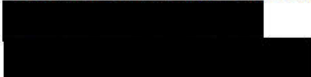


GIUSEPPE A and GERALYN BUSCAINO



Dear Giuseppe and GERALYN,

Your 2021 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$12,312.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 18, 2022 to:

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

Your 2021 California Individual Income Tax Return will be electronically filed with the FTB upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$144 will be directly deposited into your checking account.

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments for more information.

Please be sure to call if you have any questions.

Sincerely,



IRS e-file Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ► [REDACTED]

Taxpayer's name GIUSEPPE A BUSCAINO		Social security number [REDACTED]
Spouse's name GERALYN BUSCAINO		Spouse's social security number [REDACTED]

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	291,758.
2	Total tax	2	50,841.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	37,672.
4	Amount you want refunded to you	4	
5	Amount you owe	5	12,312.

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

I authorize [REDACTED] ERO firm name to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. **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 [REDACTED] ERO firm name to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. **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. [REDACTED] **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 ► [REDACTED] Date ► _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2021 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

Form 1040-V (2021)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the United States Treasury.
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	12,312.
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FDIA8601L 06/24/21 1032

GIUSEPPE A & GERALYN BUSCAINO

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI OH 45280-2501

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 GIUSEPPE A BUSCAINO		Last name BUSCAINO	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial GERALYN BUSCAINO		Last name BUSCAINO	Spouse's social security number [REDACTED]
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. 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. [REDACTED]		State	
Foreign country name	Foreign province/state/county	Foreign postal code	

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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	[REDACTED] BUSCAINO	[REDACTED]	DAUGHTER	<input checked="" 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	289,042.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	2b Taxable interest	2b	126.
	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	
	6b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	2,787.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	291,955.
	10 Adjustments to income from Schedule 1, line 26	10	197.
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	291,758.
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	34,088.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	34,088.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	518.
	14 Add lines 12c and 13	14	34,606.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	257,152.

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	49,758.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	49,758.
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	49,758.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,083.
24	Add lines 22 and 23. This is your total tax	24	50,841.
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	37,532.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	140.
	d Add lines 25a through 25c	25d	37,672.
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 <input type="checkbox"/>	27a	
	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	1,000.
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	1,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	38,672.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	12,312.
38	Estimated tax penalty (see instructions)	38	143.

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

Refund

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: JASON RACKEMANN Phone no.: 310-833-3586 Personal identification number (PIN): 12303

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 CITY COUNCIL	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 BOARD OF EDUCATION	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	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Form's name	Form's address		Phone no.	Form's EIN

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

GIUSEPPE A AND GERALYN BUSCAINO

Your social security number

██████████

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	2,787.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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 ABLÉ 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	2,787.

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

Schedule 1 (Form 1040) 2021



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	197.
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	197.

**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

GIUSEPPE A AND GERALYN BUSCAINO

Your social security number

██████████

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
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	394.
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	684.
12	Net investment income tax. Attach Form 8960.....	12	5.
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)

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

Schedule 2 (Form 1040) 2021

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	1,083.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **07**

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

Your social security number

GIUSEPPE A AND GERALYN BUSCAINO

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	17,232.		
	b State and local real estate taxes (see instructions)	5b	11,170.		
	c State and local personal property taxes	5c	744.		
	d Add lines 5a through 5c	5d	29,146.		
	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 Caution: Your mortgage interest deduction may be limited (see instructions).	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.	8a	16,433.		
	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.	8c			
	d Mortgage insurance premiums (see instructions)	8d			
	e Add lines 8a through 8d	8e	16,433.		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9	10		16,433.	
	Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	3,665.	
		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.	12	3,990.	
13 Carryover from prior year		13			
14 Add lines 11 through 13		14		7,655.	
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		34,088.	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box. <input type="checkbox"/>				

FDIA0301L 08/20/21

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor
GIUSEPPE A BUSCAINO

A Principal business or profession, including product or service (see instructions)
CONSULTING SERVICES

C Business name. If no separate business name, leave blank.

E Business address (including suite or room no.) ▶ _____
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2021, check here

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Social security number (SSN) [REDACTED]

B Enter code from instructions
▶ **541990**

D Employer ID number (EIN) (see instr.)

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	11,520.
2	Returns and allowances.	2	
3	Subtract line 2 from line 1.	3	11,520.
4	Cost of goods sold (from line 42).	4	
5	Gross profit. Subtract line 4 from line 3.	5	11,520.
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	11,520.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising.	8		18	Office expense (see instructions).	18	965.
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		20a	a Vehicles, machinery, and equipment.		
12	Depletion.	12		20b	b Other business property.		
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance.	21	
14	Employee benefit programs (other than on line 19).	14		22	Supplies (not included in Part III).	22	475.
15	Insurance (other than health).	15		23	Taxes and licenses.	23	
16	Interest (see instr.):			24	Travel and meals:		
	a Mortgage (paid to banks, etc.).	16a		24a	a Travel.	24a	
	b Other.	16b		24b	b Deductible meals (see instructions).	24b	600.
17	Legal and professional services	17	350.	25	Utilities.	25	
18	Total expenses before expenses for business use of home. Add lines 8 through 27a.	18		26	Wages (less employment credits).	26	
19	Tentative profit or (loss). Subtract line 18 from line 7.	19		27a	Other expenses (from line 48).	27a	618.
20	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	20		27b	Reserved for future use.	27b	
	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		28		28	3,008.
31	Net profit or (loss). Subtract line 30 from line 29.	31		29		29	8,512.
	• If a profit, enter on both Schedule 1 (Form 1040), line 3 , 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 .			30		30	5,725.
	• If a loss, you must go to line 32.			31		31	2,787.
32	If you have a loss, check the box that describes your investment in this activity. See instructions.			32a	<input type="checkbox"/> All investment is at risk.	32a	
	• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , 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 .			32b	<input type="checkbox"/> Some investment is not at risk.	32b	
	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input 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 type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.....	35
36 Purchases less cost of items withdrawn for personal use.....	36
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
41 Inventory at end of year.....	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.....	42

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 2021, 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.

DUES AND SUBSCRIPTIONS	480.
PARKING AND TOLLS	54.
POSTAGE	84.

48 Total other expenses. Enter here and on line 27a.....	48 618.

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

2021

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) GIUSEPPE A BUSCAINO	Social security number of person with self-employment income ► XXXXXXXXXX
---	---

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	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
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	2,787.
3 Combine lines 1a, 1b, and 2	3	2,787.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	2,574.
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	4 b	
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	4 c	2,574.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	2,574.
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 2021	7	142,800.
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 \$142,800 or more, skip lines 8b through 10, and go to line 11	8 a	10,000.
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	10,000.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	132,800.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	319.
11 Multiply line 6 by 2.9% (0.029)	11	75.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	394.
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 15	13	197.

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 \$8,820, or (b) your net farm profits ⁽²⁾ were less than \$6,367.		
14 Maximum income for optional methods	14	5,880.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,880. 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 \$6,367 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.

⁽³⁾ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁽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.

⁽⁴⁾ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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

GIUSEPPE A AND GERALYN BUSCAINO

Your social security number

[REDACTED]

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	291,758.
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	291,758.
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	0.
11	Multiply line 10 by 5% (0.05)	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,000.
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) had 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) were 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	
b	Subtract line 14a from line 12	14b	2,000.
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	
e	Add lines 14b and 14d	14e	2,000.
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	1,000.
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	1,000.
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	1,000.

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

Schedule 8812 (Form 1040) 2021

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-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
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	26	
Next, enter the smaller of line 17 or line 26 on line 27.		

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	
28b	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	0.
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	0.

**Qualified Business Income Deduction
Simplified Computation**

2021

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

GIUSEPPE A AND GERALYN BUSCAINO

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 at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	GIUSEPPE A BUSCAINO	[REDACTED]	2,590.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2,590.	
3	Qualified business net (loss) carryforward from the prior year.	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	2,590.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		518.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	(0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		518.
11	Taxable income before qualified business income deduction (see instructions).	257,670.	
12	Net capital gain (see instructions)	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	257,670.	
14	Income limitation. Multiply line 13 by 20% (0.20)		51,534.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions). ▶		518.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0.)

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

Form **8995** (2021)

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return

Taxpayer identification number

GIUSEPPE A AND GERALYN BUSCAINO

Enter preparer's name and PTIN

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 the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<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, 1040-SS, or Schedule 8812 (Form 1040) 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 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 question 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:			

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 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"/>

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 type="checkbox"/>	<input type="checkbox"/>	
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 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 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 child has not lived with the taxpayer 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	Yes	No
	<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 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).</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"/>

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
 - ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

GIUSEPPE A AND GERALYN BUSCAINO

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5...	1	323,487.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	323,487.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		73,487.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		661.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions).	8	2,574.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10	Enter the amount from line 4.	10	323,487.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		2,574.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.	13		23.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V.	18		684.
----	--	----	--	------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	19	4,831.	
20	Enter the amount from line 1.	20	323,487.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	4,691.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		140.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions).	24		140.

**Net Investment Income Tax –
 Individuals, Estates, and Trusts**

2021

Attachment
 Sequence No. **72**

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return: **GIUSEPPE A AND GERALYN BUSCAINO**
 Your social security number or EIN: XXXXXXXXXX

Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	126.
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
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	
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	126.

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	7.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	7.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	7.

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	119.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	291,758.
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	41,758.
16	Enter the smaller of line 12 or line 15	16	119.
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	5.
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	

Noncash Charitable Contributions

▶ **Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **Go to www.irs.gov/Form8283 for instructions and the latest information.**

OMB No. 1545-0074

Attachment Sequence No. **155**

Name(s) shown on your income tax return

GIUSEPPE A AND GERALYN BUSCAINO

Identifying number

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

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

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

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	VIETNAM VETERANS OF AMERICA 800 PACIFIC COAST HWY LONG BEACH, CA 90806	<input type="checkbox"/>	CLOTHES TOYS ELECTRONICS BOOKS AND PUBLICATIONS SHOES
B	THE BEACON HOUSE 1003 SOUTH BEACON AVE SAN PEDRO, CA 90731	<input type="checkbox"/>	HOUSEHOLD GOODS, ELECTRONICS CLOTHES, SHOES APPLIANCES FURNITURE
C	HARBOR INTERFAITH SERVICES 670 W. 9TH STREET SAN PEDRO, CA 90731	<input type="checkbox"/>	HOUSEHOLD GOODS, ELECTRONICS BEDDING APPLIANCES FURNITURE
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	6/15/21	VARIOUS	PURCHASE	4,850.	950.	THRIFT SHOP VALUE
B	11/15/21	VARIOUS	PURCHASE	9,900.	2,500.	THRIFT SHOP VALUE
C	12/15/21	VARIOUS	PURCHASE	3,500.	540.	THRIFT SHOP VALUE
D						
E						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|--|--|---|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A						
B						
C						

Expenses for Business Use of Your Home

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**
 ▶ **Go to www.irs.gov/Form8829 for instructions and the latest information.**

2021

Attachment Sequence No. **176**

Department of the Treasury Internal Revenue Service (99)

Name(s) of proprietor(s)

Your social security number

GIUSEPPE A BUSCAINO

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions).....	1	250
2	Total area of home.....	2	1,700
3	Divide line 1 by line 2. Enter the result as a percentage.....	3	14.71 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day.....	4	hr
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760.....	5	hr
6	Divide line 4 by line 5. Enter the result as a decimal amount.....	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3..... ▶	7	14.71 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	8,512.
See instructions for columns (a) and (b) before completing lines 9-22.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions).....	9	
10	Deductible mortgage interest (see instructions).....	10	19,267.
11	Real estate taxes (see instructions).....	11	1,926.
12	Add lines 9, 10, and 11.....	12	1,926.
13	Multiply line 12, column (b), by line 7.....	13	2,834.
14	Add line 12, column (a), and line 13.....	14	4,760.
15	Subtract line 14 from line 8. If zero or less, enter -0-.....	15	3,752.
16	Excess mortgage interest (see instructions).....	16	
17	Excess real estate taxes (see instructions).....	17	
18	Insurance.....	18	1,150.
19	Rent.....	19	
20	Repairs and maintenance.....	20	950.
21	Utilities.....	21	4,460.
22	Other expenses (see instructions).....	22	
23	Add lines 16 through 22.....	23	6,560.
24	Multiply line 23, column (b), by line 7.....	24	965.
25	Carryover of prior year operating expenses (see instructions).....	25	
26	Add line 23, column (a), line 24, and line 25.....	26	965.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26.....	27	965.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15.....	28	2,787.
29	Excess casualty losses (see instructions).....	29	
30	Depreciation of your home from line 42 below.....	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions).....	31	
32	Add lines 29 through 31.....	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32.....	33	
34	Add lines 14, 27, and 33.....	34	5,725.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions.....	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions..... ▶	36	5,725.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions.....	37	
38	Value of land included on line 37.....	38	
39	Basis of building. Subtract line 38 from line 37.....	39	
40	Business basis of building. Multiply line 39 by line 7.....	40	
41	Depreciation percentage (see instructions).....	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above.....	42	

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-.....	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-.....	44	0.

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name

GIUSEPPE A BUSCAINO

Your SSN or ITIN

Spouse s/RDP s name

GERALYN BUSCAINO

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI) 292,058; 2 Amount You Owe; 3 Refund or No Amount Due 144.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize [redacted] ERO firm name to enter my PIN [redacted] Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

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

[X] I authorize [redacted] ERO firm name to enter my PIN [redacted] Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

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

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date

California Resident Income Tax Return

APE

ATTACH FEDERAL RETURN

GIUSEPPE BUSCAINO
GERALYN BUSCAINO

21 PBA 541990

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

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

1 Single

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

2 Married/RDP filing jointly. See inst.

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

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

6 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

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

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

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

Exemptions

Your name: GIUSEPPE A BUSCAINO

Your SSN or ITIN: [REDACTED]

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

	Dependent 1	Dependent 2	Dependent 3
First Name	[REDACTED]	[REDACTED]	[REDACTED]
Last Name	BUSCAINO	[REDACTED]	[REDACTED]
SSN. See instr.	[REDACTED]	[REDACTED]	[REDACTED]
Dependent's relationship to you	DAUGHTER	[REDACTED]	[REDACTED]
Total dependent exemptions ● 10 <input type="text" value="1"/> x \$400 = ● \$ <u>400.</u>			

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ 658.

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ● 12 289,042.

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 291,758.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B ● 14 _____

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 291,758.

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C ● 16 300.

17 California adjusted gross income. Combine line 15 and line 16 ● 17 292,058.

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 36,777.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 255,281.

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 17,746.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions ● 32 658.

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 17,088.

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

35 Add line 33 and line 34 ● 35 17,088.

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 _____

43 Enter credit name code ● _____ and amount ● 43 _____

44 Enter credit name code ● _____ and amount ● 44 _____

Your name: GIUSEPPE A BUSCAINO

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 17,088.

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 17,088.

Payments

- 71 California income tax withheld. See instructions ● 71 17,232.
- 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 17,232.

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 17,232.
- 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 17,232.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 _____

Your name: GIUSEPPE A BUSCAINO

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 97 144.
- 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 99 144.
- 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: GIUSEPPE A BUSCAINO

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** _____ **144.**

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 _____ **144.**
 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 _____

Sign Here

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

[REDACTED]

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

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

[REDACTED]

● PTIN

[REDACTED]

Firm's address

[REDACTED]

● 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

[REDACTED]

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: GIUSEPPE A AND GERALYN BUSCAINO
 SSN or ITN: [REDACTED]

Part I Income Adjustment Schedule		A	B	C
Section A – Income from federal Form 1040 or 1040-SR		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C. 1	289,042.		
2	Taxable interest. a <input checked="" type="radio"/> _____ 2b	126.		
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 3b			
4	IRA distributions. See instructions. a <input checked="" type="radio"/> _____ 4b			
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ 5b			
6	Social security benefits. a <input checked="" type="radio"/> _____ 6b			
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. SEE STATEMENT 3	2,787.		300.
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:			
8a	a Federal net operating loss. 8a			
8b	b Gambling income. 8b			
8c	c Cancellation of debt. 8c			
8d	d Foreign earned income exclusion from federal Form 2555. 8d			
8e	e Taxable Health Savings Account distribution. 8e			
8f	f Alaska Permanent Fund dividends. 8f			
8g	g Jury duty pay. 8g			
8h	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 checked="" type="radio"/>		
j	Stock options... 8j	<input checked="" 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 checked="" type="radio"/>		
l	Olympic and Paralympic medals and USOC prize money... 8l	<input checked="" type="radio"/>		
m	IRC Section 951(a) inclusion... 8m	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
n	IRC Section 951A(a) inclusion... 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o	IRC Section 461(l) excess business loss adjustment... 8o	<input checked="" type="radio"/>		<input checked="" type="radio"/>
p	Taxable distributions from an ABLE account... 8p	<input checked="" type="radio"/>		
z	Other income. List type and amount. <input checked="" type="radio"/> _____ 8z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 a	Total other income. Add lines 8a through 8z. 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1	Disaster loss deduction from form FTB 3805V... 9b1		<input checked="" type="radio"/>	
b2	NOL deduction from form FTB 3805V... 9b2		<input checked="" type="radio"/>	
b3	NOL from form FTB 3805Z, 3807, or 3809... 9b3		<input checked="" type="radio"/>	
b4	Student loan discharged due to closure of a for-profit school... 9b4	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>	291,955. <input checked="" type="radio"/>	<input checked="" type="radio"/>

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)				
11	Educator expenses... 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials... 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Health savings account deduction... 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
14	Moving expenses. Attach form FTB 3913. See instructions... 14	<input checked="" type="radio"/>		<input checked="" type="radio"/>
15	Deductible part of self-employment tax. See instructions... 15	<input checked="" type="radio"/>	197. <input checked="" type="radio"/>	
16	Self-employed SEP, SIMPLE, and qualified plans... 16	<input checked="" type="radio"/>		
17	Self-employed health insurance deduction. See instructions... 17	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>		
19 a Alimony paid 19a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Recipient's: SSN <input checked="" type="radio"/> _____			
Last Name <input checked="" type="radio"/> _____			
20 IRA deduction..... 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Reserved for future use..... 22			
23 Archer MSA deduction..... 23	<input checked="" type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit..... 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l..... 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans..... 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims..... 24h	<input checked="" 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 checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555... 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)..... 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions..... 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions..... 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	197.		
	291,758.		300.

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..... <input checked="" type="radio"/> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes..... 5a <input checked="" type="radio"/> 17,232.	<input checked="" type="radio"/> 17,232.	<input checked="" type="radio"/> 17,232.	
b State and local real estate taxes..... 5b <input checked="" type="radio"/> 11,170.	<input checked="" type="radio"/> 11,170.		
c State and local personal property taxes..... 5c <input checked="" type="radio"/> 744.	<input checked="" type="radio"/> 744.		
d Add line 5a through line 5c..... 5d <input checked="" type="radio"/> 29,146.	<input checked="" type="radio"/> 29,146.		
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"/> 10,000.	<input checked="" type="radio"/> 17,232.	<input checked="" type="radio"/> 19,146.
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>	<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"/> 10,000.	<input checked="" type="radio"/> 17,232.	<input checked="" type="radio"/> 19,146.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098..... 8a <input checked="" type="radio"/> 16,433.	<input checked="" type="radio"/> 16,433.		<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"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098..... 8c <input checked="" type="radio"/>	<input checked="" type="radio"/>		<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"/> 16,433.	<input checked="" type="radio"/> 16,433.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest..... 9 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9..... 10 <input checked="" type="radio"/> 16,433.	<input checked="" type="radio"/> 16,433.	<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.....	3,665.		
12	Other than by cash or check.....	3,990.		
13	Carryover from prior year.....			
14	Add line 11 through line 13.....	7,655.		
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..	34,088.	17,232.	19,146.
18	Total. Combine line 17 column A less column B plus column C.....			36,002.

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.....	6,160.		
20	Tax preparation fees.....	450.		
21	Other expenses - investment, safe deposit box, etc. List type.....			
22	Add line 19 through line 21.....	6,610.		
23	Enter amount from federal Form 1040 or 1040-SR, line 11.....	291,758.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.....	5,835.		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....			775.
26	Total Itemized Deductions. Add line 18 and line 25.....			36,777.
27	Other adjustments. See instructions. Specify.....			
28	Combine line 26 and line 27.....			36,777.
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.....			36,777.
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.....			36,777.

GIUSEPPE A AND GERALYN BUSCAINO



STATEMENT 1
SCHEDULE CA, PART I, SECTION B, LINE 3
BUSINESS INCOME OR LOSS

MEALS AND ENTERTAINMENT EXPENSES	\$	300.
TOTAL	\$	<u>300.</u>