintenance	00	00	00	
8 Commissions	00	00	00	
9 Insurance	00	00	00	
10 Legal and other professional fees	00	00	00	
11 Management fees	00	00	00	
12 Mortgage interest	00	00	00	12 00
13 Other interest	00	00	00	
14 Repairs	00	00	00	
15 Supplies	00	00	00	
16 Taxes	00	00	00	
17 Utilities	00	00	00	
18 Other (list) ▶ _____	00	00	00	
_____	00	00	00	
_____	00	00	00	
19 Add lines 5 through 18	00	00	00	19 00
20 Depreciation expense or depletion	00	00	00	20 00
21 Total expenses. Add lines 19 and 20	00	00	00	
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23 00

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
MUSKAN 2631 LLC Montgomery, AL 36108 MBM 01 INC	X				██████████ 0498	26,170 00
Montgomery, AL 36117 MBM 01 INC				X	██████████ 5622	29,594 00
Montgomery, AL 36117 JASHI INC				X	██████████ 5622	29,593 00
Montgomery, AL 36109				X	██████████ 6259	65,488 00
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						24 150,845 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 ▶						25 150,845 00

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2021

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I **Income or Loss From Rental Real Estate and Royalties**
Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	3 00
4 Royalties received	00	00	00	4 00
Expenses:				
5 Advertising	00	00	00	
6 Auto and travel	00	00	00	
7 Cleaning and maintenance	00	00	00	
8 Commissions	00	00	00	
9 Insurance	00	00	00	
10 Legal and other professional fees	00	00	00	
11 Management fees	00	00	00	
12 Mortgage interest	00	00	00	12 00
13 Other interest	00	00	00	
14 Repairs	00	00	00	
15 Supplies	00	00	00	
16 Taxes	00	00	00	
17 Utilities	00	00	00	
18 Other (list) ▶ _____	00	00	00	
_____	00	00	00	
_____	00	00	00	
19 Add lines 5 through 18	00	00	00	19 00
20 Depreciation expense or depletion	00	00	00	20 00
21 Total expenses. Add lines 19 and 20	00	00	00	
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23 00

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount	
MBM 02 LLC Montgomery, AL 36117				X	████████ 5594	26,291	00
ALABAMA BEVERAGE INC Montgomery, AL 36117				X	████████ 4709	69,639	00
2019 FOUR PLUS INC Montgomery, AL 36110				X	████████ 8136	6,757	00
FRIDAY LIQUOR INC Montgomery, AL 36105				X	████████ 1486	15,416	00
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						24 118,103	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 ▶						25 118,103	00

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2021

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I Income or Loss From Rental Real Estate and Royalties
Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property:	2 For 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:	Yes	No
A _____	- 14 days, or	A	
B _____	- 10% of the total days rented at fair rental value?	B	
C _____		C	

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	3 00
4 Royalties received	00	00	00	4 00
Expenses:				
5 Advertising	00	00	00	
6 Auto and travel	00	00	00	
7 Cleaning and maintenance	00	00	00	
8 Commissions	00	00	00	
9 Insurance	00	00	00	
10 Legal and other professional fees	00	00	00	
11 Management fees	00	00	00	
12 Mortgage interest	00	00	00	12 00
13 Other interest	00	00	00	
14 Repairs	00	00	00	
15 Supplies	00	00	00	
16 Taxes	00	00	00	
17 Utilities	00	00	00	
18 Other (list) ▶ _____	00	00	00	
_____	00	00	00	
_____	00	00	00	
19 Add lines 5 through 18	00	00	00	19 00
20 Depreciation expense or depletion	00	00	00	20 00
21 Total expenses. Add lines 19 and 20	00	00	00	
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23 00

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
SUMUKH 2 INC Sylacauga, AL 35150	<input checked="" type="checkbox"/>			X	████████ 5695	15,329 00
SUMUKH INC Sylacauga, AL 35151	<input checked="" type="checkbox"/>			X	████████ 6802	17,845 00
SUKUKH 3 INC Sylacauga, AL 35150	<input checked="" type="checkbox"/>			X	████████ 2802	5,195 00
MBM 03 INC Montgomery, AL 36117	<input checked="" type="checkbox"/>			X	████████ 3622	(7,646) 00
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						24 30,723 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 ▶						25 30,723 00

SCHEDULE E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss

2021

(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 BHAVESH B & MITALBAHEN PATEL	Your social security number XXX-XX-XXXX
--	---

PART I Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For 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: - 14 days, or - 10% of the total days rented at fair rental value?	Yes	No
A _____		A	
B _____		B	
C _____		C	

Income:	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
3 Rents received	00	00	00	3 00
4 Royalties received	00	00	00	4 00
Expenses:				
5 Advertising	00	00	00	
6 Auto and travel	00	00	00	
7 Cleaning and maintenance	00	00	00	
8 Commissions	00	00	00	
9 Insurance	00	00	00	
10 Legal and other professional fees	00	00	00	
11 Management fees	00	00	00	
12 Mortgage interest	00	00	00	12 00
13 Other interest	00	00	00	
14 Repairs	00	00	00	
15 Supplies	00	00	00	
16 Taxes	00	00	00	
17 Utilities	00	00	00	
18 Other (list) ▶ _____	00	00	00	
_____	00	00	00	
_____	00	00	00	
19 Add lines 5 through 18	00	00	00	19 00
20 Depreciation expense or depletion	00	00	00	20 00
21 Total expenses. Add lines 19 and 20	00	00	00	
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	00	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				23 00

(g) Name and Address	(h) Check One	Partnership	Estate or Trust	S Corporation	(i) Employer Identification Number	(j) Amount
TWAIN CURVE INC Montgomery, AL 36117				X	██████████ 3275	15,009 00
_____						00
_____						00
_____						00
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						24 15,009 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 ▶						25 15,009 00

SCHEDULE DS & HOF 2021
(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
XXX-XX-XXXX XXX-XX-XXXX

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
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1 **1b** 1

**SCHEDULE
DS & HOF 2021**
(Form 40 or 40NR)



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?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced or legally separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/qualifying person(s) reside with you in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/qualifying person(s) support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SCHEDULE W-2

(FORM 40, 40A, or 40NR)



2021



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: **BHAVEESH B & MITALBAHEN PATEL** PRIMARY'S SOCIAL SECURITY NO.: **XXXX-XX-XXXX** SPOUSE'S SOCIAL SECURITY NO.: **XXXX-XX-XXXX**

A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/EZ Filed?	E State Code	F Alabama Employer's State ID Number	G		H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
						Income Tax Withheld	Alabama State Income Tax Withheld				
1	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009129318	2,145	2,145	32,400	32,400		
2	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009991145	1,385	1,385	9,000	9,000		
3	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R009927468	1,197	1,197	14,000	14,000		
4	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R010040923	1,114	1,114	9,600	9,600		
5	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R010467913	1,563	1,563	16,400	16,400		
6	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R010127749	395	395	12,000	12,000		
7	XXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	AL	R010678701	1,098	1,098	10,000	10,000		
8		<input type="checkbox"/>	<input type="checkbox"/>								
9		<input type="checkbox"/>	<input type="checkbox"/>								
10		<input type="checkbox"/>	<input type="checkbox"/>								
11		<input type="checkbox"/>	<input type="checkbox"/>								
12		<input type="checkbox"/>	<input type="checkbox"/>								
13		<input type="checkbox"/>	<input type="checkbox"/>								
14		<input type="checkbox"/>	<input type="checkbox"/>								
15		<input type="checkbox"/>	<input type="checkbox"/>								
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15. Column G and enter the amount here										
17	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 these statements										
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.						8,897	8,897	103,400	103,400	

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

AL-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status	MFJ	MFJ	MFJ	
Gross Income	191,851	396,668	491,538	94,870
Additions				
Subtractions				
Exemptions	3,300	3,300	3,300	
Standard Deduction				
Itemized Deduction	11,901	10,686	12,394	1,708
Deductions	22,652	68,508	103,853	35,345
Taxable Income	153,998	314,174	371,991	57,817
Actual State Income	153,998	314,174	371,991	57,817
State Income Tax	7,618	15,627	18,518	2,891
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	4,841	6,332	8,897	2,565
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund				
Balance Due	2,777	9,295	9,621	326
Marginal tax rate	5.000000	5.000000	5.000000	
Effective tax rate	4.950000	4.970000	4.980000	0.010000

AL-COMP.LD

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
<p>A. 2021 Income taxes due that were paid after 12/31/2021</p> <p>A1. 4th quarter estimate/extension (may be adj. by refund) _____</p> <p>A2. Amount paid with return <u>9,621</u></p> <p>A3. Total payments made in 2022 A. <u>9,621</u></p> <p>B. Adjustments made to payments</p> <p>B1. Interest & Penalty _____</p> <p>B2. Contributions, Donations, Checkoffs _____</p> <p>B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____</p> <p>B4. Total adjustments B. _____</p> <p>C. Total tax payments potentially deductible in 2022 (Line A less line B) C. <u>9,621</u></p>		

Client Copy

ALINCWK	Federal Income Tax Deduction Worksheet	2021
Name(s) as shown on return BHAVESH B & MITALBAHEN PATEL		Your social security number XXX-XX-XXXX
1	Enter the tax as shown on line 22 on Form 1040/Form 1040-SR, line 22 on Form 1040NR, or line 15 of Form 1040NR-EZ	100,067
2	Net Investment Income Tax. Enter amount from line 17, Form 8960	3,786
3	Federal Tax. Add lines 1 and 2	103,853
4	a Earned Income Credit (EIC). Enter the amount from line 27 of Form 1040/Form 1040-SR	4a
	b Additional Child Tax Credit. Enter the amount from line 28 of Form 1040/ Form 1040-SR, or line 28 of Form 1040NR	4b
	c American Opportunity Credit. Enter the amount from line 29 of Form 1040/Form 1040-SR	4c
	d Credits from Forms 2439. Enter the amount from Schedule 3, line 12a of Form 1040/ Form 1040-SR/1040NR	4d
5	Add lines 4a, b, c, and d	
6	Subtract line 5 from line 3 and enter amount on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. If amount is negative enter zero	103,853

Client Copy

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 initial BHAVESH B PATEL	Last name	Your social security number XXX-XX-XXXX
If a joint return, spouse's first name and initial MITALBAHEN PATEL	Last name	
Home address (number and street). If a P.O. Box, see instructions. [REDACTED]		Spouse's soc. sec. no. if joint return XXX-XX-XXXX
City, town or post office, state, and ZIP code Montgomery, AL 36117		Telephone number (optional) [REDACTED]

Part I	
Tax Return Information	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 371,991
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 18,518
3 Total payments (Form 40, line 27 or Form 40NR, line 26)	3 8,897
4 Refund (Form 40, line 35 or Form 40NR, line 33)	4
5 Amount you owe (Form 40, line 30 or Form 40NR, line 29)	5 9,621

Part II Refund and Payment Information

1 Routing number: [REDACTED] 0 0 2 5

2 Account number: [REDACTED] 0 7 7 6

3 Type of account: [REDACTED] s

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 Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2021 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement 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 preparer.

Sign Here

03-25-2022	03-25-2022
Your signature	Spouse's signature. If a joint return, BOTH must sign.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I 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 all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2021), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Preparer's PTIN
[REDACTED]	03-25-2022	<input checked="" type="checkbox"/>	XXXXXXXXXX
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	
ALPESH PATEL CPA 271 US 46 W STE E201; Fairfield, NJ	27-0624922	07004	

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 knowledge and belief, they are true, correct, and complete.

Preparer's signature	Date	Check if self-employed	Preparer's PTIN
[REDACTED]		<input type="checkbox"/>	
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code	

Form AL8453 2021

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

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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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

Kush Medicinal LLC

Dispensary

Business License Applicant Name

License Type

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	ROLE (select all that apply)
Rinaben Rakesh Patel	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Toral Suryakant Patel	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Mitalbahen Ramjibhai Patel	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Sergio de Valdez Barraza-Ingstrom	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Adam Michael Dalton	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
N/A	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

Toral Suryakant Patel

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'

22 Dec 2022

Signature of Verifying Individual

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

Kush Medicinal LLC

Dispensary

Business License Applicant Name

License Type

Rinaben Rakesh Patel

Individual's Name

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

R. R. Patel
Signature of Verifying Individual

5 December 2022
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

Kush Medicinal LLC

Dispensary

Business License Applicant Name
Toril Suryakant Patel

License Type

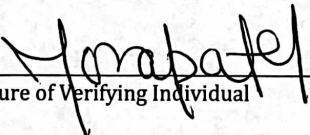
Individual's Name

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.



Signature of Verifying Individual

1 December 2022

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

Kush Medicinal LLC

Dispensary

Business License Applicant Name

License Type

Mitalbahen Ranjibhai Patel

Individual's Name

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

M.R. Patel
Signature of Verifying Individual

1 December 2022

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must 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 Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Sergio de Valdez Barraza-Ingström
 Signature of Verifying Individual

16 December 2022
 Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must 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 with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Adam Michael Dalton

 Signature of Verifying Individual

16 Dec 2022

 Verification Date

Redaction Grounds and Authority

Per the United States District Court of the Northern District of Alabama, found on the website (<https://www.alnd.uscourts.gov/proper-redaction-techniques>) 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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 Medicinal 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.

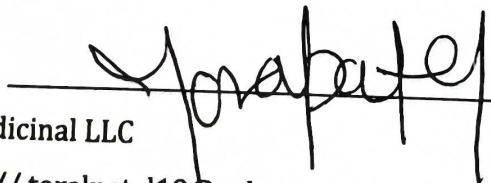
Therefore, I am writing to verify that Kush Medicinal LLC is financially capable of both opening and operating a Medical Cannabis Dispensary business based on the available funding the team has access to. Please do not hesitate to reach out with any questions.

Best,

Toral S. Patel

COO - Kush Medicinal LLC

551-580-3647 // toralpatel19@yahoo.com



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 Medicinal 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



License Type: Dispensary
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: nic@multiversecap.com

29 December 2022

Rinaben Patel
Chief Executive Officer
Kush Medicinal LLC
Email: [REDACTED]

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,

A handwritten signature in black ink, appearing to read 'Nic Easley', with a stylized, cursive script.

Nic Easley
Managing Director
Multiverse Capital
nic@multiversecap.com
1-720-556-2991



Adv Relationship Banking - 9464

[Account & routing numbers](#)

\$105,026.80

[Available balance \(as of today\)](#)

Show full summary

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Statements & Documents

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December Statement

Adv Relationship B... - 9464

Dec 19, 2022

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2022

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Notifications and Letters 

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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.

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BANK OF AMERICA

Preferred Rewards

P.O. Box 15284
Wilmington, DE 19850

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 25118
Tampa, FL 33622-5118

TORAL S PATEL
ASHISH M AMIN
[REDACTED]
PISCATAWAY, NJ 08854-3597

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

Account number: [REDACTED] 9464

TORAL S PATEL ASHISH M AMIN

Account summary

Beginning balance on November 18, 2022	\$8,255.22
Deposits and other additions	10,406.68
Withdrawals and other subtractions	-13,051.33
Checks	-535.00
Service fees	-0.00
Ending balance on December 19, 2022	\$5,075.57

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: \$1.03.

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.

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Bank of America, N.A. Member FDIC and  Equal Housing Lender



TORAL S PATEL | Account # [REDACTED] 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:XX014QMCHAT4980 INDN:PATEL,TORAL CO ID:3411786634 PPD	-260.00

continued on the next page



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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 PPD DES:INSUR PREM ID:4547919 INDN:PATEL TORAL CO ID:9555845001	-45.49
12/05/22	Online Banking transfer to CHK 2814 Confirmation# 1325677331	-1,000.00
12/07/22	AMERICAN EXPRESS WEB DES:ACH PMT ID:W6744 INDN:TORAL S PATEL CO ID:1133133497	-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:XXXXXXXXX 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 checks **-\$535.00**
Total # of checks **2**

* 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.

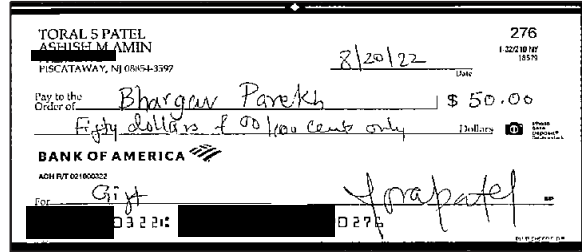
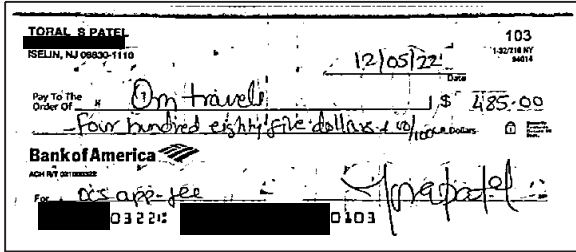


TORAL S PATEL | Account # [REDACTED] 9464 | November 18, 2022 to December 19, 2022

Check images

Account number: [REDACTED] 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

29-Dec-22

5.1: Balance Sheet Report - Kush Medicinal LLC Dispensary Company

Assets	Fiscal Year 1	Fiscal 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 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 & Dividends Payable	\$ -	\$ -	\$ -
Total Owners' Equity	\$ 2,684,368	\$ 1,746,073	\$ 1,693,494
Total Liabilities & Equity	\$2,887,423	\$2,075,847	\$2,143,920

Balance Sheet Report Cont.

Fiscal Year 4	Fiscal Year 5
\$ 2,168,511	\$ 10,616,706
-	-
2,058,288	4,116,575
-	-
-	-
-	-
\$ 4,226,799	\$ 14,733,281
-	-
557,000	557,000
-	-
-	-
-	-
-	-
(54,750)	(69,032)
\$ 502,250	\$ 487,968
-	-
\$ -	\$ -
\$4,729,049	\$15,221,249
-	-
778,570	1,395,585
-	-
\$ -	\$ -
\$778,570	\$1,395,585
\$ -	\$ -
\$778,570	\$1,395,585
6,000,000	6,000,000
(2,049,521)	7,825,664
\$ -	\$ -
\$ 3,950,479	\$ 13,825,664
\$4,729,049	\$15,221,249

29-Dec-22

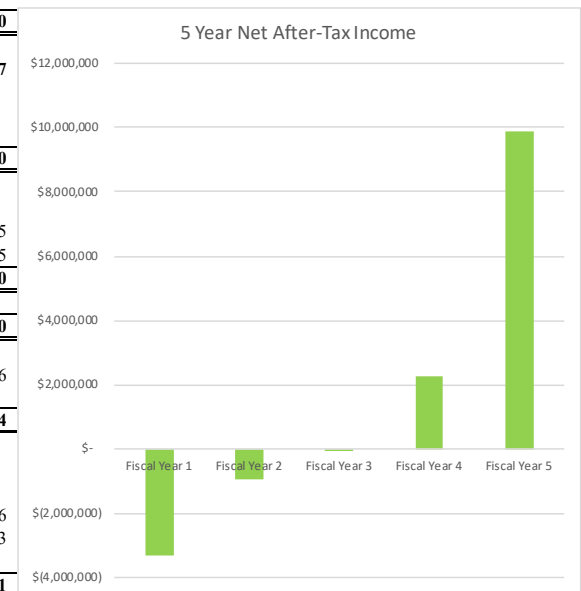
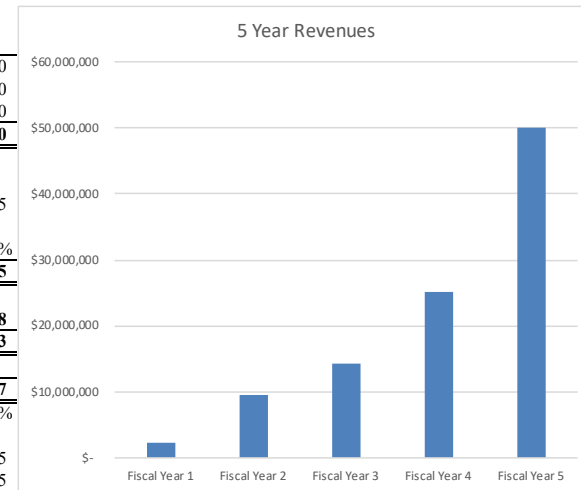
5.2: Profit and Loss Report (Budget Years 1-5 by Year) - Kush Medicinal LLC Dispensary Company

Sales	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal 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%	
Total Cost of Goods Sold	\$ 3,830,290	\$ 8,002,504	\$ 10,930,336	\$ 18,945,212	\$ 33,959,231	\$ 75,667,573
Gross Profit	\$ (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

						License Type: Dispensary	
Web Site Development	33,000	18,000	18,000	18,000	18,000	18,000	\$ 105,000
Hosting/IT Infrastructure Costs	9,000	9,000	9,000	9,000	9,000	9,000	\$ 45,000
Events	51,000	36,000	36,000	36,000	36,000	36,000	\$ 195,000
Sales Expenses	144,000	144,000	144,000	144,000	144,000	144,000	\$ 720,000
Total Sales & Marketing Costs	\$ 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%		
Total Operating Expenses	\$ 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%		
Income From Operations	\$ (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%		

5.2: Profit and Loss Report (Income Statement Years 1 - 5) - Kush Medicinal LLC Dispensary Company

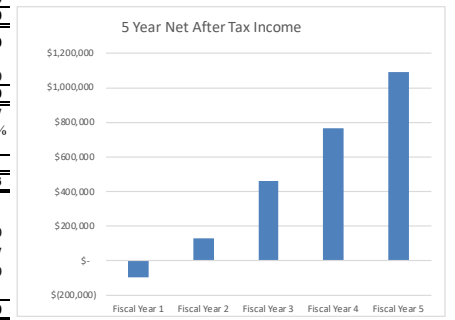
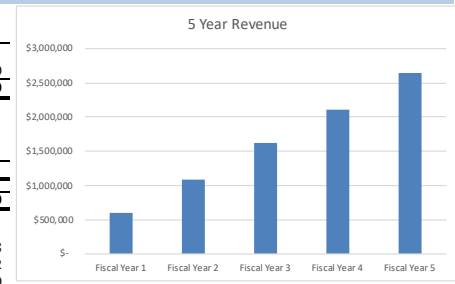
	Medical	Medical	Medical	Medical	Medical	Totals
	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal Year 5	
Sales						
Dispensary #1	\$ 744,000	\$ 3,180,000	\$ 4,770,000	\$ 8,347,500	\$ 16,695,000	\$ 33,736,500
Dispensary #2	744,000	3,180,000	4,770,000	8,347,500	16,695,000	33,736,500
Dispensary #3	744,000	3,180,000	4,770,000	8,347,500	16,695,000	33,736,500
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	-	-	-	-	-	-
	50.00%	50.00%	50.00%	58.33%	58.19%	56.19%
Total Variable COGS	\$ 1,116,000	\$ 4,770,000	\$ 7,155,000	\$ 14,608,125	\$ 29,216,250	\$ 56,865,375
Total Fixed Cost of Goods Sold	\$ 2,714,290	\$ 3,232,504	\$ 3,775,336	\$ 4,337,087	\$ 4,742,981	\$ 18,802,198
Total Cost of Goods Sold	\$ 3,830,290	\$ 8,002,504	\$ 10,930,336	\$ 18,945,212	\$ 33,959,231	\$ 75,667,573
Gross Profit	\$ (1,598,290)	\$ 1,537,496	\$ 3,379,664	\$ 6,097,288	\$ 16,125,769	\$ 25,541,927
Gross Profit %	-71.61%	16.12%	23.62%	24.35%	32.20%	25.24%
Operating Expenses						
Sales & Marketing	\$ 547,320	\$ 446,400	\$ 494,100	\$ 601,425	\$ 851,850	\$ 2,941,095
G & A (without Depreciation)	430,473	1,721,892	2,262,210	2,019,420	2,173,580	8,607,575
Depreciation	-	-	-	-	-	-
Total Operating Expenses	\$ 977,793	\$ 2,168,292	\$ 2,756,310	\$ 2,620,845	\$ 3,025,430	\$ 11,548,670
Income From Operations	\$ (3,635,290)	\$ (630,796)	\$ 623,354	\$ 3,476,443	\$ 13,100,339	\$ 13,993,257
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	430,473	1,721,892	2,262,210	2,019,420	2,173,580	8,607,575
Total Add Backs	\$ 977,793	\$ 2,168,292	\$ 2,756,310	\$ 2,620,845	\$ 3,025,430	\$ 11,548,670
Taxable Income	\$ (2,657,497)	\$ 1,537,496	\$ 3,379,664	\$ 6,097,288	\$ 16,125,769	\$ 24,482,720
Taxes on Income	\$ (319,658)	\$ 307,499	\$ 675,933	\$ 1,219,458	\$ 3,225,154	\$ 5,108,386
Tax Rate	12.03%	20.00%	20.00%	20.00%	20.00%	Total Profit over 5 Years
Net Income After Taxes	\$ (3,315,632)	\$ (938,295)	\$ (52,579)	\$ 2,256,985	\$ 9,875,185	\$ 7,825,664
Add Back:						
(+) Interest Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(+) Tax Expense	\$ (319,658)	\$ 307,499	\$ 675,933	\$ 1,219,458	\$ 3,225,154	\$ 5,108,386
(+) Depreciation	\$ 71,550	\$ 85,364	\$ 101,208	\$ 118,425	\$ 124,346	\$ 500,893
(+) Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EBITDA	\$ (3,563,740)	\$ (545,432)	\$ 724,562	\$ 3,594,868	\$ 13,224,685	\$ 13,434,941



5.2: Profit and Loss Report (Income Statement Years 1 - 5 Cont.) -
Kush Medicinal LLC Dispensary Company

License Type: Dispensary

	Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5		5 Year Totals
		% of Total Sales		% of Total Sales		% of Total Sales		% of Total Sales		% of Total Sales	
Sales											
Lease Income Dispensary	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Total Sales	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Cost of Goods Sold											
All Products COGS	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
COGS Labor	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
Total Cost of Goods Sold	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
Gross Profit	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Operating Expenses											
Sales & Marketing	\$ 35,900	5.98%	\$ 8,660	0.80%	\$ 8,904	0.55%	\$ 9,156	0.43%	\$ 9,408	0.36%	\$ 72,028
G & A (without Depreciation)	\$ 406,352	67.73%	\$ 404,072	37.41%	\$ 407,772	25.17%	\$ 411,558	19.49%	\$ 415,428	15.74%	\$ 2,045,182
Depreciation	\$ 252,432	42.07%	\$ 383,672	35.53%	\$ 383,672	23.68%	\$ 383,672	18.17%	\$ 383,672	14.54%	\$ 1,787,120
Total Operating Expenses	\$ 694,684	115.78%	\$ 796,404	73.74%	\$ 800,348	49.40%	\$ 804,386	38.10%	\$ 808,508	30.63%	\$ 3,904,330
Income From Operations	\$ (94,684)	-15.78%	\$ 283,596	26.26%	\$ 819,652	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%	\$ -	0.00%	\$ -
Employee Bonus Plan	\$ -	0.00%	\$ 81,528	7.55%	\$ 81,528	5.03%	\$ 81,527	3.86%	\$ 81,527	3.09%	\$ 326,110
Income Before Taxes and Profit Sharing	\$ (94,684)	-15.78%	\$ 202,068	18.71%	\$ 738,124	45.56%	\$ 1,225,487	58.04%	\$ 1,749,215	66.28%	\$ 3,820,210
Taxes on Income	\$ -	0.00%	\$ 75,776	7.02%	\$ 276,797	17.09%	\$ 459,558	21.77%	\$ 655,956	24.85%	\$ 1,468,087
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%	-
Net Income After Taxes	\$ (94,684)	0.00%	\$ 126,292	0.00%	\$ 461,327	0.00%	\$ 765,929	0.00%	\$ 1,093,259	0.00%	\$ 2,352,123
Add Back:											
(+) Interest Expense	\$ -		\$ 81,528		\$ 81,528		\$ 81,527		\$ 81,527		\$ 326,110
(+) Tax Expense	\$ -	0.00%	\$ 75,776	7.02%	\$ 276,797	17.09%	\$ 459,558	21.77%	\$ 655,956		\$ 1,468,087
(+) Depreciation	\$ 252,432	42.07%	\$ 383,672	35.53%	\$ 383,672	23.68%	\$ 383,672	18.17%	\$ 383,672		\$ 1,787,120
(+) Amortization	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -
EBITDA	\$ 157,748	42.07%	\$ 667,268	42.54%	\$ 1,203,324	40.77%	\$ 1,690,686	39.94%	\$ 2,214,414		\$ 5,933,440



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					
Land / Property	Pre-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

Sales					% of Total						% of Total	
	Q1-Yr2	Q2-Yr2	Q3-Yr2	Q4-Yr2	Fiscal Year 2	Sales	Q1-Yr3	Q2-Yr3	Q3-Yr3	Q4-Yr3	Fiscal Year 3	Sales
Dispensary #1	\$ 795,000	\$ 795,000	\$ 795,000	\$ 795,000	\$ 3,180,000	33.33%	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 4,770,000	22.22%
Dispensary #2	795,000	795,000	795,000	795,000	\$ 3,180,000	33.33%	1,192,500	1,192,500	1,192,500	1,192,500	\$ 8,347,500	38.89%
Dispensary #3	795,000	795,000	795,000	795,000	\$ 3,180,000	33.33%	1,192,500	1,192,500	1,192,500	1,192,500	\$ 8,347,500	38.89%
	-	-	-	-	\$ -	0.00%	-	-	-	-	\$ -	0.00%
	-	-	-	-	\$ -	0.00%	-	-	-	-	\$ -	0.00%
Total Sales	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 9,540,000	100.00%	\$ 3,577,500	\$ 3,577,500	\$ 3,577,500	\$ 3,577,500	\$ 21,465,000	100.00%
Cost of Goods Sold												
Total COGS All Locations	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 4,770,000	50.00%	\$ 1,788,750	\$ 1,788,750	\$ 1,788,750	\$ 1,788,750	\$ 7,155,000	33.33%
COGS Labor												
Total Variable COGS	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 1,192,500	\$ 4,770,000	50.00%	\$ 1,788,750	\$ 1,788,750	\$ 1,788,750	\$ 1,788,750	\$ 7,155,000	33.33%
% of Total Sales	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%	50.00%	50.00%	33.33%	
Total Fixed Cost of Goods Sold	\$ 808,126	\$ 808,126	\$ 808,126	\$ 808,126	\$ 3,232,504	33.88%	\$ 943,834	\$ 943,834	\$ 943,834	\$ 943,834	\$ 3,775,336	17.59%
Total Cost of Goods Sold	\$ 2,000,626	\$ 2,000,626	\$ 2,000,626	\$ 2,000,626	\$ 8,002,504	83.88%	\$ 2,732,584	\$ 2,732,584	\$ 2,732,584	\$ 2,732,584	\$ 10,930,336	50.92%
Gross Profit	\$ 384,374	\$ 384,374	\$ 384,374	\$ 384,374	\$ 1,537,496	16.12%	\$ 844,916	\$ 844,916	\$ 844,916	\$ 844,916	\$ 10,534,664	49.08%
% of Total Sales	16.12%	16.12%	16.12%	16.12%	16.12%		23.62%	23.62%	23.62%	23.62%	49.08%	
Operating Expenses												
Sales & Marketing	\$ 111,600	\$ 111,600	\$ 111,600	\$ 111,600	\$ 446,400	4.68%	\$ 123,525	\$ 123,525	\$ 123,525	\$ 123,525	\$ 494,100	2.30%
G & A (without Depreciation)	409,132	409,132	409,132	409,132	\$ 1,636,528	17.15%	441,927	441,927	638,574	638,574	\$ 2,161,002	10.07%
Depreciation	21,341	21,341	21,341	21,341	\$ 85,364	0.89%	25,302	25,302	25,302	25,302	\$ 101,208	0.47%
Total Operating Expenses	\$ 542,073	\$ 542,073	\$ 542,073	\$ 542,073	\$ 2,168,292	22.73%	\$ 590,754	\$ 590,754	\$ 787,401	\$ 787,401	\$ 2,756,310	12.84%
% of Total Sales	22.73%	22.73%	22.73%	22.73%	22.73%		16.51%	16.51%	22.01%	22.01%	12.84%	
Income From Operations	\$ (157,699)	\$ (157,699)	\$ (157,699)	\$ (157,699)	\$ (630,796)	-6.61%	\$ 254,162	\$ 254,162	\$ 57,515	\$ 57,515	\$ 7,778,354	36.24%
% of Total Sales	-6.61%	-6.61%	-6.61%	-6.61%	-6.61%		7.10%	7.10%	1.61%	1.61%	36.24%	
Interest Income	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Interest Expense	-	-	-	-	\$ -	0.00%	-	-	-	-	\$ -	0.00%
Income before Taxes	\$ (157,699)	\$ (157,699)	\$ (157,699)	\$ (157,699)	\$ (630,796)	-6.61%	\$ 254,162	\$ 254,162	\$ 57,515	\$ 57,515	\$ 7,778,354	36.24%
Add Back to Arrive at Taxable Income:												
Total Sales & Marketing Costs	\$ 111,600	\$ 111,600	\$ 111,600	\$ 111,600	\$ 446,400	0.00%	\$ 123,525	\$ 123,525	\$ 123,525	\$ 123,525	\$ 494,100	0.00%
Total G & A Costs	430,473	430,473	430,473	430,473	\$ 1,721,892	17.15%	467,229	467,229	663,876	663,876	\$ 2,262,210	10.07%
Total Add Backs	\$ 542,073	\$ 542,073	\$ 542,073	\$ 542,073	\$ 2,168,292	22.73%	\$ 590,754	\$ 590,754	\$ 787,401	\$ 787,401	\$ 2,756,310	
Taxable Income:	\$ 384,374	\$ 384,374	\$ 384,374	\$ 384,374	\$ 1,537,496	16.12%	\$ 844,916	\$ 844,916	\$ 844,916	\$ 844,916	\$ 3,379,664	15.74%
Taxes on Income	\$ 76,875	\$ 76,875	\$ 76,875	\$ 76,874	\$ 307,499	3.22%	\$ 168,983	\$ 168,983	\$ 168,983	\$ 168,984	\$ 675,933	3.15%
	20%	20%	20%	20%	\$ 0		20%	20%	20%	20%	\$ 0	
Net Income After Taxes	\$ (234,574)	\$ (234,574)	\$ (234,574)	\$ (234,573)	\$ (938,295)	-9.84%	\$ 85,179	\$ 85,179	\$ (111,468)	\$ (111,469)	\$ 7,102,421	33.09%
% of Total Sales	-9.84%	-9.84%	-9.84%	-9.84%	-9.84%		2.38%	2.38%	-3.12%	-3.12%	33.09%	

5.2: Profit and Loss Report (Income Statement Year 1 by Month) -
Kush Medicinal LLC Dispensary Company

License Type: Dispensary

Sales	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Fiscal Year 1	% of Total Sales
Dispensary #1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,000	\$ 124,000	\$ 124,000	\$ 124,000	\$ 124,000	\$ 124,000	\$ 744,000	33.33%
Dispensary #2	-	-	-	-	-	-	124,000	124,000	124,000	124,000	124,000	124,000	\$ 744,000	33.33%
Dispensary #3	-	-	-	-	-	-	124,000	124,000	124,000	124,000	124,000	124,000	\$ 744,000	33.33%
	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	0.00%
	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	0.00%
Total Sales	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 372,000	\$ 372,000	\$ 372,000	\$ 372,000	\$ 372,000	\$ 372,000	\$ 2,232,000	100.00%
Cost of Goods Sold														
Total COGS All Locations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 1,116,000	50.00%
COGS Labor	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	0.00%
Total Variable COGS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 186,000	\$ 1,116,000	50.00%
% of Total Sales	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
Total Fixed Cost of Goods Sold	\$ 285,883	\$ 221,121	\$ 221,359	\$ 221,597	\$ 221,835	\$ 221,835	\$ 220,110	\$ 220,110	\$ 220,110	\$ 220,110	\$ 220,110	\$ 220,110	\$ 2,714,290	121.61%
Total Cost of Goods Sold	\$ 285,883	\$ 221,121	\$ 221,359	\$ 221,597	\$ 221,835	\$ 221,835	\$ 406,110	\$ 406,110	\$ 406,110	\$ 406,110	\$ 406,110	\$ 406,110	\$ 3,830,290	171.61%
Gross Profit	\$ (285,883)	\$ (221,121)	\$ (221,359)	\$ (221,597)	\$ (221,835)	\$ (221,835)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (1,598,290)	-71.61%
% of Total Sales	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.17%	-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	\$ 38,970	\$ 38,970	\$ 38,970	\$ 547,320	24.52%
G & A (without Depreciation)	98,645	98,645	98,645	98,645	98,645	98,645	116,245	116,245	116,245	116,245	116,245	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	16,520	16,520	16,520	\$ 200,340	8.98%
Total Operating Expenses	\$ 252,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 2,037,000	91.26%
% of Total Sales	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	46.17%	46.17%	46.17%	46.17%	46.17%	46.17%	91.26%	
Income From Operations	\$ (538,648)	\$ (371,886)	\$ (372,124)	\$ (372,362)	\$ (372,600)	\$ (372,600)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (3,635,290)	-162.87%
% of Total Sales	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-55.33%	-55.33%	-55.33%	-55.33%	-55.33%	-55.33%	-162.87%	
Interest Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-	\$ -	0.00%
Income before Taxes	\$ (538,648)	\$ (371,886)	\$ (372,124)	\$ (372,362)	\$ (372,600)	\$ (372,600)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (3,635,290)	-162.87%
Add Back to Arrive at Taxable Income:														
Total Sales & Marketing Costs	\$ 137,250	\$ 35,250	\$ 35,250	\$ 35,250	\$ 35,250	\$ 35,250	\$ 38,970	\$ 38,970	\$ 38,970	\$ 38,970	\$ 38,970	\$ 38,970	\$ 547,320	24.52%
Total G & A Costs	115,515	115,515	115,515	115,515	115,515	115,515	132,765	132,765	132,765	132,765	132,765	132,765	\$ 1,489,680	66.74%
Total Add Backs	\$ 252,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 150,765	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 171,735	\$ 2,037,000	91.26%
Taxable Income:	\$ (285,883)	\$ (221,121)	\$ (221,359)	\$ (221,597)	\$ (221,835)	\$ (221,835)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (34,110)	\$ (1,598,290)	
Taxes on Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (319,658)	\$ (319,658) -14.32%
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ 937	\$ 0
Net Income After Taxes	\$ (538,648)	\$ (371,886)	\$ (372,124)	\$ (372,362)	\$ (372,600)	\$ (372,600)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ (205,845)	\$ 113,813	\$ (3,315,632) -148.55%
% of Total Sales	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-55.33%	-55.33%	-55.33%	-55.33%	-55.33%	30.59%	-148.55%	

29-Dec-22

**5.3: Statement of Cash Flow (Cash Flow Years 1 - 5) -
Kush Medicinal LLC Company**

Sources of Cash:	Fiscal Year 1		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.

Fiscal Year 4	Fiscal Year 5
\$ 2,256,985	\$ 9,875,185
\$ -	\$ -
\$ 328,144	\$ 617,015
\$ -	\$ -
\$ -	\$ -
\$ 878,892	\$ 2,058,287
\$ -	\$ -
\$1,706,237	\$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

29-Dec-22

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		Fiscal 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	\$ 85,364
Increase in Accounts Payable		126,719		-		-		-	\$ 126,719
Increase in Other Payables		-		-		-		-	\$ -
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)	\$	(213,233)	\$	(213,233)	\$	(213,232)	\$ (1,140,476)
Applications of Cash									
Payment of Dividends	\$	-	\$	-	\$	-	\$	-	\$ -
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)	\$	(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	Fiscal 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)	\$ (86,167)	\$ (223,851)
\$ -	\$ -	\$ -	\$ -	\$ -
-	-	-	-	\$ -
-	-	-	-	\$ -
-	-	-	-	\$ -
-	-	-	-	\$ -
-	-	-	-	\$ -
-	-	-	-	\$ -
\$ (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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 (<https://www.alnd.uscourts.gov/proper-redaction-techniques>) 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975, 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 Code of Alabama, 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

5. Check **only** if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary 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 time of filing to be 6 : 29 AM or PM. (cannot be noon or midnight – 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

11 / 11 / 2022
Date (MM/DD/YYYY)

Cheyenne Moseley

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

John H. Merrill

Secretary of State

License Type: Dispensary

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-14-2022

Employer Identification Number:
[REDACTED] 0713

Form: SS-4

Number of this notice: CP 575 G

KUSH MEDICINAL LLC
RINABEN R PATEL SOLE MBR
[REDACTED]
MONTGOMERY, AL 36117

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED] 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.

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).

$$\text{Percentage Interest} = \frac{MU}{TU}$$

“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 Transferee.** 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

DocuSigned by:
Rinaben Patel
BEE3682EF3BB408...

Signature of Rinaben R. Patel

DocuSigned by:
Mitalbahen Patel
5E98AC75619F4D1...

Signature of Mitalbahen R. Patel

DocuSigned by:
Toral Patel
F8B075C45D4A425...

Signature of Toral S. Patel

DocuSigned by:
Sergio D. Barraza Ingstrom
4C8850ACB0204CA...

Signature of Sergio D. Barraza Ingstrom

DocuSigned by:
Adam M Dalton
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 Contribution	Percentage Interest
Rinaben R. Patel Address: [REDACTED] Montgomery, AL 36117		43.0%
Mitalbahen R. Patel Address: [REDACTED] Montgomery, AL 36117		51.0%
Toral S. Patel Address: [REDACTED] Piscataway, NJ 08854		5.0%
Sergio D. Barraza Ingstrom Address: [REDACTED] Tucson, AZ 85711		0.5%
Adam M. Dalton Address: [REDACTED] Tucson, AZ 36117		0.5%

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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:



City of **Montgomery**, Alabama

Land Use Division
Thomas M. Tyson, Jr.

Steven L. Reed
Mayor

City Council Members

Charles W. Jinright – President	Audrey Graham
Cornelius "CC" Calhoun – Pres Pro Tem	Oronde K. Mitchell
Ed Grimes	Clay McInnis
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, Code of Alabama), 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 7th day of December, 2021.



STEVEN L. REED, MAYOR

ATTEST:



BRENDA GALE BLALOCK, CITY CLERK

63-2021

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.

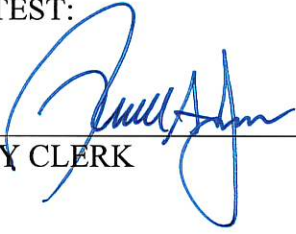
BE IT FURTHER ORDAINED, that the City Clerk of the City of Opelika, Alabama is hereby authorized and directed to cause this Ordinance to be published one (1) time in a newspaper of general circulation published in the City of Opelika, Lee County, Alabama.

ADOPTED AND APPROVED this the 4th day of OCTOBER, 2022.



PRESIDENT OF THE CITY COUNCIL OF THE
CITY OF OPELIKA, ALABAMA

ATTEST:



CITY CLERK


TRANSMITTED TO MAYOR on this the 5th day of OCTOBER, 2022.



CITY CLERK

ACTION BY MAYOR

APPROVED this the 5th day of OCTOBER, 2022.



MAYOR

ATTEST:



CITY CLERK

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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

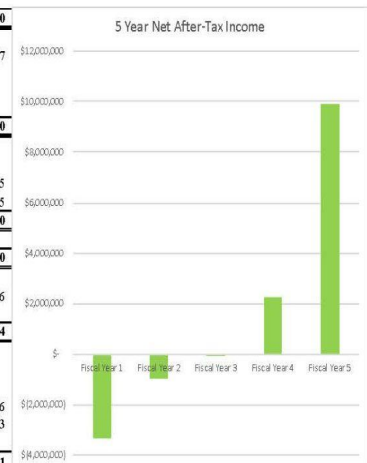
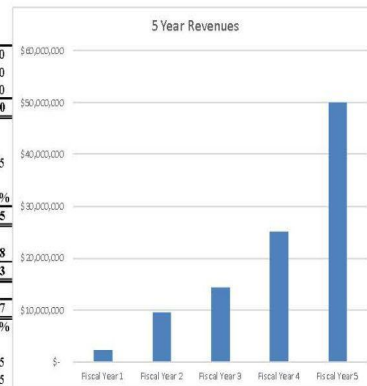
Year 1-5:

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.

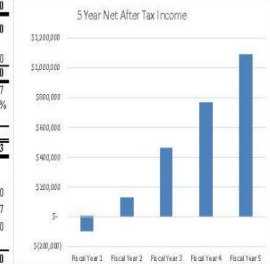
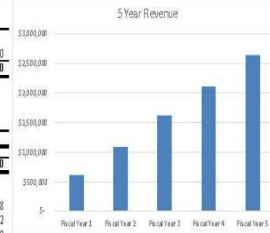
In terms of our community commitment, we are hoping to add minimum of 24 jobs per site to the local economy. Should Alabama within the first five years of business allow for further retail expansion, we would most likely try to gather as many locations as possible similar to Trulive’s plans in Florida.

		Kush Medicinal LLC Dispensary Company						
		Income Statement Years 1 - 5						
		Medical	Medical	Medical	Medical	Medical		
		Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Fiscal Year 5	Totals	
Sales								
	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	
	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	-	-	-	-	-	-	
		50.00%	50.00%	50.00%	58.33%	58.33%	56.19%	
	Total Variable COGS	\$ 1,116,000	\$ 4,770,000	\$ 7,155,000	\$ 14,608,125	\$ 29,216,250	\$ 56,865,375	
	Total Fixed Cost of Goods Sold	\$ 2,714,290	\$ 3,232,504	\$ 3,775,336	\$ 4,337,087	\$ 4,742,981	\$ 18,802,198	
	Total Cost of Goods Sold	\$ 3,830,290	\$ 8,002,504	\$ 10,930,336	\$ 18,945,212	\$ 33,959,231	\$ 75,667,573	
	Gross Profit	\$ (1,598,290)	\$ 1,537,496	\$ 3,379,664	\$ 6,097,288	\$ 16,125,769	\$ 25,541,927	
	Gross Profit %	-71.61%	16.12%	23.62%	24.35%	32.20%	25.24%	
	Operating Expenses							
	Sales & Marketing	\$ 547,320	\$ 446,400	\$ 494,100	\$ 601,425	\$ 851,850	\$ 2,941,095	
	G & A (without Depreciation)	430,473	1,721,892	2,262,210	2,019,420	2,173,580	8,607,575	
	Depreciation	-	-	-	-	-	-	
	Total Operating Expenses	\$ 977,793	\$ 2,168,292	\$ 2,756,310	\$ 2,620,845	\$ 3,025,430	\$ 11,548,670	
	Income From Operations	\$ (3,635,290)	\$ (630,796)	\$ 623,354	\$ 3,476,443	\$ 13,100,339	\$ 13,993,257	
	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	430,473	1,721,892	2,262,210	2,019,420	2,173,580	8,607,575	
	Total Add Backs	\$ 977,793	\$ 2,168,292	\$ 2,756,310	\$ 2,620,845	\$ 3,025,430	\$ 11,548,670	
	Taxable Income	\$ (2,657,497)	\$ 1,537,496	\$ 3,379,664	\$ 6,097,288	\$ 16,125,769	\$ 24,482,720	
	Taxes on Income	\$ (319,658)	\$ 307,499	\$ 675,933	\$ 1,219,458	\$ 3,225,154	\$ 5,108,386	
	Tax Rate	12.03%	20.00%	20.00%	20.00%	20.00%	Total Profit over 5 Years	
	Net Income After Taxes	\$ (3,315,632)	\$ (938,295)	\$ (62,779)	\$ 2,256,985	\$ 9,875,185	\$ 7,825,664	
	Add Back:							
	(+) Interest Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	(+) Tax Expense	\$ (319,658)	\$ 307,499	\$ 675,933	\$ 1,219,458	\$ 3,225,154	\$ 5,108,386	
	(+) Depreciation	\$ 71,550	\$ 85,364	\$ 101,208	\$ 118,425	\$ 124,346	\$ 500,893	
	(+) Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	EBITDA	\$ (3,563,740)	\$ (545,432)	\$ 724,562	\$ 3,594,868	\$ 13,224,685	\$ 13,434,941	



19-Dec-22

Kush Medicinal LLC											
Income Statement Years 1-5											
	Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5		5 Year Totals
	\$	% of Total Sales	\$	% of Total Sales	\$	% of Total Sales	\$	% of Total Sales	\$	% of Total Sales	\$
Sales											
Lease Income Dispensary	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Total Sales	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Cost of Goods Sold											
All Products COGS	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
COGS Labor	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
Total Cost of Goods Sold	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
Gross Profit	\$ 600,000	100.00%	\$ 1,080,000	100.00%	\$ 1,620,000	100.00%	\$ 2,111,400	100.00%	\$ 2,639,250	100.00%	\$ 8,050,650
Operating Expenses											
Sales & Marketing	\$ 35,900	5.99%	\$ 8,660	0.80%	\$ 8,904	0.55%	\$ 9,156	0.43%	\$ 9,400	0.36%	\$ 72,028
G & A (net of Depreciation)	\$ 406,352	67.73%	\$ 404,072	37.41%	\$ 407,772	25.17%	\$ 411,558	19.49%	\$ 415,428	15.74%	\$ 2,045,182
Depreciation	\$ 252,432	42.07%	\$ 383,672	35.53%	\$ 383,672	23.68%	\$ 383,672	18.17%	\$ 383,672	14.54%	\$ 1,787,120
Total Operating Expenses	\$ 694,684	115.78%	\$ 796,404	73.74%	\$ 800,348	49.40%	\$ 804,386	38.10%	\$ 808,500	30.63%	\$ 3,904,330
Income From Operations	\$ (94,684)	-15.78%	\$ 283,596	26.26%	\$ 819,652	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%	\$ -	0.00%	\$ -
Employee Bonus Plan	\$ -	0.00%	\$ 81,528	7.55%	\$ 81,528	5.03%	\$ 81,527	3.86%	\$ 81,527	3.09%	\$ 326,110
Income Before Taxes and Profit Sharing	\$ (94,684)	-15.78%	\$ 202,068	18.71%	\$ 738,124	45.56%	\$ 1,225,487	58.04%	\$ 1,740,215	66.28%	\$ 3,820,210
Taxes on Income	\$ -	0.00%	\$ 75,776	7.02%	\$ 276,797	17.09%	\$ 459,558	21.77%	\$ 655,956	24.85%	\$ 1,468,087
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%	\$ -
Net Income After Taxes	\$ (94,684)	0.00%	\$ 126,292	0.00%	\$ 461,327	0.00%	\$ 765,929	0.00%	\$ 1,084,259	0.00%	\$ 2,352,123
Add Back:											
(+) Interest Expense	\$ -		\$ 81,528		\$ 81,528		\$ 81,527		\$ 81,527		\$ 326,110
(+) Tax Expense	\$ -	0.00%	\$ 75,776	7.02%	\$ 276,797	17.09%	\$ 459,558	21.77%	\$ 655,956		\$ 1,468,087
(+) Depreciation	\$ 252,432	42.07%	\$ 383,672	35.53%	\$ 383,672	23.68%	\$ 383,672	18.17%	\$ 383,672		\$ 1,787,120
(+) Amortization	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -
EBITDA	\$ 157,748	42.07%	\$ 667,268	42.54%	\$ 1,203,324	40.77%	\$ 1,609,686	39.94%	\$ 2,214,414		\$ 5,933,440

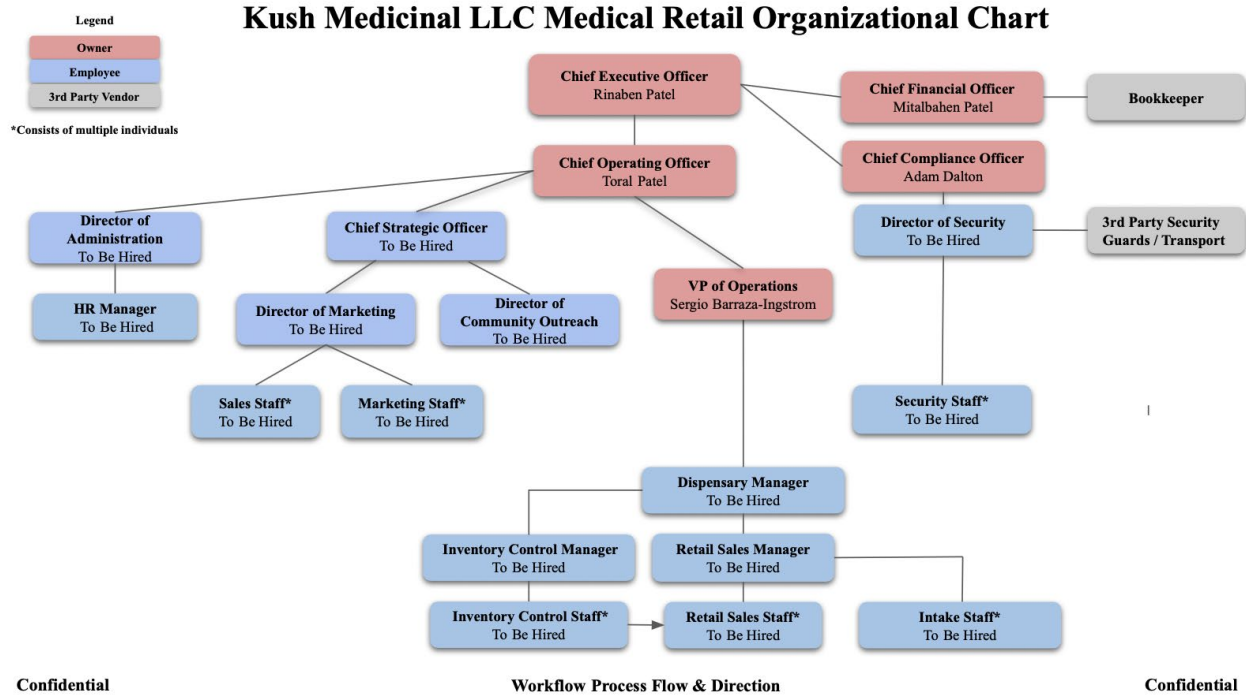


Year 6 - 10

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 cross-functional 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 procedures 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 (CO₂e). We will purchase carbon offsets via a monthly subscription service to balance our CO₂ 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 compenation, 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

DATE: 03/31/2022
TO: Max Meade
Brown & Brown of Delaware Valley
2000 Midlantic Drive
Suite 440
Mount Laurel, NJ 08054

Agency Code: 89339

FROM: Rachel Hauser
rachel.hauser@hullden.com

Agency Fax: (856)494-1913

BINDER

Insurance Terms:

Insured: New Era Dispensary
9 azalea place , Piscataway, NJ 08854

Policy #: CUS046007318
Policy Type: Occurrence

Renewal of Policy #: NEW

Insurer: Non-Admitted
Canopus 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:
 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

Class	Description	Sub-Line	Basis	Exposure	Final Rate	Premium
12375	Drugstores	Premises/Operations	Gross Sales	1,000,000	1.305	\$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 or 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

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.

Exhibit 10 - Evidence of Business Relationship with Other Licensees

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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

Date: 20 Dec 2022

Agreed to and accepted:



TORAL PATEL


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 Physicians

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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

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

patient's designated caregiver, if applicable, the patient's registered certifying physician, the respective qualifying medical condition(s) the recommended 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 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.

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 posted 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) pre-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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 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 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 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 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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 Statewide 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)), also to be 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) to 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) exterior 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 Products

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 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) 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 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 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.

15.7 Alcohol, Smoke, and Drug-Free Workplace Policy

Kush Medicinal LLC have 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, 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) 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

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), phencyclidine (PCP), babilurates, 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 oversee 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 customer-facing 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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

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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

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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)**.

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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.

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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.

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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

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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, past or 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

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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.

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Affirmation: Nurturing the Retail Atmosphere

I, _____, swear on this day _____, as an employee of Kush Medicinal LLC, LLC, to be **benevolent, communicative, positive, pragmatic and knowledgeable** at all times. I promise to maintain a cadence that is inviting and informative. I will practice the company's core values on the retail floor. I understand that comprehension of company values is critical to the employee review process and the success of this company. I understand that **Kush Medicinal LLC, LLC** will evaluate employee progress based on performance. I understand that the best employees are those who lead by example. I strive to protect the community atmosphere by practicing values that make Kush Medicinal LLC a place patients want to return to regularly. I understand that the penalty for insubordination regarding these core values includes disciplinary action up to and including termination. By signing below, I consent to follow the guidelines provided below and fully understand the terms and conditions of the Kush Medicinal LLC Affirmation.

Employee Name (Printed): _____
Employee Signature: _____ Date Signed: _____
Notary Name: _____
Notary Signature: _____
Commission Expiration Date: _____

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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

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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.

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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.

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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.

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- 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

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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.

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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

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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

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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

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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.

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- 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

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The First Patient Experience: Make the Connection

1. 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

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- 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

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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.

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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

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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.

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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, 2nd 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.

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- 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

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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.

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- 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)

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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, 2nd 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).

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- 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.

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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

License Type: Dispensary

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

License Type: Dispensary

- 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.

License Type: Dispensary

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.

License Type: Dispensary

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.

License Type: Dispensary

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 date 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 LLC will 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°F.

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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:

IN WITNESS WHEREOF, Seller and Buyer have hereunto executed this Purchase and Sale Agreement on the dates appearing beneath their respective signature blocks.

WITNESS:

SELLER: Michelle Goodwyn and Camille Phillips

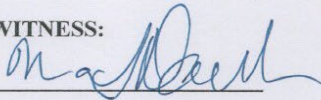
Michelle Goodwyn

Camille Phillips

As : _____
Co-Owners

Date Executed: December 19, 2022

WITNESS:

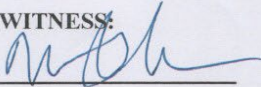


BUYER: Rinaben R. Patel
Rinaben R Patel

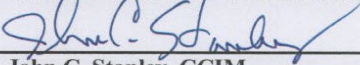
Date Executed: December 19, 2022

John Stanley & Associates, Inc. joins in and executes this Agreement only for the sole purpose of acknowledging the provisions of this Agreement regarding Earnest Money and for other purposes specified in this Agreement that relate to John Stanley & Associates, Inc.

WITNESS:



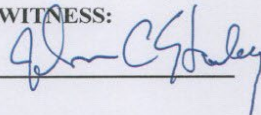
AGENT: JOHN STANLEY & ASSOCIATES, INC.

By: 
John C. Stanley, CCIM

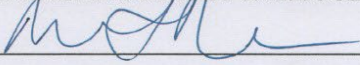
As Its: President/Broker

December 21, 2022

WITNESS:



AGENT: JOHN STANLEY & ASSOCIATES, INC.

By: 

As Its: Associate Broker

Date Executed: December 19, 2022

IN WITNESS WHEREOF, Seller and Buyer have hereunto executed this Purchase and Sale Agreement on the dates appearing beneath their respective signature blocks.

WITNESS: SELLER: Michelle Goodwyn and Camille Phillips

Michelle Goodwyn
Camille Phillips
Camille Phillips

As : _____
Co-Owners

Date Executed: December 19, 2022

WITNESS: *Ma Patel* BUYER: *Rinaben R. Patel*
Rinaben R Patel

Date Executed: December 19, 2022

John Stanley & Associates, Inc. joins in and executes this Agreement only for the sole purpose of acknowledging the provisions of this Agreement regarding Earnest Money and for other purposes specified in this Agreement that relate to John Stanley & Associates, Inc.

WITNESS: AGENT: JOHN STANLEY & ASSOCIATES, INC.

By: _____
John C. Stanley, CCIM

As Its: President/Broker

WITNESS: AGENT: JOHN STANLEY & ASSOCIATES, INC.

By: *Ma Patel*

As Its: Associate Broker

Date Executed: December 19, 2022

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, §§20-2A-50 – 20-2A-68, Code of Alabama), 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 7th day of December, 2021.


STEVEN L. REED, MAYOR

ATTEST:


BRENDA GALE BLALOCK, CITY CLERK

63-2021



Steven L. Reed
Mayor

City Council Members
 Charles W. Jimright – President Audrey Graham
 Cornelius “CC” Calhoun – Pres. Pro Tem Oronde R. Mitchell
 Ed Grimes Clay McInnis
 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.

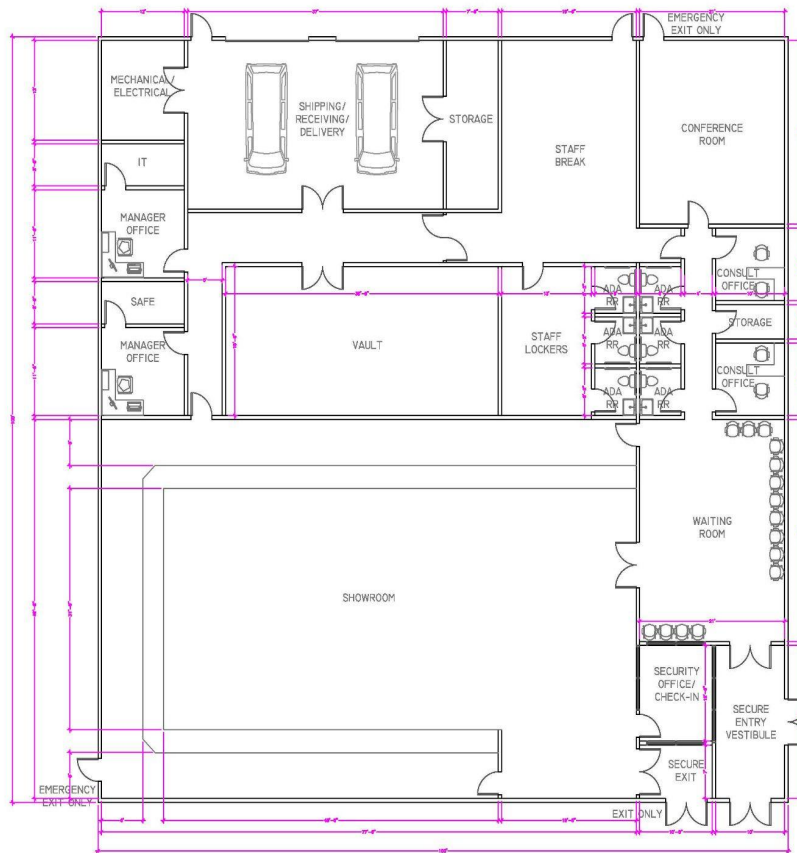
Sincerely,

Thomas M. Tyson, Jr.
Land Use Control Administrator

/jmh

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 pre-construction 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

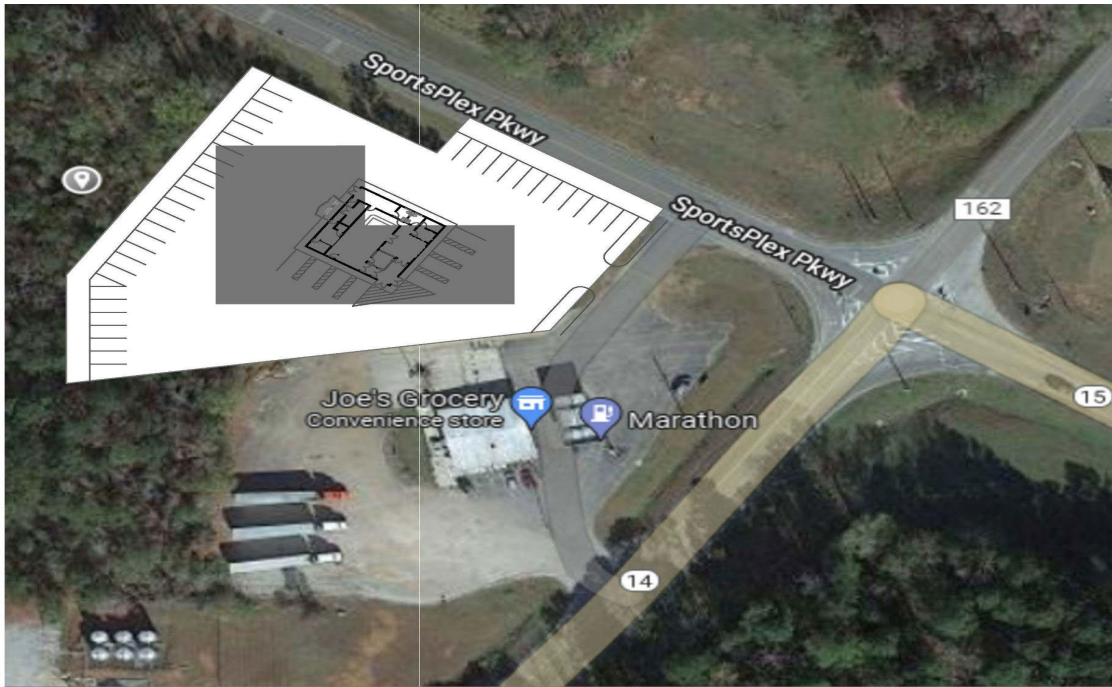
DI Facility: This will be the Operator’s Retail Dispensary Facility, and is currently a commercially zoned raw land property. Upon licensure, proposed construction will take an estimated five months to complete, along with an additional month before operations are commenced.

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.

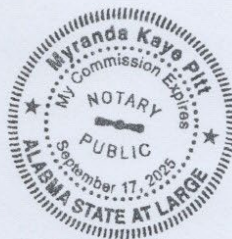
(13) **CANNABIS LICENSE CONTINGENCY:** The Tenant is applying for various state and local cannabis business licenses in order to operate a licensed cannabis business on the property. In the event that the Tenant is not able to obtain a cannabis business license within Five Months from the date of signing 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

WITNESS:

Tejas Patel
Awesome LLC / Tejas Patel
Landlord/Seller

Date: 12/23/22



Rinaben R. Patel
Kush Medicinal LLC / Rinaben R Patel
Tenant/Buyer

Date: 12/23/2022

Myranda Kaye Pitt

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:



CITY CLERK

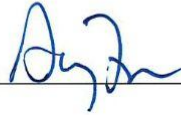
TRANSMITTED TO MAYOR on this the 5th day of OCTOBER, 2022.



CITY CLERK

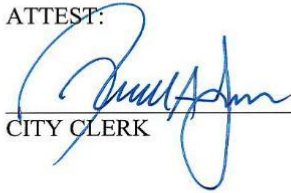
ACTION BY MAYOR

APPROVED this the 5th day of OCTOBER, 2022.



MAYOR

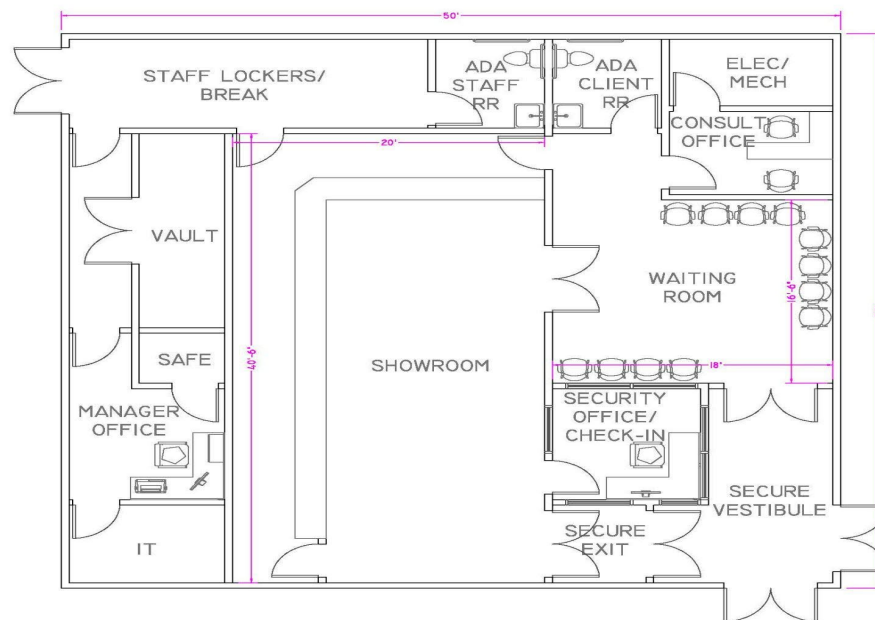
ATTEST:



CITY CLERK

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:



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Operator has invested, analyzed, and taken steps to establish a competitive advantage in the Alabama market. Being adequately capitalized, upon licensure Operator will start pre-construction 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.

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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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 comply 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. On-site 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

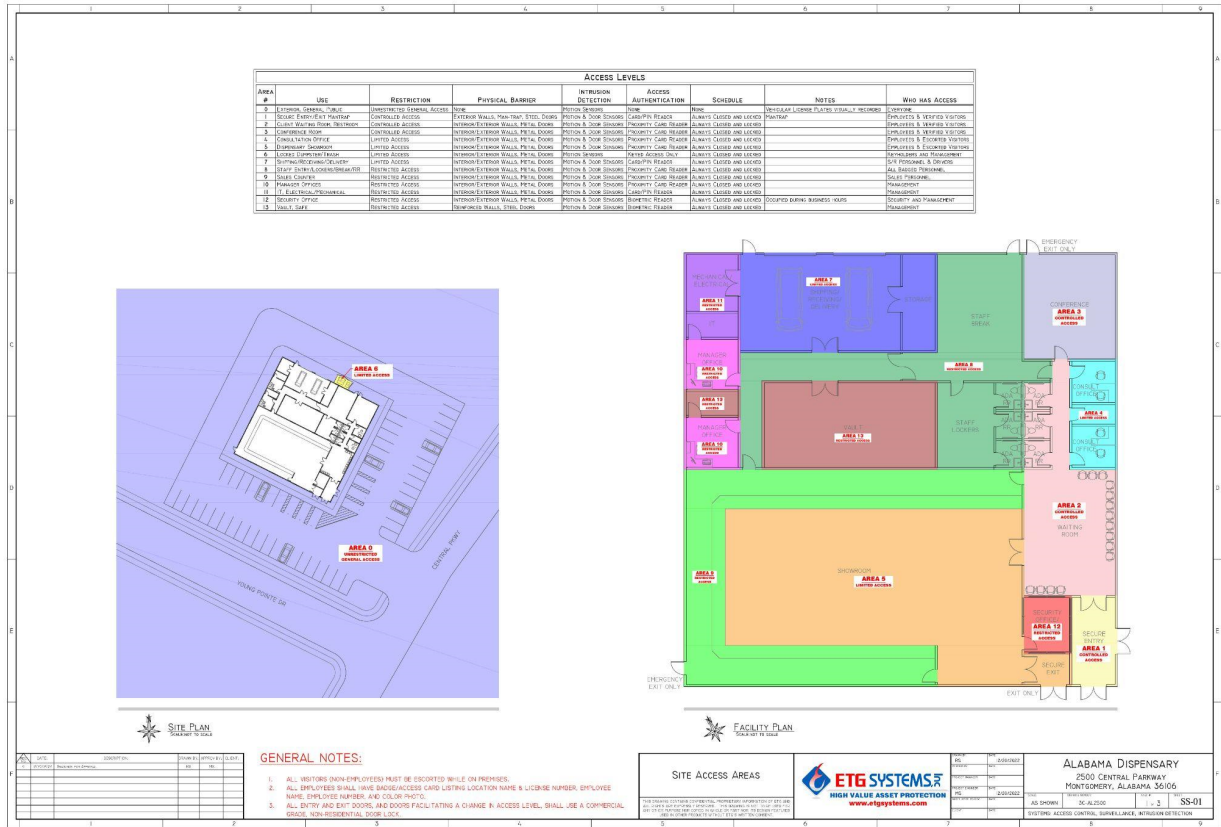
Strict access controls will protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored – in a secured, locked room or vault. Secured storage areas will be constructed of steel-reinforced concrete masonry blocks on all walls and ceilings and will be climate-controlled 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 comply 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. On-site 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

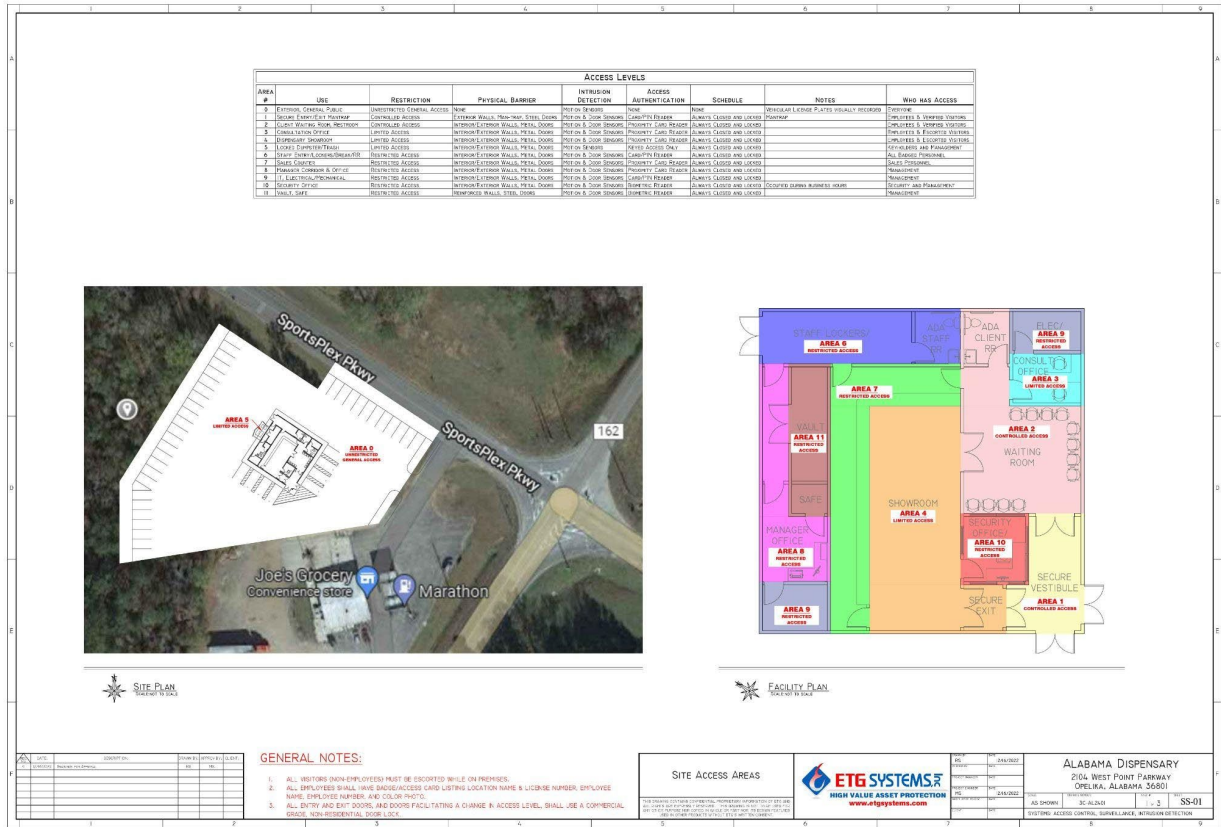
Strict access controls will protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored – in a secured, locked room or vault. Secured storage areas will be constructed of steel-reinforced concrete masonry blocks on all walls and ceilings and will be climate-controlled 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 (<https://www.alnd.uscourts.gov/proper-redaction-techniques>) 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

Business License Applicant Name

License Type

Complete the following information, current to within thirty (30) days prior to the date of application, for all personnel (each leader and employee) affiliated with the Applicant. Attach additional forms if necessary.

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

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Leader/Employee Name

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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

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 undergo appropriate pre-employment background checks.

_____ Printed Name of Verifying Individual	_____ Title of Verifying Individual
<i>Toral Patel</i> _____ Signature of Verifying Individual	_____ Verification Date

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

Verification Date

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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.

First aid kits will comply with **Table 1: American National Standard (ANSI) 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 Size/Volume
	Class A Kits	Class B Kits	
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	1	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	1	4 in. x 4 yd.
Scissors	1	1	N/A
Splint	0	1	4.0 X 24in.
Sterile Pad	2	4	3 X 3 in.
Tourniquet	0	1	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 confidentially 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 at 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 devastating 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 Confidential 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 Seed-to-Sale Tracking System per **583-x-8-.05(3)(1)(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)(1)(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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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 Commission. 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 patient-generated 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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, <https://kushmedicinal.com>. Please see the below-provided six site maps corresponding to the LLC's website.

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 Index file contains 5 sitemaps.

Sitemap	Last Modified
https://kushmedicinal.com/post-sitemap.xml	2022-12-27 02:31 +00:00
https://kushmedicinal.com/page-sitemap.xml	2022-12-29 19:01 +00:00
https://kushmedicinal.com/product-sitemap.xml	2022-11-30 14:18 +00:00
https://kushmedicinal.com/category-sitemap.xml	2022-12-27 02:31 +00:00
https://kushmedicinal.com/author-sitemap.xml	2022-12-29 13:03 +00:00

Figure 1: Site Map #1 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 8 URLs.

URL	Images	Last Mod.
https://kushmedicinal.com/what-to-look-for-in-quality-cbd-products/	1	2022-11-05 12:16 +00:00
https://kushmedicinal.com/post001/	1	2022-11-09 12:40 +00:00
https://kushmedicinal.com/post006/	1	2022-12-01 13:59 +00:00
https://kushmedicinal.com/losing-weight-with-cbd/	1	2022-12-02 12:43 +00:00
https://kushmedicinal.com/post003/	1	2022-12-02 12:54 +00:00
https://kushmedicinal.com/the-science-behind-cbd-products/	1	2022-12-02 13:06 +00:00
https://kushmedicinal.com/organic-farming-best-modern-practices/	1	2022-12-02 13:41 +00:00
https://kushmedicinal.com/hello-world/	0	2022-12-27 02:31 +00:00

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

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/author/aminreena01/	0	2022-12-29 13:03 +00:00

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: <https://kushmedicinal.com/>

Facebook Page:

https://www.facebook.com/profile.php?id=100089253363424&is_tour_dismissed=true

Instagram Page: <https://instagram.com/kushdispensary.al?igshid=YmMyMTA2M2Y=>

Minority Ownership 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

Printed Name of Verifying Individual

Toral Patel

Signature of Verifying Individual

Chief Operating Officer

Title of Verifying Individual

28 December 2022

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
 Brown & Brown of Delaware Valley
 2000 Midlantic Drive
 Suite 440
 Mount Laurel, NJ 08054

Agency Code: 89339

FROM: Rachel Hauser
 rachel.hauser@hullden.com

Agency Fax: (856)494-1913

BINDER

Insurance Terms:

Insured: New Era Dispensary
 9 azalea place , Piscataway, NJ 08854

Policy #: **CUS046007318**
 Policy Type: Occurrence

Renewal of Policy #: NEW

Insurer: Non-Admitted
 Canopus 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.)

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

Class	Description	Sub-Line	Basis	Exposure	Final Rate	Premium
12375	Drugstores	Premises/Operations	Gross Sales	1,000,000	1.305	\$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 or 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

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
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Agency Fax: (856)494-1913

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Canopus 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.

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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.

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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.)

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

Class	Description	Sub-Line	Basis	Exposure	Final Rate	Premium
12375	Drugstores	Premises/Operations	Gross Sales	1,000,000	1.305	\$1,305
49950	Additional Insured(s)	Additional Insured	Units	1	1	Included

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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 or 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

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 OF Alabama)
)
Montgomery COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: Kush Medicinal LLC
2. NAME OF AFFIANT: Rinaben Rakesh Patel
3. AFFIANT'S POSITION WITH APPLICANT: Chief Executive Officer
4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)
5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
 Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf 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.

R.P. INITIAL HERE

- 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.)

R.P. INITIAL HERE

- c. 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.

R.P. 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

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.

R.P. 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.

R.P. INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

R.P. 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.

R.P. 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.

R.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.

R.P. 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.

R.P. INITIAL HERE

R. R. Patel

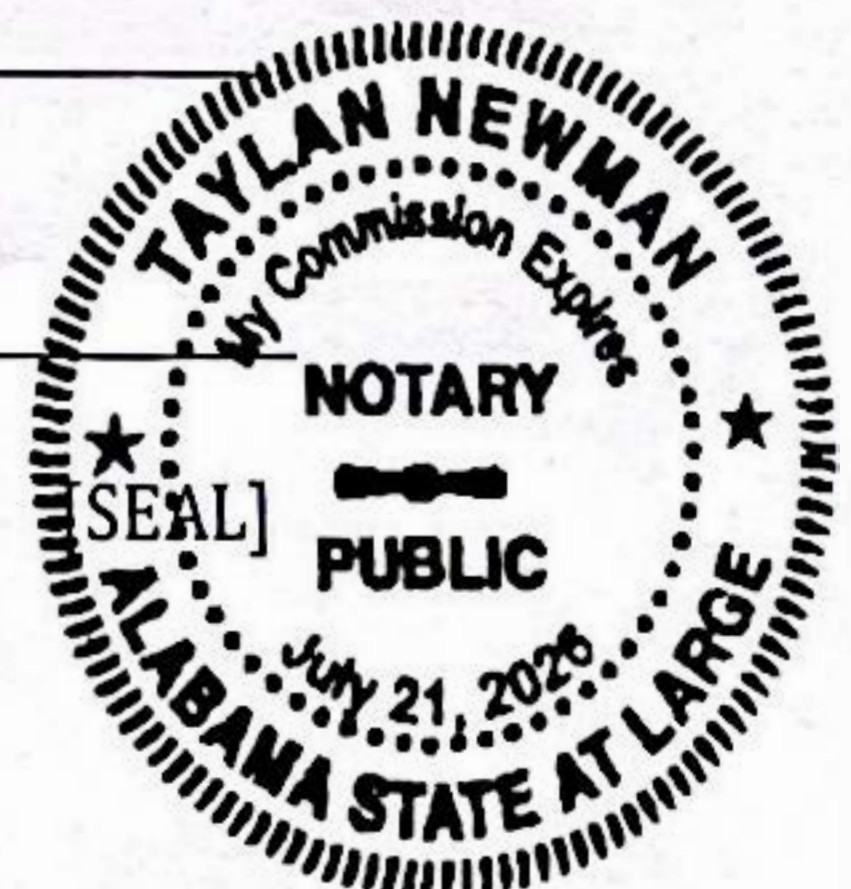
Signature of Affiant
Acting for and on behalf of:

Kush Medicinal LLC
Applicant

Sworn to and subscribed before me on this 5 day of DECEMBER, 2022.

Jayf Newman
Notary Public

My Commission Expires: July 21, 2026



**FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License**

STATE OF Florida)
)
Pinellas COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: Kush Medicinal LLC
2. NAME OF AFFIANT: Toral Suryakant Patel
3. AFFIANT'S POSITION WITH APPLICANT: Chief Operating Officer - Kush Medicinal LLC
4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
 Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf 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.
TP INITIAL HERE
 - 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.)
TP INITIAL HERE
 - c. 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.
TP 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

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.

TP 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.

TP INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

TP 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.

TP 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.

TP 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.

TP 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.

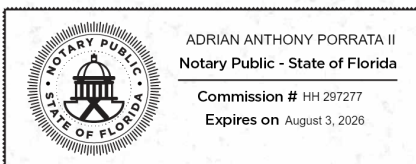
TP INITIAL HERE

Toral Patel
Signature of Affiant
Acting for and on behalf of:

Kush Medicinal LLC (TORAL PATEL)
Applicant

State of Florida
County of Pinellas

Sworn to and subscribed before me on this 9th day of December, 2022.



Adrian Anthony Porrata II
Online Notary Public Adrian Anthony Porrata II

My Commission Expires: 08/03/2026
Notarized online using audio-video communication
ddebuff@proton.me [SEAL]