

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 KAREN BASS	Last name	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code LOS ANGELES, CA [REDACTED]		
Foreign country name	Foreign province/state/county	

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):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>							

1 Wages, salaries, tips, etc. Attach Form(s) W-2.....	1	162,898.
2a Tax-exempt interest	2a	
2b Taxable interest	2b	141.
3a Qualified dividends	3a	
3b Ordinary dividends	3b	
4a IRA distributions	4a	
4b Taxable amount	4b	
5a Pensions and annuities	5a	
5b Taxable amount	5b	
6a Social security benefits	6a	34,500.
6b Taxable amount	6b	29,325.
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8 Other income from Schedule 1, line 10	8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	192,364.
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	192,364.
12a Standard deduction or itemized deductions (from Schedule A)	12a	38,547.
12b Charitable contributions if you take the standard deduction (see instructions) ..	12b	
12c Add lines 12a and 12b	12c	38,547.
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12c and 13	14	38,547.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	153,817.

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	30,937.
17 Amount from Schedule 2, line 3	17	
18 Add lines 16 and 17	18	30,937.
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	30,937.
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	30,937.
25 Federal income tax withheld from:		
a Form(s) W-2	25a	32,176.
b Form(s) 1099	25b	7,590.
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	39,766.
26 2021 estimated tax payments and amount applied from 2020 return	26	
27a Earned income credit (EIC) 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	27a	<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	
31 Amount from Schedule 3, line 15	31	
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33 Add lines 25d, 26, and 32. These are your total payments	33	39,766.
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,829.
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,829.
b Routing number		
c Type: <input checked="" 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	
38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Direct deposit? See instructions.

Amount You Owe

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 LAURENCE MCGRANE, CPA 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 US CONGRESS	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature, If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name LAURENCE MCGRANE, CPA	Preparer's signature LAURENCE MCGRANE, CPA	Date 3/25/22	PTIN	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name MEEPOS & CO	Firm's address		Phone no.	Firm's EIN

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

KAREN BASS

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 or 1040-SR, line 11.....	2			
	3 Multiply line 2 by 7.5% (0.075).....	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....	4			0.
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. <input type="checkbox"/>	5a	13,039.		
	b State and local real estate taxes (see instructions).....	5b	13,186.		
	c State and local personal property taxes.....	5c	195.		
	d Add lines 5a through 5c.....	5d	26,420.		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately).....	5e	10,000.		
	6 Other taxes. List type and amount ► -----	6			
7 Add lines 5e and 6.....	7			10,000.	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited..... SEE ST. 2	8a	27,223.		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► -----	8b			
	c Points not reported to you on Form 1098. See instructions for special rules SEE ST. 3	8c	624.		
	d Mortgage insurance premiums (see instructions).....	8d			
	e Add lines 8a through 8d.....	8e	27,847.		
	9 Investment interest. Attach Form 4952 if required. See instructions.....	9			
10 Add lines 8e and 9.....	10			27,847.	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions..... STATEMENT 4	11	300.		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500..... SEE STATEMENT 5	12	400.		
	13 Carryover from prior year.....	13			
	14 Add lines 11 through 13.....	14			700.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions..	15			0.
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ► -----	16			0.
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a.....	17			38,547.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box. <input type="checkbox"/>				

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

KAREN BASS

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CIT BANK, NA
WELLS FARGO BANK

Amount

17.
124.

1

2 Add the amounts on line 1. 2 141.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. 3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. . . ► 4 141.

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

Amount

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ►

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. . . ► 6 0.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. X
If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions. X

KAREN BASS

**STATEMENT 1
FORM 1040
WAGE SCHEDULE**

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
US HOUSE OF REP - MEMBERS SERVICES	162,898.	32,176.	8,854.	2,412.	13,039.	
GRAND TOTAL	<u>162,898.</u>	<u>32,176.</u>	<u>8,854.</u>	<u>2,412.</u>	<u>13,039.</u>	<u>0.</u>

**STATEMENT 2
SCHEDULE A, LINE 8A
HOME MORTGAGE INTEREST REPORTED ON FORM 1098**

CIT ([REDACTED])	\$ 3,961.
DITECH ([REDACTED])	9,785.
LESS: 14.03% NONDEDUCTIBLE	-2,847.
WELLS FARGO (PUNTA ALTA)	16,324.
TOTAL	<u>\$ 27,223.</u>

**STATEMENT 3
SCHEDULE A, LINE 8C
DEDUCTIBLE POINTS**

AMORTIZATION	\$ 624.
TOTAL	<u>\$ 624.</u>

**STATEMENT 4
SCHEDULE A, LINE 11
CONTRIBUTIONS BY CASH OR CHECK**

SHRINERS	\$ 300.
TOTAL	<u>\$ 300.</u>

**STATEMENT 5
SCHEDULE A, LINE 12
CONTRIBUTIONS OTHER THAN CASH**

	\$ 400.
TOTAL	<u>\$ 400.</u>

APE

DO NOT ATTACH FED RETURN

KAREN BASS BASS

21

LOS ANGELES CA

Principal Residence

Enter your county at time of filing (see instructions)

LOS ANGELES

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

X

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

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

Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

Single

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

Married/RDP filing jointly. See inst.

Qualifying widow(er). Enter year spouse/RDP died.

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

If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 x \$129 = \$ 129.

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 x \$129 = \$

Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 1 x \$129 = \$ 129.

Exemptions

Your name: KAREN BASS

Your SSN or ITIN: [REDACTED]

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

	Dependent 1	Dependent 2	Dependent 3
First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSN. See instr. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ● 10 x \$400 = ● \$ _____

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32.....● 11 \$ 258.

Taxable Income

12 State wages from your federal Form(s) W-2, box 16..... ● 12	<u>162,898.</u>
13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11..... ● 13	<u>192,364.</u>
14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B..... ● 14	<u>29,325.</u>
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions..... ● 15	<u>163,039.</u>
16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C..... ● 16	<u> </u>
17 California adjusted gross income. Combine line 15 and line 16..... ● 17	<u>163,039.</u>
18 Enter the larger of [Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: ● Single or Married/RDP filing separately..... \$4,803 ● Married/RDP filing jointly, Head of household, or Qualifying widow(er)..... \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions..... ● 18	<u>41,928.</u>
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-..... ● 19	<u>121,111.</u>

Tax

31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803..... ● 31	<u>8,266.</u>
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions..... ● 32	<u>258.</u>
33 Subtract line 32 from line 31. If less than zero, enter -0-..... ● 33	<u>8,008.</u>
34 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A..... ● 34	<u> </u>
35 Add line 33 and line 34..... ● 35	<u>8,008.</u>

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions..... ● 40	<u> </u>
43 Enter credit name..... code ● _____ and amount..... ● 43	<u> </u>
44 Enter credit name..... code ● _____ and amount..... ● 44	<u> </u>

Your name: **KAREN BASS**

Your SSN or ITIN: [REDACTED]

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540)..... ● 45 _____
- 46 Nonrefundable Renter's Credit. See instructions..... ● 46 _____
- 47 Add line 40 through line 46. These are your total credits..... ● 47 _____
- 48 Subtract line 47 from line 35. If less than zero, enter -0-..... ● 48 8,008.

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540)..... ● 61 _____
- 62 Mental Health Services Tax. See instructions..... ● 62 _____
- 63 Other taxes and credit recapture. See instructions..... ● 63 _____
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions... ● 64 _____
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax..... ● 65 8,008.

Payments

- 71 California income tax withheld. See instructions..... ● 71 13,039.
- 72 2021 CA estimated tax and other payments. See instructions..... ● 72 _____
- 73 Withholding (Form 592-B and/or 593). See instructions..... ● 73 _____
- 74 Excess SDI (or VPD) withheld. See instructions..... ● 74 0.
- 75 Earned Income Tax Credit (EITC)..... ● 75 _____
- 76 Young Child Tax Credit (YCTC). See instructions..... ● 76 _____
- 77 Net Premium Assistance Subsidy (PAS). See instructions..... ● 77 _____
- 78 Add line 71 through line 77. These are your total payments.
See instructions..... ● 78 13,039.

Use Tax

- 91 Use Tax. Do not leave blank. See instructions..... ● 91 0.

If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

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

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78..... ● 93 13,039.
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91..... ● 94 _____
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93..... ● 95 13,039.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92..... ● 96 _____

Your name: **KAREN BASS**

Your SSN or ITIN: [REDACTED]

Overpaid Tax/Tax Due

- 97** Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 **97** 5,031.
- 98** Amount of line 97 you want applied to your **2022** estimated tax..... **98** _____
- 99** Overpaid tax available this year. Subtract line 98 from line 97..... **99** 5,031.
- 100** Tax due. If line 95 is less than line 65, subtract line 95 from line 65..... **100** _____

Contributions

Code

Amount

- California Seniors Special Fund. See instructions..... **400** _____
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund..... **401** _____
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program..... **403** _____
- California Breast Cancer Research Voluntary Tax Contribution Fund..... **405** _____
- California Firefighters' Memorial Voluntary Tax Contribution Fund..... **406** _____
- Emergency Food for Families Voluntary Tax Contribution Fund..... **407** _____
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund..... **408** _____
- California Sea Otter Voluntary Tax Contribution Fund..... **410** _____
- California Cancer Research Voluntary Tax Contribution Fund..... **413** _____
- School Supplies for Homeless Children Voluntary Tax Contribution Fund..... **422** _____
- State Parks Protection Fund/Parks Pass Purchase..... **423** _____
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund..... **424** _____
- Keep Arts in Schools Voluntary Tax Contribution Fund..... **425** _____
- Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund..... **431** _____
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund..... **438** _____
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund..... **439** _____
- Rape Kit Backlog Voluntary Tax Contribution Fund..... **440** _____
- Schools Not Prisons Voluntary Tax Contribution Fund..... **443** _____
- Suicide Prevention Voluntary Tax Contribution Fund..... **444** _____
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund..... **445** _____
- California Community and Neighborhood Tree Voluntary Tax Contribution Fund..... **446** _____
- 110** Add code 400 through code 446. This is your total contribution..... **110** _____

Your name: **KAREN BASS**

Your SSN or ITIN: [REDACTED]

Amount You Owe

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

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

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

Interest and Penalties

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

113 Underpayment of estimated tax.

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

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

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

Refund and Direct Deposit

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

5,031.

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

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

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

● Routing number [REDACTED] ● Type Checking ● Account number [REDACTED] ● **116** Direct deposit amount **5,031.**

Savings

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

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

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

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800,338,0505 and enter form code **948** when instructed.

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

Your signature _____

Date _____

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

Your email address. Enter **only** one email address. _____

Preferred phone number [REDACTED]

Sign Here

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

LAURENCE MCGRANE, CPA

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

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

MEEPOS & CO

● PTIN [REDACTED]

Firm's address

● Firm's FEIN [REDACTED]

Joint tax return? (See instructions)

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

Print Third Party Designee's Name

LAURENCE MCGRANECPA

Telephone Number [REDACTED]

2021 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

KAREN BASS

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C, 1	162,898.		
2 Taxable interest. a <input type="radio"/> _____ 2b	141.		
3 Ordinary dividends. See instructions. a <input type="radio"/> _____ 3b			
4 IRA distributions. See instructions. a <input type="radio"/> _____ 4b			
5 Pensions and annuities. See instructions. a <input type="radio"/> _____ 5b			
6 Social security benefits. a <input type="radio"/> <u>34,500.</u> 6b	29,325.	29,325.	
7 Capital gain or (loss). See instructions, 7			

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1			
2a Alimony received. See instructions, 2a			
3 Business income or (loss). See instructions, 3			
4 Other gains or (losses), 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc., 5			
6 Farm income or (loss), 6			
7 Unemployment compensation, 7			
8 Other income:			
a Federal net operating loss, 8a			
b Gambling income, 8b			
c Cancellation of debt, 8c			
d Foreign earned income exclusion from federal 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			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income.. 8i	<input type="radio"/>		
j Stock options..... 8j	<input type="radio"/>		
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	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money..... 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion..... 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion..... 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLÉ account..... 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V..... 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V..... 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809..... 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school..... 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions..... 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	192,364.	29,325.	

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses..... 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials..... 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction..... 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions..... 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions..... 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans..... 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions..... 17	<input type="radio"/>	<input type="radio"/>	

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings..... 18	<input type="radio"/>		
19 a Alimony paid 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____			
Last Name <input type="radio"/> _____			
20 IRA deduction..... 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use..... 22			
23 Archer MSA deduction..... 23	<input type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit..... 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l..... 24c	<input type="radio"/>	<input type="radio"/>	
d Reforestation amortization and expenses 24d	<input type="radio"/>	<input type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans..... 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims..... 24h	<input type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input type="radio"/>	<input type="radio"/>	
j Housing deduction from federal Form 2555... 24j	<input type="radio"/>	<input type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)..... 24k	<input type="radio"/>	<input type="radio"/>	
z Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions..... 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions..... 27	<input type="radio"/> 192,364.	<input type="radio"/> 29,325.	<input type="radio"/>

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses, ... <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> _____ 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> _____ 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0, 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/>	13,039.	<input checked="" type="radio"/> 13,039.	
b State and local real estate taxes 5b <input checked="" type="radio"/>	13,186.		
c State and local personal property taxes 5c <input checked="" type="radio"/>	195.		
d Add line 5a through line 5c. 5d <input checked="" type="radio"/>	26,420.		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e <input checked="" type="radio"/>	10,000.	<input checked="" type="radio"/> 13,039.	<input checked="" type="radio"/> 16,420.
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 7 <input checked="" type="radio"/>	10,000.	<input checked="" type="radio"/> 13,039.	<input checked="" type="radio"/> 16,420.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>	27,223.		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>	624.		<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8d. 8e <input checked="" type="radio"/>	27,847.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 10 <input checked="" type="radio"/>	27,847.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11	Gifts by cash or check.....	300.		
12	Other than by cash or check.....	400.		
13	Carryover from prior year.....			
14	Add line 11 through line 13.....	700.		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.....			
Other Itemized Deductions				
16	Other—from list in federal instructions.....			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..	38,547.	13,039.	16,420.
18	Total. Combine line 17 column A less column B plus column C.....			41,928.

Job Expenses and Certain Miscellaneous Deductions

- 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions..... 19 _____
- 20 Tax preparation fees..... 20 _____
- 21 Other expenses - investment, safe deposit box, etc. List type..... 21 _____
- 22 Add line 19 through line 21..... 22 _____
- 23 Enter amount from federal Form 1040 or 1040-SR, line 11..... _____
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... 24 0.
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... 25 0.
- 26 **Total Itemized Deductions.** Add line 18 and line 25..... 26 41,928.
- 27 Other adjustments. See instructions. Specify. _____ 27 _____
- 28 Combine line 26 and line 27..... 28 41,928.
- 29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
 - Single or married/RDP filing separately..... \$212,288
 - Head of household..... \$318,437
 - Married/RDP filing jointly or qualifying widow(er)..... \$424,581

No. Transfer the amount on line 28 to line 29.
 Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29..... 29 41,928.
- 30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 - Single or married/RDP filing separately. See instructions..... \$4,803
 - Married/RDP filing jointly, head of household, or qualifying widow(er) .. \$9,606

Transfer the amount on line 30 to Form 540, line 18..... 30 41,928.