

U.S. Individual Income Tax Return

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 DOUGLAS C.	Last name EMHOFF	Your social security number
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If joint return, spouse's first name and middle initial KAMALA D.	Last name HARRIS	Spouse's social security number
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Home address (number and street). If you have a P.O. box, see instructions.	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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.		

Foreign country name	Foreign province/state/county	Foreign postal code
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At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

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

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	380,288.	
	2a	Tax-exempt interest	2a	2b	694.	
	3a	Qualified dividends	3a	b Taxable interest	3b	
	4a	IRA distributions	4a	b Ordinary dividends	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	319,108.
	8	Other income from Schedule 1, line 10			8	969,295.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	1,669,385.
	10	Adjustments to income from Schedule 1, line 26			10	13,822.
	11	Subtract line 10 from line 9. This is your adjusted gross income			11	1,655,563.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a			57,306.
	b	Charitable contributions if you take the standard deduction (see instr.)	12b			
	12c	Add lines 12a and 12b			12c	57,306.
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	57,306.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	1,598,257.	

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

STMT 2	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	473,631.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	473,631.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	22.
	21	Add lines 19 and 20	21	22.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	473,609.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	49,762.
	24	Add lines 22 and 23. This is your total tax	24	523,371.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 3	25a	66,386.
	b	Form(s) 1099 SEE STATEMENT 5	25b	9.
	c	Other forms (see instructions) SEE STATEMENT 6	25c	244.
	d	Add lines 25a through 25c	25d	66,639.
	26	2021 estimated tax payments and amount applied from 2020 return STATEMENT 4	26	432,000.
	27a	Earned income credit (EIC)	27a	
		Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>		
	b	Nontaxable combat pay election 27b		
	c	Prior year (2019) earned income 27c		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	498,639.
Refund	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	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	24,732.
	38	Estimated tax penalty (see instructions)	38	0.

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

Direct deposit? See instructions.

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identify Protection PIN, enter it here (see inst.)
	4/14/22	ATTORNEY	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.)
	4.14.22	VICE PRESIDENT	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
MICHAEL SOBELMAN				

Firm's name	Phone no.
BAKER TILLY US, LLP	
Firm's address	Firm's EIN

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	STMT 7	STMT 8	1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions) ▶				
3	Business income or (loss). Attach Schedule C			3	386,713.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	582,543.
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 ABL account (see instructions)	8p			
z	Other income. List type and amount ▶				
	MERRILL MUTUAL FUND SF 39.	8z			39.
9	Total other income. Add lines 8a through 8z			9	39.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	969,295.

LHA 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	12,981.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	841.
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	13,822.

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

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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	25,961.
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	2,647.
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	9,380.
12	Net investment income tax. Attach Form 8960	12	11,774.
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)

LHA 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	49,762.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

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

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	22.
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	22.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	22.

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

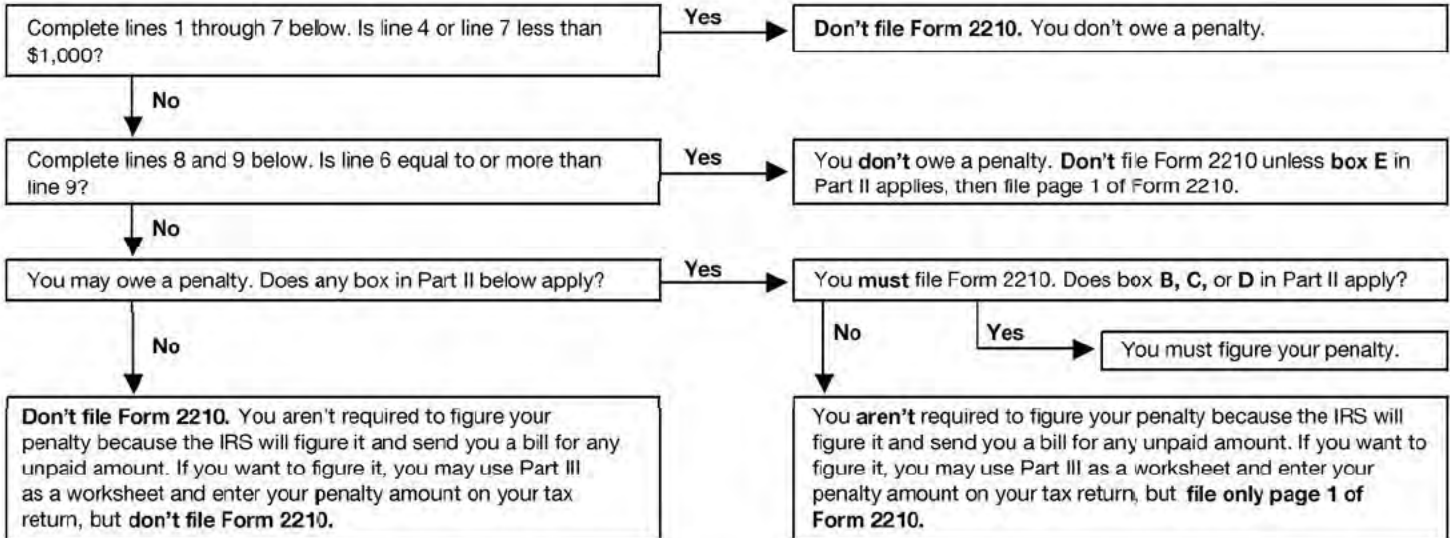
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Name(s) shown on tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Identifying number

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	473,609.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	49,762.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	523,371.
5	Multiply line 4 by 90% (0.90)	5	471,034.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	66,639.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	456,732.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	684,082.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	471,034.

Next: Is line 9 more than line 6?

No. You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.

Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.

- If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2021)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22	
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	92,095.	112,261.	102,178.	164,500.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	94,660.	122,660.	107,660.	173,659.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12		2,565.	12,964.	18,446.
13 Add lines 11 and 12	13		125,225.	120,624.	192,105.
14 Add the amounts on lines 16 and 17 in the previous column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	94,660.	125,225.	120,624.	192,105.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	2,565.	12,964.	18,446.	

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19				0.
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Schedule AI - Annualized Income Installment Method (See the instructions.)

Estates and trusts, don't use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21.	(a) 1/1/21 - 3/31/21	(b) 1/1/21 - 5/31/21	(c) 1/1/21 - 8/31/21	(d) 1/1/21 - 12/31/21
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Part I Annualized Income Installments

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1	336,825.	611,837.	978,939.	1,655,563.
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	1,347,300.	1,468,409.	1,468,409.	1,655,563.
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9	4	14,327.	23,878.	38,205.	57,306.
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6	57,308.	57,307.	57,308.	57,306.
7 In each column, enter the sum of your standard deduction and line 12b from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7	25,100.	25,100.	25,100.	25,100.
8 Enter the larger of line 6 or line 7	8	57,308.	57,307.	57,308.	57,306.
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9	0.	0.	0.	0.
10 Add lines 8 and 9	10	57,308.	57,307.	57,308.	57,306.
11 Subtract line 10 from line 3	11	1,289,992.	1,411,102.	1,411,101.	1,598,257.
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12	0.	0.	0.	0.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	1,289,992.	1,411,102.	1,411,101.	1,598,257.
14 Figure your tax on the amount on line 13. See instructions	14	359,573.	404,384.	404,384.	473,631.
15 Self-employment tax from line 36 (complete Part II below)	15	25,961.	25,961.	25,961.	25,961.
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See inst.	16	23,801.	23,801.	23,801.	23,801.
17 Total tax. Add lines 14, 15, and 16	17	409,335.	454,146.	454,146.	523,393.
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18	22.	22.	22.	22.
19 Subtract line 18 from line 17. If zero or less, enter -0-	19	409,313.	454,124.	454,124.	523,371.
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21	92,095.	204,356.	306,534.	471,034.

Complete lines 22-27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 21	22		92,095.	204,356.	306,534.
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	92,095.	112,261.	102,178.	164,500.
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24	117,758.	117,758.	117,759.	117,759.
25 Subtract line 24 from line 23	25		25,663.	31,160.	46,741.
26 Add lines 24 and 25	26	117,758.	143,421.	148,919.	164,500.
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27	92,095.	112,261.	102,178.	164,500.

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	\$35,700	\$59,500	\$95,200	\$142,800
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the smaller of line 28 or line 31	33				
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35				
36 Add lines 33 and 35. Enter here and on line 15 above	36				

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

2021
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

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

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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	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			
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 SEE STATEMENT 10 ▶ <input type="checkbox"/>	5a	198,391.		
b	State and local real estate taxes (see instructions) SEE STATEMENT 12	5b	53,878.		
c	State and local personal property taxes	5c			
d	Add lines 5a through 5c	5d	252,269.		
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.		
6	Other taxes. List type and amount ▶	6			
7	Add lines 5e and 6	7			10,000.
Interest You Paid					
8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box				
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	25,206.		
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	25,206.		
9	Investment interest. Attach Form 4952 if required. See instructions	9			
10	Add lines 8e and 9	10			25,206.
Gifts to Charity					
11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions 21,500.	11	22,100.	STMT 11	
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			
13	Carryover from prior year	13			
14	Add lines 11 through 13	14			22,100.
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			
Other Itemized Deductions					
16	Other - from list in instructions. List type and amount ▶	16			
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			57,306.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box				

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (00)
Name(s) shown on return

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021
Attachment
Sequence No. 08

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I

Interest

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

WELLS FARGO

WELLS FARGO

WELLS FARGO

WELLS FARGO

FROM K-1 - DLA PIPER LLP

Amount

127.

24.

375.

53.

115.

1

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

2 Add the amounts on line 1 **2** 694.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶ **4** 694.

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

Amount

Part II

Ordinary Dividends

5 List name of payer ▶ _____

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

5

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

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

Part III

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

Yes No

Foreign Accounts and Trusts

7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ _____

8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
127501 11-04-21

Interest and Dividend Summary

Name: **DOUGLAS C. EMHOFF & KAMALA D. HARRIS**

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	WELLS FARGO	127.							
B	WELLS FARGO	24.							
C	WELLS FARGO	375.							
D	WELLS FARGO	53.							
E	FROM K-1 - DLA PIPER LLP	115.							
F									
G									
H									
I									
J									
K									
Totals		694.							

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 189A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (09)

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.

Name of proprietor

Social security number (SSN)

KAMALA D. HARRIS

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

B Enter code from instructions

711510

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

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

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

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

G Did you "materially participate" in the operation of this business during 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

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	452,664.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	452,664.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	452,664.
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	452,664.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	65,951.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
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	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Total expenses before expenses for business use of home. Add lines 8 through 27a	18	65,951.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	386,713.	27 a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. ● 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 . ● If a loss, you must go to line 32.	31	386,713.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. ● If you checked 32a, enter the loss on both 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 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk	32b	<input type="checkbox"/> Some investment is not at risk	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021
Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 13				5 13.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 13.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	860,000.	540,918.		319,082.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 14				12 13.
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 319,095.

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

Schedule D (Form 1040) 2021

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> </p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>319,108.</p>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SALE OF 260 CLARA ST, SAN FRANCISCO	10/26/98	03/19/21	860,000.	540,918. M		0.	319,082.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				860,000.	540,918.			319,082.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS	Your SSN
--	----------

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>1,598,257.</u>	
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	_____	
3. Are you filing Schedule D?*			
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	<u>319,095.</u>	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4. Add lines 2 and 3	4.	<u>319,095.</u>	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>1,279,162.</u>	
6. Enter: \$ 40,400 if single or married filing separately, \$ 80,800 if married filing jointly or qualifying widow(er), \$ 54,100 if head of household.	6.	<u>80,800.</u>	
7. Enter the smaller of line 1 or line 6	7.	<u>80,800.</u>	
8. Enter the smaller of line 5 or line 7	8.	<u>80,800.</u>	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u>0.</u>	
10. Enter the smaller of line 1 or line 4	10.	<u>319,095.</u>	
11. Enter the amount from line 9	11.	<u>0.</u>	
12. Subtract line 11 from line 10	12.	<u>319,095.</u>	
13. Enter: \$ 445,850 if single, \$ 250,800 if married filing separately, \$ 501,600 if married filing jointly or qualifying widow(er), \$ 473,750 if head of household.	13.	<u>501,600.</u>	
14. Enter the smaller of line 1 or line 13	14.	<u>501,600.</u>	
15. Add lines 5 and 9	15.	<u>1,279,162.</u>	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>0.</u>	
17. Enter the smaller of line 12 or line 16	17.	<u>0.</u>	
18. Multiply line 17 by 15% (0.15)	18.	<u>0.</u>	
19. Add lines 9 and 17	19.	<u>0.</u>	
20. Subtract line 19 from line 10	20.	<u>319,095.</u>	
21. Multiply line 20 by 20% (0.20)	21.	<u>63,819.</u>	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<u>409,812.</u>	
23. Add lines 18, 21, and 22	23.	<u>473,631.</u>	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>527,878.</u>	
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<u>473,631.</u>	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

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

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
* A	DLA PIPER LLP	P				
* B	VENABLE LLP	P				
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				168,760.
B				413,783.
C				
D				
29a Totals				582,543.
b Totals				
30 Add columns (h) and (k) of line 29a				30 582,543.
31 Add columns (g), (i), and (j) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 582,543.

Part III Income or Loss From Estates and Trusts

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

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

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

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

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	582,543.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name DOUGLAS C. EMHOFF

SSN/EIN _____

Passthrough VENABLE LLP - VENABLE LLP

ID _____

TAXPAYER _____

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	413,783.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	413,783.							413,783.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	413,783.							413,783.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

SCHEDULE E

Name DOUGLAS C. EMHOFF
 Passthrough VENABLE LLP - VENABLE LLP ID _____
 PARTNERSHIP

SSN/EIN _____
 TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	413,783.							413,783.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2021

SCHEDULE E

Name DOUGLAS C. EMHOFF

SSN/EIN _____

Passthrough DLA PIPER LLP - DLA PIPER LLP

ID _____

TAXPAYER _____

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-1,240.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	170,000.							
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	168,760.							168,760.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	168,760.							168,760.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	13.							13.
Net long-term cap. gain (loss)	13.							13.
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	600.							600.
Deductions related to portfolio income								
Other	2,662.							2,662.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2021

SCHEDULE E

Name DOUGLAS C. EMHOFF

SSN/EIN _____

Passthrough DLA PIPER LLP - DLA PIPER LLP

ID _____

TAXPAYER _____

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	115.							115.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	39.							39.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	168,860.							168,860.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	841.							841.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	22.							22.
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	91,444.							91,444.
Section 199A unadjusted basis	66,463.							66,463.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2021
Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (99)

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

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

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

Social security number of person
with self-employment income ▶

DOUGLAS C. EMHOFF

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.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 15	2	582,643.
--	----------	-----------------

3 Combine lines 1a, 1b, and 2	3	582,643.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	538,071.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	538,071.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
--	-----------	--

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	538,071.

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
---	----------	----------------

8a 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	8a	142,800.
---	-----------	-----------------

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	

d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	15,604.

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	15,604.
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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	7,802.
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Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,820, or (b) your net farm profits² 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 profits³ 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.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

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

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

**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)

KAMALA D. HARRIS

Social security number of person
with self-employment income ▶

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.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... 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	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 16	2	386,713.
--	----------	-----------------

3 Combine lines 1a, 1b, and 2	3	386,713.
--------------------------------------	----------	-----------------

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	357,129.
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Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
--	-----------	--

c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	357,129.
--	-----------	-----------------

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
---	-----------	--

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
---	-----------	--

6 Add lines 4c and 5b	6	357,129.
------------------------------	----------	-----------------

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
--	----------	----------------

8a 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	8a	142,800.
---	-----------	-----------------

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
---	-----------	--

c Wages subject to social security tax from Form 8919, line 10	8c	
---	-----------	--

d Add lines 8a, 8b, and 8c	8d	
-----------------------------------	-----------	--

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
---	----------	--

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
--	-----------	--

11 Multiply line 6 by 2.9% (0.029)	11	10,357.
---	-----------	----------------

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	10,357.
--	-----------	----------------

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	5,179.
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Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,820, or (b) your net farm profits² 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 profits³ 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.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

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

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

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	10,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	10,000.			
d Gross foreign source income				
e Gross income from all sources	1,735,336.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest	
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	1,151.	
11 Add lines 9 and 10	11	1,151.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		1,151.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16 Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Increase in limitation (section 960(c))	22		
23 Add lines 21 and 22	23		
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24		0.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		
33 Enter the smaller of line 20 or line 32	33		0.
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		0.

**SCHEDULE B
(Form 1116)**

(December 2021)
Department of the Treasury
Internal Revenue Service
Name

Foreign Tax Carryover Reconciliation Schedule
For calendar year 2021, or other tax year beginning _____, and ending _____

▶ See separate instructions.
▶ Attach to Form 1116.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown
on page 1 of your tax return

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a Reserved for future use
 c Passive category income
 e Section 901(j) income
 g Lump-sum distributions
 b Foreign branch category income
 d General category income
 f Certain income re-sourced by treaty

h If box e is checked, enter the country code for the sanctioned country. See instructions _____ ▶
 i If box f is checked, enter the country code for the treaty country. See instructions _____ ▶

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 6 of the worksheet in the instructions)							
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions)							
Adjustments for section 905(c)							
b redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)							
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-						

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule B (Form 1116) (12-2021)

Foreign Tax Carryover Reconciliation	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (vii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 6 of the worksheet in the instructions)					1,151.		1,151.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions)							
Adjustments for section 905(c)							
b redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.					1,151.		1,151.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.					1,151.	0.	1,151.

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Identifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	22.
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2021. See instructions	3	
4	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>			
5	Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	22.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	473,631.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	
9	Add lines 7 and 8	9	473,631.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	473,631.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	473,631.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	112,158.
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	420,797.
15	Enter the greater of line 13 or line 14	15	420,797.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	52,834.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	22.

I HA For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2021. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	361,473.
28	Add lines 17 and 26	28	22.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	361,451.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2021. See instructions	33	
34	Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	22.

Name(s) shown on return

Identifying number

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit <small>Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.</small>	(b) <small>Enter EIN if claiming the credit from a pass-through entity.</small>	(c) <small>Enter the appropriate amount.</small>
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	22.
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	22.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	22.

* See instructions for limitation on this credit.

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.**
▶ **Go to www.irs.gov/ScheduleH for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

DOUGLAS C. EMHOFF

Calendar year taxpayers having no household employees in 2021 don't have to complete this form for 2021.

A Did you pay **any one** household employee cash wages of \$2,300 or more in 2021? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1a.
 No. Go to line B.

B Did you withhold federal income tax during 2021 for any household employee?

- Yes.** Skip line C and go to line 7.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2020 or 2021 to **all** household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
 Yes. Skip lines 1a-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 a	Total cash wages subject to social security tax	1a	16,916.	
b	Qualified sick and family wages for leave taken before April 1, 2021, included on line 1a	1b		
2 a	Social security tax. Multiply line 1a by 12.4% (0.124)	2a		2,098.
b	Employer share of social security tax on qualified sick and family leave wages for leave taken before April 1, 2021. Multiply line 1b by 6.2% (0.062)	2b		
c	Total social security tax. Subtract line 2b from line 2a	2c		2,098.
3	Total cash wages subject to Medicare tax	3	16,916.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		491.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8 a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	8a		2,589.
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b		
c	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	8c		
d	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a	8d		2,589.
e	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	8f		
g	Qualified sick leave wages for leave taken before April 1, 2021	8g		
h	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g	8h		
i	Qualified family leave wages for leave taken before April 1, 2021	8i		
j	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i	8j		
k	Qualified sick wages for leave taken after March 31, 2021	8k		
l	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k	8l		
m	Qualified family leave wages for leave taken after March 31, 2021	8m		
n	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m	8n		

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2020 or 2021 to **all** household employees? (Don't count cash wages paid in 2020 or 2021 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. If you're not required to file Form 1040, see the line 9 instructions.
 Yes. Go to line 10.

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

Schedule H (Form 1040) 2021

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."		X
11 Did you pay all state unemployment contributions for 2021 by April 18, 2022? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	
14 Contributions paid to your state unemployment fund	14
15 Total cash wages subject to FUTA tax	15
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (h) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
CA	7,000.	01/01/21	12/31/21	.0170	378.	119.	259.	119.
DC	2,599.	01/01/21	12/31/21	.0270	140.	70.	70.	70.

18 Totals	18	329.	189.
19 Add columns (g) and (h) of line 18	19	518.	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20		9,599.
21 Multiply line 20 by 6.0% (0.06)	21		576.
22 Multiply line 20 by 5.4% (0.054)	22	518.	
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)	23		518.
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25	24		58.

Part III Total Household Employment Taxes

25 Enter the amount from line 8d. If you checked the "Yes" box on line C of page 1, enter -0-	25	2,589.
26 Add line 16 (or line 24) and line 25	26	2,647.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e, on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. **Don't** complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address _____ Apt., room, or suite no. _____
 City, town or post office, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

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

Additional Medicare Tax

2021

Attachment
Sequence No. 71

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.

Name(s) shown on return **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	397,034.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	397,034.	
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		147,034.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,323.

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	895,200.	
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	397,034.	
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		895,200.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		8,057.

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

14 Railroad retirement (RTTA) 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 (RTTA) 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		9,380.
--	----	--	--------

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	6,001.	
20 Enter the amount from line 1	20	397,034.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,757.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		244.
23 Additional Medicare Tax withholding on railroad retirement (RTTA) 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		244.

Net Investment Income Tax - Individuals, Estates, and Trusts

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. 72

Name(s) shown on your tax return: **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Your social security number or EIN

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	694.
2 Ordinary dividends (see instructions)		2	
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	582,543.	
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 17	4b	-582,543.	
c Combine lines 4a and 4b		4c	0.
5a Net gain or loss from disposition of property (see instructions)	5a	319,108.	
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	319,108.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions) SEE STATEMENT 18		7	39.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	319,841.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)			
b State, local, and foreign income tax (see instructions)	9b	10,000.	
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	10,000.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	10,000.

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	309,841.
Individuals:			
13 Modified adjusted gross income (see instructions)	13	1,655,563.	
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	1,405,563.	
16 Enter the smaller of line 12 or line 15		16	309,841.
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	11,774.
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	

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

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) **STMT 19** 2. 10,000.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 10,000.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 57,306.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	6e. <u>N/A</u>

7. Subtract line 6e from line 5 7. 57,306.

8. Enter the lesser of line 7 or line 4 8. 10,000.

TIP

This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:				
1.	(a)	N/A	X	N/A
	(b)	N/A	X	N/A
2.	State, local, and foreign income taxes	10,000.	X	1.0000
Itemized Deductions Included on Line 3 of Part III:				
3.	(a)		X	
	(b)		X	

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

2021

CALIFORNIA

Name(s) **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Your social security number or EIN

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest	1	694.
2	Ordinary dividends	2	
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	4a	587,534.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-587,534.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property	5a	319,108.
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	319,108.
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	39.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	319,841.

Part II State Income Tax Pro-ration for 2021 Income Tax Payments

9	State total income	9	1,660,554.
10	State income tax payments for 2021	10	59,754.
11	2021 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	11,509.

Part III State Income Tax Pro-ration for 2020 Estimate Payments Made in 2021

12	State estimate payments for 2020	12	56,000.
13	Percent of state income taxes attributable to investment income for 2020	13	.004770
14	2020 state estimate payments attributable to investment income. Line 12 times line 13	14	267.

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2021

15	Balance of prior years tax plus extension payments paid in 2021	15	12,342.
16	Percent of state income taxes attributable to investment income for 2020	16	.004770
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	59.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2020	19	
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	11,835.
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**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2021

NEW YORK

Name(s) **DOUGLAS C. EMHOFF & KAMALA D. HARRIS** Your social security number or EIN

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest	1	21.
2	Ordinary dividends	2	0.
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	4a	30,604.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-30,604.
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property	5a	4.
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	4.
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	25.

Part II State Income Tax Pro-ratio for 2021 Income Tax Payments

9	State total income	9	30,066.
10	State income tax payments for 2021	10	2,662.
11	2021 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	2.

Part III State Income Tax Pro-ratio for 2020 Estimate Payments Made in 2021

12	State estimate payments for 2020	12	
13	Percent of state income taxes attributable to investment income for 2020	13	
14	2020 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2021

15	Balance of prior years tax plus extension payments paid in 2021	15	
16	Percent of state income taxes attributable to investment income for 2020	16	
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2020	19	
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	2.
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Form 1116

U.S. and Foreign Source Income Summary

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	380,288.	380,288.	
Dividends/Distributions			
Interest	694.	694.	
Capital Gains	319,108.	319,108.	
Business/Profession	452,664.	452,664.	
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation	582,543.	582,543.	
Trust/Estate			
Other Income	39.	39.	
Gross Income	<u>1,735,336.</u>	<u>1,735,336.</u>	
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>1,735,336.</u>	<u>1,735,336.</u>	
Deductions:			
Business/Profession Expenses	65,951.	65,951.	
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	12,981.	12,981.	
Self-employment Health Insurance	841.	841.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>79,773.</u>	<u>79,773.</u>	
Adjusted Gross Income	<u>1,655,563.</u>	<u>1,655,563.</u>	
Less Itemized Deductions:			
Specifically Allocated	22,100.	22,100.	
Home Mortgage Interest	25,206.	25,206.	
Other Interest			
Ratably Allocated	10,000.	10,000.	
Charitable Deduction if taking Standard Deduction			
Total Adjustments to Adjusted Gross Income	<u>57,306.</u>	<u>57,306.</u>	
Taxable Income	<u>1,598,257.</u>	<u>1,598,257.</u>	

Form 1116

Allocation of Itemized Deductions

NAME

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	25,206.	25,206.		
Investment Interest				
Contributions	22,100.	22,100.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
Total Itemized Deductions	57,306.	47,306.		10,000.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNITED STATE SENATE	215,548.	35,839.	15,146.		8,854.	3,537.
T GEORGETOWN UNIVERSITY	164,740.	30,547.	12,403.		8,854.	2,464.
TOTALS	380,288.	66,386.	27,549.		17,708.	6,001.

FORM 1040	TAX	STATEMENT 2
DESCRIPTION		AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		473,631.
TOTAL TO FORM 1040, LINE 16		473,631.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 3
T S DESCRIPTION		AMOUNT
S UNITED STATE SENATE		35,839.
T GEORGETOWN UNIVERSITY		30,547.
TOTAL TO FORM 1040, LINE 25A		66,386.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 4
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT		78,000.
2ND QTR ESTIMATE PAYMENT - JOINT		106,000.
3RD QTR ESTIMATE PAYMENT - JOINT		91,000.
4TH QTR ESTIMATE PAYMENT - JOINT		157,000.
TOTAL TO FORM 1040, LINE 26		432,000.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 5
T S DESCRIPTION		AMOUNT
T MERRILL MUTUAL FUND SF		9.
TOTAL TO FORM 1040, LINE 25B		9.

FORM 1040	FEDERAL INCOME TAX WITHHELD - OTHER FORMS	STATEMENT 6
T S DESCRIPTION		AMOUNT
FORM 8959, LINE 24		244.
TOTAL TO FORM 1040, LINE 25C		244.

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 7
	2020	2019	2018
GROSS STATE/LOCAL INC TAX REFUNDS	CALIFORNIA 30.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	30.		
TOTAL NET TAX REFUNDS	30.		

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 8
	2018	2019	2020
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			30.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			30.
1 NET REFUNDS FOR RECALCULATION		0.	0.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			58,993.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-48,993.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2018			
TOTAL TO SCHEDULE 1, LINE 1			

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 9

DOUGLAS C. EMHOFF

DLA PIPER LLP

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS		841.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED		168,860.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	582,643.	
4	DIVIDE LINE 2 BY LINE 3	.2898	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	7,802.	
6	LINE 4 TIMES LINE 5		2,261.
7	LINE 2 MINUS LINE 6		166,599.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE		0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED		166,599.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE		
11	LINE 9 MINUS LINE 10		166,599.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11		841.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 10
DESCRIPTION	AMOUNT	
FROM K-1 - DLA PIPER LLP		2,662.
UNITED STATE SENATE		15,146.
GEORGETOWN UNIVERSITY		12,403.
OTHER STATE AND LOCAL INCOME TAXES		1,230.
DC STATE TAX PAYMENTS		54,000.
CALIFORNIA 1ST QTR ESTIMATE PAYMENTS		2,500.
CALIFORNIA 2ND QTR ESTIMATE PAYMENTS		18,000.
CALIFORNIA PRIOR YEAR ESTIMATE PAYMENTS		56,000.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		12,342.
CALIFORNIA FORM 593 WITHHOLDING		24,108.
TOTAL TO SCHEDULE A, LINE 5A		198,391.

SCHEDULE A	CASH CONTRIBUTIONS			STATEMENT 11
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT	
BET TZEDEK	1,000.			
CSUN ARTS AND COMMUNICATIONS FUND	5,000.			
DC CENTRAL KITCHEN	2,500.			
HOWARD UNIVERISTY	5,000.			
MATTHEW SILVERMAN MEMORIAL FOUNDATION	1,500.			
THE JEWISH FEDERATION OF GREATER LOS ANGELES	500.			
LEGAL AID SOCIETY OF THE DC UNIVERSITY OF SOUTHERN CALIFORNIA	5,000.			
FROM K-1 - DLA PIPER LLP		539.		
FROM K-1 - DLA PIPER LLP				61.
SUBTOTALS	21,500.	539.		61.
TOTAL TO SCHEDULE A, LINE 11				22,100.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 12
DESCRIPTION		AMOUNT
REAL ESTATE TAXES - JOINT		38,900.
REAL ESTATE TAXES - JOINT		14,978.
TOTAL TO SCHEDULE A, LINE 5B		53,878.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 13
DESCRIPTION OF ACTIVITY		GAIN OR LOSS
DLA PIPER LLP		13.
TOTAL TO SCHEDULE D, PART I, LINE 5		13.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 14
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
DLA PIPER LLP	13.	
TOTAL TO SCHEDULE D, PART II, LINE 12	13.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 15
DESCRIPTION		AMOUNT
VENABLE LLP		413,783.
DLA PIPER LLP		168,860.
TOTAL TO SCHEDULE SE, LINE 2		582,643.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

SCHEDULE SE	NON-FARM INCOME	STATEMENT 16
DESCRIPTION		AMOUNT
WRITER		386,713.
TOTAL TO SCHEDULE SE, LINE 2		386,713.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 17
VENABLE LLP		-413,783.
DLA PIPER LLP		-168,760.
AMOUNT TO FORM 8960, LINE 4B		-582,543.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 18
MERRILL MUTUAL FUND SF		39.
AMOUNT TO FORM 8960, LINE 7		39.

FORM 8960	STATE INCOME TAX	STATEMENT 19
CALIFORNIA		11,835.
NEW YORK		2.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2		11,837.

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 20

CALIFORNIA

DESCRIPTION

AMOUNT

UNITED STATE SENATE

15,146.

ADDITIONAL CA STATE WITHHOLDING

24,108.

ESTIMATE OR PRIOR YEAR OVERPAYMENT

20,500.

TOTAL TO STATE FORM 8960, LINE 10

59,754.

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 21

NEW YORK

DESCRIPTION

AMOUNT

DLA PIPER LLP

2,662.

TOTAL TO STATE FORM 8960, LINE 10

2,662.

TAXABLE YEAR

2021

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

DOUGLAS EMHO
KAMALA C EMHOFF
D HARRIS

10-13-1964 10-20-1964

Enter your county at time of filing (see instructions)

LOS ANGELES

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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.

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.

7 2 X \$129 = \$ 258

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

8 X \$129 = \$

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

9 X \$129 = \$

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:

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

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

Total dependent exemptions • 10 X \$400 = • \$

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

12 State wages from your federal Form(s) W-2, box 16 • 12 <input type="text" value="380,288"/> <input type="text" value="00"/>		
13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 • 13	<input type="text" value="1,655,563"/>	<input type="text" value="00"/>
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B • 14	<input type="text"/>	<input type="text" value="00"/>
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15	<input type="text" value="1,655,563"/>	<input type="text" value="00"/>
16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C • 16	<input type="text" value="4,991"/>	<input type="text" value="00"/>
17 California adjusted gross income. Combine line 15 and line 16 • 17	<input type="text" value="1,660,554"/>	<input type="text" value="00"/>
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	<input type="text" value="27,325"/>	<input type="text" value="00"/>
19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- • 19	<input type="text" value="1,633,229"/>	<input type="text" value="00"/>

31 Tax. Check the box if from: <input type="text"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="text"/> FTB 3800 <input type="text"/> FTB 3803 • 31	<input type="text" value="168,626"/>	<input type="text" value="00"/>
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions • 32	<input type="text" value="0"/>	<input type="text" value="00"/>
33 Subtract line 32 from line 31. If less than zero, enter -0- • 33	<input type="text" value="168,626"/>	<input type="text" value="00"/>
34 Tax. See instructions. Check the box if from: <input type="text"/> Schedule G-1 <input type="text"/> FTB 5870A • 34	<input type="text"/>	<input type="text" value="00"/>
35 Add line 33 and line 34 • 35	<input type="text" value="168,626"/>	<input type="text" value="00"/>

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40	<input type="text"/>	<input type="text" value="00"/>
43 Enter credit name <input type="text" value="OTHER STATE"/> code • <input type="text" value="187"/> and amount • 43	<input type="text" value="54,441"/>	<input type="text" value="00"/>
44 Enter credit name <input type="text"/> code • <input type="text"/> and amount • 44	<input type="text"/>	<input type="text" value="00"/>

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:

Special Credits	45 To claim more than two credits. See instructions. Attach Schedule P (540)	• 45		-00
	46 Nonrefundable Renter's Credit. See instructions	• 46		-00
	47 Add line 40 through line 46. These are your total credits	• 47	54,441	-00
	48 Subtract line 47 from line 35. If less than zero, enter -0-	• 48	114,185	-00

Other Taxes	61 Alternative Minimum Tax. Attach Schedule P (540)	• 61		-00
	62 Mental Health Services Tax. See instructions	• 62	6,332	-00
	63 Other taxes and credit recapture. See instructions	• 63		-00
	64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	• 64		-00
	65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	• 65	120,517	-00

Payments	71 California income tax withheld. See instructions	• 71	15,146	-00
	72 2021 CA estimated tax and other payments. See instructions	• 72	61,500	-00
	73 Withholding (Form 592-B and/or 593). See instructions	• 73	24,108	-00
	74 Excess SDI (or VPDI) withheld. See instructions	• 74		-00
	75 Earned Income Tax Credit (EITC)	• 75		-00
	76 Young Child Tax Credit (YCTC). See instructions	• 76		-00
	77 Net Premium Assistance Subsidy (PAS). See instructions	• 77		-00
	78 Add line 71 through line 77. These are your total payments. See instructions	• 78	100,754	-00

Use Tax	91 Use Tax. Do not leave blank. See instructions	• 91	0	-00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

ISR Penalty	92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. <input checked="" type="checkbox"/>	•		
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions	• 92		-00

Overpaid Tax/Tax Due	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	• 93	100,754	-00
	94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	• 94		-00
	95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	• 95	100,754	-00
	96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	• 96		-00

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	<input checked="" type="radio"/>	97		.00
98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/>	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99		.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<input checked="" type="radio"/>	100	19,763	.00

Contributions

		<u>Code</u>	<u>Amount</u>		
California Seniors Special Fund. See instructions	<input type="radio"/>	400			.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/>	401			.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/>	403			.00
California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	405			.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/>	406			.00
Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/>	407			.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/>	408			.00
California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/>	410			.00
California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	413			.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/>	422			.00
State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/>	423			.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/>	424			.00
Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/>	425			.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/>	431			.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/>	438			.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/>	439			.00
Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/>	440			.00
Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/>	443			.00
Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	444			.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	445			.00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/>	446			.00
110 Add code 400 through code 446. This is your total contribution	<input type="radio"/>	110			.00

Your name: **DOUGLAS C EMHOFF** Your SSN or ITIN:

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

Refund and Direct Deposit 115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ... • 115

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type Checking Savings • Account number • 116 Direct deposit amount

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

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

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

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**)

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

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

Firm's address • Firm's FEIN

Joint tax return? (See instructions)

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

Print Third Party Designee's Name Telephone Number

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number *

c. Employer's name UNITED STATE SENATE

b. Employer identification number (EIN)

Employer's address

City WASHINGTON State DC ZIP code 20510

e. Employee's first name * KAMALA Initial * D Last name * HARRIS Suffix *

f. Employee's address *

City * State * ZIP code *

1. <input type="radio"/> Wages, tips, other compensation <input type="text"/> 215,548	4. <input type="radio"/> Social security tax withheld <input type="text"/> 8,854	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="text"/>
2. <input type="radio"/> Federal income tax withheld <input type="text"/> 35,839	6. <input type="radio"/> Medicare tax withheld <input type="text"/> 3,537	10. <input type="radio"/> Dependent care benefits <input type="text"/>
3. <input type="radio"/> Social security wages <input type="text"/> 142,800	7. <input type="radio"/> Social security tips <input type="text"/>	11. <input type="radio"/> Nonqualified plans <input type="text"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="text"/> D Amount <input type="text"/> 11,570	12c. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>
12b. <input type="radio"/> Code <input type="text"/> DD Amount <input type="text"/> 6,281	12d. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc. 215,548

15. State and employer's state ID number

State CA Employer's state ID number

17. State income tax 15,146

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number * c. Employer's name
b. Employer identification number (EIN) Employer's address
City State ZIP code

e. Employee's first name * Initial * Last name * Suffix *
f. Employee's address *
City * State * ZIP code *

1. Wages, tips, other compensation 2. Federal income tax withheld 3. Social security wages
4. Social security tax withheld 5. Medicare tax withheld 6. Social security tips
7. Allocated tips (not included in box 1) 8. Dependent care benefits 9. Nonqualified plans

12. Codes and amounts

12a. Code Amount 12b. Code Amount 12c. Code Amount 12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State Employer's state ID number

17. State income tax

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

Name(s) as shown on tax return DOUGLAS C EMHOFF AND KAMALA D HARRIS	SSN or ITIN
--	-------------

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions.	C Additions See instructions.
Section A - Income from federal Form 1040 or 1040-SR				
<small>Wages, salaries, tips, etc. See instr. before making an entry in column B or C</small>				
1	1	380,288		
2	2b	694		
3	3b			
4	4b			
5	5b			
6	6b			
7	7	319,108		
Section B - Additional Income from federal Schedule 1 (Form 1040)				
1	1			
2a	2a			
3	3	386,713		
4	4			
5	5	582,543		4,991
6	6			
7	7			
8	8a			
	8b			
	8c			
	8d			
	8e			
	8f			
	8g			
	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 451(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"/>
		39	<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"/>
		39		
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"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
		1,669,385		4,991

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"/>	<input checked="" type="radio"/>	
		12,981		
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"/>	
		841		

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"/>
	13,822		
	1,655,563		4,991

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="checkbox"/>			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="checkbox"/>			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="checkbox"/>			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes <input checked="" type="checkbox"/>	198,391	<input checked="" type="checkbox"/> 198,391	
b State and local real estate taxes <input checked="" type="checkbox"/>	53,878		
c State and local personal property taxes <input checked="" type="checkbox"/>			
d Add line 5a through line 5c <input checked="" type="checkbox"/>	252,269		
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 <input checked="" type="checkbox"/>	10,000	<input checked="" type="checkbox"/> 198,391	<input checked="" type="checkbox"/> 242,269
6 Other taxes. List type <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 Add line 5e and line 6 <input checked="" type="checkbox"/>	10,000	<input checked="" type="checkbox"/> 198,391	<input checked="" type="checkbox"/> 242,269
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="checkbox"/>	25,206		<input checked="" type="checkbox"/>
b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
c Points not reported to you on federal Form 1098 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
d Mortgage insurance premiums <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
e Add line 8a through line 8c <input checked="" type="checkbox"/>	25,206	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9 Investment interest <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 Add line 8e and line 9 <input checked="" type="checkbox"/>	25,206	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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	22,100		
12	Other than by cash or check			
13	Carryover from prior year			
14	Add line 11 through line 13	22,100		
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	57,306	198,391	242,269
18	Total. Combine line 17 column A less column B plus column C			101,184

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			
20	Tax preparation fees		17,909	
21	Other expenses- investment, safe deposit box, etc. List type			
22	Add line 19 through line 21		17,909	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	1,655,563		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		33,111	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0			0
26	Total Itemized Deductions. Add line 18 and line 25			101,184
27	Other adjustments. See instructions. Specify.			
28	Combine line 26 and line 27			101,184
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. LIMITED Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29			27,325
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			27,325

Alternative Minimum Tax and Credit Limitations - Residents

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 13, and go to line 6	1	00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11	<input type="radio"/> 2	00
3	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/> 3	53,878 00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	<input type="radio"/> 4	00
5	Miscellaneous itemized deductions. See instructions	<input type="radio"/> 5	00
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	<input type="radio"/> 6	()
7	Investment interest expense adjustment. See instructions	<input type="radio"/> 7	00
8	Post-1986 depreciation. See instructions	<input type="radio"/> 8	39 00
9	Adjusted gain or loss. See instructions	<input type="radio"/> 9	00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	<input type="radio"/> 10	00
11	Passive activities adjustment. See instructions	<input type="radio"/> 11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input type="radio"/> 12	00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.		
	a Circulation expenditures <input type="radio"/> 00 g Mining costs <input type="radio"/> 00		
	b Depletion <input type="radio"/> 00 h Patron's adjustment <input type="radio"/> 00		
	c Installment sales <input type="radio"/> 00 i Pollution control facilities <input type="radio"/> 00		
	d Intangible drilling costs <input type="radio"/> 00 j Research and experimental <input type="radio"/> 00		
	e Long-term contracts <input type="radio"/> 00 k Tax shelter farm activities <input type="radio"/> 00		
	f Loss limitations <input type="radio"/> 00 l Related adjustments <input type="radio"/> 00		
		<input type="radio"/> 13	00
14	Total Adjustments and Preferences. Combine line 1 through line 13	<input type="radio"/> 14	53,917 00
15	Enter taxable income from Form 540, line 19. See instructions	<input type="radio"/> 15	1,633,229 00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	<input type="radio"/> 16	00
17	AMTI exclusion. See instructions SEE STATEMENT 4	<input type="radio"/> 17	(381,534 00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	<input type="radio"/> 18	(73,859 00)
	Single or married/RDP filing separately \$212,288		
	Married/RDP filing jointly or qualifying widow(er) \$424,581		
	Head of household \$318,437		
19	Combine line 14 through line 18	<input type="radio"/> 19	1,231,753 00
20	Alternative minimum tax NOL deduction. See instructions	<input type="radio"/> 20	00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$403,348, see instructions)	<input type="radio"/> 21	1,231,753 00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)		
	If your filing status is:	And line 21 is not over:	Enter on line 22:
	Single or head of household	\$292,763	\$78,070
	Married/RDP filing jointly or qualifying widow(er)	\$390,351	\$104,094
	Married/RDP filing separately	\$105,172	\$52,044
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	<input type="radio"/> 23	1,231,753 00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	<input type="radio"/> 24	86,223 00
25	Regular tax before credits from Form 540, line 31	<input type="radio"/> 25	168,626 00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2022, enter amount from line 26 on the 2022 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	<input type="radio"/> 26	0 00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	168,626	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	86,223	00

	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 82,403	
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input type="radio"/>		
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions.				
6	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
7	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
8	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
9	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>		<input type="radio"/>
Section B - Credits that may reduce tax below tentative minimum tax.				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)		<input checked="" type="radio"/> 168,626	
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household	<input type="radio"/>		
13	Code: 173 Credit for dependent parent	<input type="radio"/>		
14	Code: 163 Credit for senior head of household	<input type="radio"/>		
15	Nonrefundable renter's credit	<input type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions.				
16	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
17	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
18	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
19	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
B3 Other state tax credit.				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/> 54,441	<input checked="" type="radio"/> 54,441	<input checked="" type="radio"/> 114,185
Section C - Credits that may reduce alternative minimum tax.				
21	Enter your alternative minimum tax from Side 1, Part II, line 26		<input checked="" type="radio"/>	
22	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
23	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
24	Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61		<input checked="" type="radio"/>	

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.

2021

Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> DC TAX RETURN	<input checked="" type="radio"/> 898,541	<input checked="" type="radio"/> 898,541
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 898,541	<input checked="" type="radio"/> 898,541

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability	<input checked="" type="radio"/> 2	168,626	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	898,541	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	1,660,554	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.5411	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	91,244	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> DC	<input checked="" type="radio"/> 7	54,441	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	898,541	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	898,541	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	54,441	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	54,441	00

CA SCHEDULE CA RENTS, ROYALTIES, PARTNERSHIPS, ETC... STATEMENT 1

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
DLA PIPER LLP	173,751.	168,760.	4,991.
TO SCH CA (540), PART IB, LINE 5C			4,991.

CA SCHEDULE CA OTHER INCOME - FEDERAL AMOUNTS STATEMENT 2

DESCRIPTION	AMOUNT
MERRILL MUTUAL FUND SF	39.
TO SCH CA (540), PART IB, LINE 8Z	39.

SCHEDULE P LINE 22 EXEMPTION WORKSHEET STATEMENT 3

1. ENTER \$78,070 IF SINGLE OR HEAD OF HOUSEHOLD; \$104,094 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$52,044 IF MARRIED/RDP FILING SEPARATELY	104,094.
2. ENTER YOUR AMTI FROM SCHEDULE P (540), PART I, LINE 21	1,231,753.
3. ENTER \$292,763 IF SINGLE OR HEAD OF HOUSEHOLD; \$390,351 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); \$195,172 IF MARRIED/RDP FILING SEPARATELY	390,351.
4. SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0-	841,402.
5. MULTIPLY LINE 4 BY 25% (.25)	210,351.
6. SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 24, GO TO LINE 7. OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540), PART II, LINE 22 AND COMPLETE SCHEDULE P (540)	0.
7. CHILD'S MINIMUM EXEMPTION AMOUNT	
8. ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION	
9. ADD LINE 7 AND LINE 8	
10. ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON SCHEDULE P (540), PART II, LINE 22	

DESCRIPTION

AMOUNT

KAMALA D. HARRIS

381,534.

TOTAL TO SCHEDULE P, PART I, LINE 17

381,534.

Underpayment of Estimated Tax by Individuals and Fiduciaries

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

DOUGLAS C EMHOFF AND KAMALA D HARRIS

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2021 return or 100% of the tax shown on your 2020 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2021 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General Information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C **1** Yes No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 **2** Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? **3** Yes No
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/21 \$; 6/15/21 \$;
9/15/21 \$; 1/15/22 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E **4** Yes No

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

1	Current year tax. Enter your 2021 tax after credits. See instructions	1	120,517	.00
2	Multiply line 1 by 90% (.90)	2	108,465	.00
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	39,254	.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	81,263	.00
5	Enter the tax shown on your 2020 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2021, more than \$75,000)	5	137,504	.00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	108,465	.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above	7		.00												
8	Enter the total amount, if any, of estimated tax payments you made	8		.00												
9	Add line 7 and line 8	9		.00												
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10		.00												
11	Multiply line 10 by .02121370	11		.00												
12	<ul style="list-style-type: none"> • If the amount on line 10 was paid on or after 4/15/22, enter -0- • If the amount on line 10 was paid before 4/15/22, enter the result of the following computation: 															
	<table border="0"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>line 10</td> <td>X</td> <td>before 4/15/22</td> <td>X</td> <td>.00008</td> <td></td> </tr> </table>	Amount on		Number of days paid				line 10	X	before 4/15/22	X	.00008		12		.00
Amount on		Number of days paid														
line 10	X	before 4/15/22	X	.00008												
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805."	<input checked="" type="radio"/> 13	641	.00												

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6.

Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21.

Fiscal year filers must adjust dates accordingly.

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions				
2 Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9	0	0	0	0
5 Annualization amounts	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions	0	0	0	0
7 Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions	0	0	0	0
8 Enter line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions				
11 Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions	0	0	0	0
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions				
13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions	69,883	69,883	69,883	69,883

Part III Annualized Income Installment Method Schedule. continued

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
14 a Subtract line 13 from line 12. If zero or less, enter -0-				
14a				
b Enter the alternative minimum tax and mental health tax				
14b				
c Add line 14a and line 14b				
14c				
d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84	0	0	0	0
14d				
e Subtract line 14d from line 14c. If zero or less, enter -0-				
14e				
15 Applicable percentage	27%	63%	63%	90%
15				
16 Multiply line 14e by line 15				
16				

Complete Line 17 through Line 23 of each column before you go to the next column.

17 Enter the combined amounts shown on line 23 from all preceding columns				
17				
18 Subtract line 17 from line 16. If zero or less, enter -0-				
18				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c			0	
19				
20 Enter the amount from line 22 from the preceding column		0	0	0
20				
21 Add line 19 and line 20				
21				
22 Subtract line 18 from line 21. If zero or less, enter -0-	0	0		0
22				

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.

(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates.
This schedule automatically selects the smaller of your annualized income installment or your regular installment.

Worksheet II Regular Method to Figure Your Underpayment and Penalty.

Part I Figure Your Underpayment.	Payment Due Dates			
	(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22
1 Required Installments. See instructions	1	32,539	43,386	32,540
2 Estimated tax paid and tax withheld. See instructions. For column (a) only, also enter the amount from line 2 on line 6. (If line 2 is equal to or more than line 1 for all payment periods, stop here; you do not owe the penalty. Do not file form FTB 5805 unless you answer "Yes" to a question in Part I)	2	14,276	33,702	52,776
COMPLETE LINE 3 THROUGH LINE 9 OF ONE COLUMN BEFORE GOING TO THE NEXT COLUMN.				
3 Enter amount, if any, from line 9 of previous column ...	3			
4 Add line 2 and line 3	4		33,702	52,776
5 Add amounts on line 7 and line 8 of the previous column	5		18,263	27,947
6 Subtract line 5 from line 4. If zero or less, enter -0-. For column (a) only, enter the amount from line 2	6	14,276	15,439	0
7 If the amount on line 6 is zero, subtract line 4 from line 5. Otherwise, enter -0-	7		0	27,947
8 Underpayment. If line 1 is equal to or more than line 6, subtract line 6 from line 1. Then go to line 3 of next column. Otherwise, go to line 9	8	18,263	27,947	7,711
9 Overpayment. If line 6 is more than line 1, subtract line 1 from line 6. Then go to line 3 of next column	9			

Part II Figure the Penalty. Complete line 10 and line 11 of one column before going to the next column.

Rate Period:	4/15/21	6/15/21	9/15/21	1/15/22
April 15, 2021 - April 15, 2022	Days:	Days:	Days:	Days:
10 Number of days from the date shown above line 10 to the date the amount on line 8 was paid or 4/15/22, whichever is earlier	10	SEE ATTACHED WORKSHEET		
11 Underpayment on line 8 X Number of days on line 10 X .03 (see instructions) 365	11	\$	\$	\$

12 **PENALTY.** Add amounts on line 11 in all columns. Enter the total here, on form FTB 5805, Side 2, Part II, line 13, and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, and check the box on that line

12 \$ 641

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

CA

Name(s)					Identifying Number
DOUGLAS C. EMHOFF & KAMALA D. HARRIS					
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/21	32,539	32,539			
04/15/21	-11,776	20,763			
04/15/21	-2,500	18,263	61	.000082192	92
06/15/21	43,386	61,649			
06/15/21	-15,702	45,947			
06/15/21	-18,000	27,947	214	.000082192	492
01/15/22	32,540	60,487			
01/15/22	-11,776	48,711			
01/15/22	-41,000	7,711	90	.000082192	57

Penalty Due (Sum of Column F) 641

* Date of estimated tax payment, withholding credit date or installment due date.

California	Exemption Credit - AGI Limitation Worksheet	2021
Name(s) as shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS		Social security number

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI a 1,655,563
- b. Enter the amount for your filing status on line b:

Single or married/RDP filing separate	\$212,288	}	b	424,581
Married/RDP filing joint or qualifying widow(er)	\$424,581				
Head of household	\$318,437				
- c. Subtract line b from line a c 1,230,982
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 493
- e. Multiply line d by \$6 e 2,958
- f. Add the numbers from the boxes on Form 540, line 7, line 8 and line 9 f 2
- g. Multiply line e by line f g 5,916
- h. Enter the total dollar amount from Form 540, line 7, line 8 and line 9 h 258
- i. Subtract line g from line h. If zero or less, enter -0- i 0
- j. Enter the number from the box on Form 540, line 10 j _____
- k. Multiply line e by line j k _____
- l. Enter the dollar amount from Form 540, line 10 l _____
- m. Subtract line k from line l. If zero or less, enter -0- m _____
- n. Add line i and m. Enter the result here and on Form 540, line 32. If zero or less, enter -0- n _____

California	Itemized Deductions Worksheet	2021
Name(s) as shown on return DOUGLAS C. EMHOFF & KAMALA D. HARRIS		Social security number
1. Enter the amount from Schedule CA (540), line 28 or Schedule CA (540NR), line 28		101,184
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7)		
3. Subtract line 2 from line 1		101,184
Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		
4. Multiply line 3 by 80% (.80)		80,947
5. Amount from Form 540 or Form 540NR, line 13		1,655,563
6. Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter \$212,288 - Head of household, enter \$313,437 - Married/RDP filing joint or qualifying widow(er), enter \$424,581	}	424,581
7. Subtract line 6 from line 5		1,230,982
Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		
8. Multiply line 7 by 6% (.06)		73,859
9. Compare line 4 and line 8. Enter the smaller amount here		73,859
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 29 or Schedule CA (540NR), line 29		27,325

AMENDED: •

Part I Remitter Information

Business name OLD REPUBLIC TITLE COMPNAY	FEIN, CA Corp no. or CA SOS file no.
Name	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)	
City, State, ZIP code (If you have a foreign address, see instructions.)	

Part II Seller/Transferor Information

Name KAMALA D. HARRIS	SSN or ITIN
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Business name	FEIN, CA Corp no. or CA SOS file no.
Address (apt./ste., room, PO box, or PMB no.)	
City, State, ZIP code (If you have a foreign address, see instructions.)	
Property address (provide street address, parcel number, and county.) 3753172, SAN FRANCISCO, 260 CLARA STREET #6, SAN FRANCISCO, CA 94107	

Part VII Escrow or Exchange Information

31. Escrow or Exchange Number • 31 _____

32. Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment (mm/dd/yyyy) • 32 03/19/2021

34. Type of Transaction (Check One Only): •
 A Conventional Sale/Transfer B Installment Sale Payment C Boot D Failed Exchange

35. Withholding Calculation (Check One Only): •
Sales Price Method
 A 3 1/3 % (.0333) x Sales Price, Boot, or Installment Sale Payment

Alternative Withholding Calculation Election

B Individual 12.3% x Gain on Sale	F S Corporation 13.8% x Gain on Sale
C Non California Partnership 12.3% x Gain on Sale	G Financial S Corporation 15.8% x Gain on Sale
D Corporation 8.84% x Gain on Sale	H <input checked="" type="checkbox"/> Trust 12.3% x Gain on Sale
E Bank and Financial Corp. 10.84% x Gain on Sale	

36. Amount Withheld from this Seller/Transferor ■ 36 24,108.

Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transferors are strongly encouraged to consult with a competent tax professional for this purpose.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct.

Seller's/Transferor's signature _____ Date _____
 Seller's/Transferor's spouse's/RDP's signature _____ Date _____
 Remitter's name and Title/Escrow business name Telephone Number
OLD REPUBLIC COMPANY
OLD REPUBLIC TITLE COMPANY, ESCROW OFFICER

2021 Income from Passthroughs

CA

VENABLE LLP
I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN 413,783

NET INCOME (LOSS) FOR ENTITY 413,783

ACTIVITY INFORMATION:

VENABLE LLP

ORDINARY INCOME (LOSS) 413,783

TOTAL NONPASSIVE GAIN (LOSS) 413,783

2021 Income from Passthroughs

CA

DLA PIPER LLP
I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	173,751
NET INCOME (LOSS) FOR ENTITY	<u>173,751</u>

ACTIVITY INFORMATION:

DLA PIPER LLP

GUARANTEED PAYMENTS	170,000	
ORDINARY INCOME (LOSS)	3,751	
TOTAL NONPASSIVE GAIN (LOSS)	<u>173,751</u>	<u>173,751</u>

2021 D-40 SUB Individual Income Tax Return

SOFTWARE DEVELOPER USE ONLY VENDOR ID# **1019**

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if filing an **Amended return** See instructions.

Your telephone number

Your taxpayer identification number (TIN)

and Date of Birth (MMDDYYYY)
10131964

Mark if Deceased

Spouse's/registered domestic partner's TIN

and Date of Birth (MMDDYYYY)
10201964

Your first name
DOUGLAS

M.I. Last name
C EMHOFF

Spouse's/registered domestic partner's first name
KAMALA

M.I. Last name
D HARRIS

Home address (number, street and suite/apartment number if applicable)

City

State ZIP Code + 4

Email Address

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 **Mark only one:** Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 **Mark if you are:** Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 **Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year?** Yes No
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first -- Enter your dependents' information on DC Schedule S

Income Information

Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and mark.

a	Wages, salaries, unemployment compensation and/or tips, see instructions.		a	164740	.00
b	Business income or loss, see instructions.	Mark if loss	b		.00
c	Capital gain or loss.	Mark if loss	c	159567	.00
d	Rental real estate, royalties, partnerships, etc.	Mark if loss	d	582543	.00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 898541 .00

Enter your last name **EMHOFF**

Enter your TIN

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	898541 .00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence. <i>see instructions</i> .	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions</i> .	12	.00
13	Unemployment Insurance Benefits, <i>see instructions</i> .	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	898541 .00

17 Deduction type. Take the same type as you took on your federal return. *Mark which type:* Standard or Itemized See instructions for amount to enter on Line 17.

18 DC Deduction amount **SEE STATEMENT 1** 18 10965 .00

19 DC taxable income. Subtract Line 18 from Line 16. *Mark if loss* 19 887576 .00

20 Tax. *If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.* 20 75188 .00

Mark if filing separately on same return. *Complete Calculation J on Schedule S.*

21 Credit for child and dependent care expenses .00 X .32 21 .00

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22 **Non-refundable credits from DC Schedule U, Part 1a, Line 7.** *Attach Schedule U.* 22 20747 .00

23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 20747 .00

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 54441 .00

25 DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.* 25 0 .00

26 Total Tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 54441 .00

27 **DC Earned Income Tax Credit** Fill in if prior year (2019) earned income *See instructions.*

27a Enter the number of qualified EITC children. 0 27b Enter earned income amount 27b .00

27c For filers **with** qualifying children. Enter federal EIC .00 X .40 Enter result > 27d .00

27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e .00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 .00

Enter your last name **EMHOFF**

Enter your TIN

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld shown on Forms W-2 and 1099. <i>Attach these forms.</i>	31	12403.00
32	2021 estimated income tax payments and amount applied from 2020 return.	32	68003.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2021 return, enter payments made with original 2021 D-40 return.	34	.00
35	If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	80406.00
37	Tax Due. <i>Subtract Line 36 from Line 26.</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	25965.00
39	Amount to be applied to your 2022 estimated tax.	39	25965.00
40	Underpayment Interest. Mark X and attach Form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 38)</i>	41	.00
42	Total Amount Due. <i>Add Lines 37, 40 and 41.</i>	42	.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	.00
	Will this refund go to an account outside the U.S.? Yes No <i>See instructions.</i>		
44	Mark <input type="checkbox"/> if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov

Mark **one** refund choice: Direct deposit or Reliacard (See instructions) or Paper check
Direct deposit. To have your refund deposited to your checking or savings account, mark X and enter bank routing and account numbers. See instructions.
Routing Number Account Number

Mark if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number of that person

Designee's Name **MICHAEL SOBELMAN** Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

_____ Your signature	_____ Date	_____ Preparer's signature	_____ Date
_____ Spouse's/registered domestic partner's signature if filing jointly or separately on same return	_____ Date	_____ Preparer's Tax Identification Number (PTIN)	_____ PTIN telephone number

2021 SCHEDULE U SUB Additional Miscellaneous Credits and Contributions



SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Important: Print in CAPITAL letters using black ink. Attach to D-40.

Note: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name
EMHOFF

Taxpayer Identification Number (TIN)

Part I Credits

a. Non-refundable Credits

1 Enter state income tax credit.

List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.)

State (a)	.00	(b)	.00	STMT 2	
State (c)	.00	(d)	.00		
2 Total of Line 1 state tax credits and any additional tax credits from the attachments.				2	20747.00
3 Enter alternative fuel credits, see instructions.					.00
3(a) Alternative fuel infrastructure - private residence. # of stations					.00
3(b) Alternative fuel infrastructure - public use. # of stations					.00
3(c) Alternative fuel vehicle conversion. # of vehicles					.00
4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here.				4	.00
5 DC Low-Income Housing Tax Credit. See instructions.				5	.00
6	RESERVED			6	
7 Total your non-refundable credits, enter here and on Form D-40, Line 22.				7	20747.00

b. Refundable Credits

1 DC Non-custodial parent EITC. See Schedule N.				1	.00
2 Keep Child Care Affordable Tax Credit. See Schedule ELC.				2	.00
3 Total your refundable credits, enter here and on Form D-40, Line 29.				3	.00

Part II Contributions (The minimum contribution is \$1.00.)

1 DC Statehood Delegation fund.				1	.00
2 Taxpayer Support for Afterschool Programs for At-Risk Students				2	.00
3 Anacostia River Cleanup and Protection Fund				3	.00
4	RESERVED			4	
5 Total your contribution(s), enter here and on form D-40, Line 41.				5	.00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 41.

If you owe tax, make the payment plus any contributions, payable to DC Treasurer and mail it with your return.

Attach this schedule to your D-40 return.



DC CALCULATION F

DC ITEMIZED DEDUCTIONS
FOR FULL-YEAR RESIDENTS

STATEMENT 1

	TAXPAYER	SPOUSE
A. TOTAL ITEMIZED DEDUCTIONS FROM FORM 1040, SCHEDULE A, LINE 17	28,953.	
B. STATE AND LOCAL TAX DEDUCTION REPORTED ON FORM 1040, SCHEDULE A, LINE 7	5,000.	
C. SUBTRACT LINE B FROM LINE A	23,953.	
D. STATE AND LOCAL REAL ESTATE TAX FROM FORM 1040, SCHEDULE A, LINE 5B	26,939.	
E. OTHER TAXES FROM FORM 1040, SCHEDULE A, LINE 6		
F. DC ITEMIZED DEDUCTIONS. ADD LINES C, D, AND E	50,892.	
G. ENTER THE SUM OF FORM 1040, SCHEDULE A, LINES 4, 9, AND 15		
H. SUBTRACT THE AMOUNT ON LINE G FROM LINE F	50,892.	
I. ENTER THE AMOUNT OF DC ADJUSTED GROSS INCOME	898,541.	
J. ENTER \$200000. (OR \$100000. IF MFS)	100,000.	
K. SUBTRACT LINE J ENTRY FROM LINE I	798,541.	
L. MULTIPLY LINE K ENTRY BY 0.05	39,927.	
M. SUBTRACT AMOUNT ON LINE L FROM AMOUNT ON LINE H (IF < 0, ENTER 0)	10,965.	
N. ADD THE AMOUNTS ON LINES G AND M	10,965.	
FORM D-40, LINE 18	10,965.	

DC SCHEDULE U	CREDIT FOR TAXES PAID TO OTHER STATES	STATEMENT 2
1. INCOME TAX LIABILITY IN: ARIZONA		52.
2. OTHER STATE AGI	2,019.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0022	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		165.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		52.
1. INCOME TAX LIABILITY IN: ARKANSAS		5.
2. OTHER STATE AGI	79.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		5.
1. INCOME TAX LIABILITY IN: COLORADO		5.
2. OTHER STATE AGI	118.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		5.
1. INCOME TAX LIABILITY IN: CONNECTICUT		22.
2. OTHER STATE AGI	2,503.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0028	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		211.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		22.
1. INCOME TAX LIABILITY IN: DELAWARE		92.
2. OTHER STATE AGI	1,389.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0015	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		113.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		92.
1. INCOME TAX LIABILITY IN: GEORGIA		248.
2. OTHER STATE AGI	4,309.	
3. DC ADJUSTED GROSS INCOME	898,541.	
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0048	
5. DC TAX LIABILITY	75,188.	
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		361.
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)		248.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	ILLINOIS		774.	
2. OTHER STATE AGI		15,630.		
3. DC ADJUSTED GROSS INCOME		898,541.		
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4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0174		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			1,308.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				774.
1. INCOME TAX LIABILITY IN:	INDIANA		21.	
2. OTHER STATE AGI		636.		
3. DC ADJUSTED GROSS INCOME		898,541.		
<hr/>				
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0007		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			53.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				21.
1. INCOME TAX LIABILITY IN:	MARYLAND		621.	
2. OTHER STATE AGI		7,757.		
3. DC ADJUSTED GROSS INCOME		898,541.		
<hr/>				
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0086		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			647.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				621.
1. INCOME TAX LIABILITY IN:	MASSACHUSETTS		400.	
2. OTHER STATE AGI		7,998.		
3. DC ADJUSTED GROSS INCOME		898,541.		
<hr/>				
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0089		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			669.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				400.
1. INCOME TAX LIABILITY IN:	NEBRASKA		42.	
2. OTHER STATE AGI		614.		
3. DC ADJUSTED GROSS INCOME		898,541.		
<hr/>				
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0007		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			53.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				42.
1. INCOME TAX LIABILITY IN:	NEW JERSEY		303.	
2. OTHER STATE AGI		2,816.		
3. DC ADJUSTED GROSS INCOME		898,541.		
<hr/>				
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0031		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			233.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				233.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN: NORTH CAROLINA		133.	
2. OTHER STATE AGI	2,526.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0028		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		211.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			133.
1. INCOME TAX LIABILITY IN: PENNSYLVANIA		190.	
2. OTHER STATE AGI	6,200.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0069		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		519.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			190.
1. INCOME TAX LIABILITY IN: VIRGINIA		7.	
2. OTHER STATE AGI	117.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0001		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		8.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			7.
1. INCOME TAX LIABILITY IN: CONNECTICUT		37.	
2. OTHER STATE AGI	4,371.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0049		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		368.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			37.
1. INCOME TAX LIABILITY IN: COLORADO		161.	
2. OTHER STATE AGI	3,573.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0040		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		301.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			161.
1. INCOME TAX LIABILITY IN: DELAWARE		40.	
2. OTHER STATE AGI	603.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0007		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		53.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			40.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN:	ILLINOIS		868.	
2. OTHER STATE AGI		17,530.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0195		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			1,466.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				868.
1. INCOME TAX LIABILITY IN:	MARYLAND		5,226.	
2. OTHER STATE AGI		65,331.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0727		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			5,466.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				5,226.
1. INCOME TAX LIABILITY IN:	MINNESOTA		595.	
2. OTHER STATE AGI		6,045.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0067		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			504.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				504.
1. INCOME TAX LIABILITY IN:	NEW YORK		10,073.	
2. OTHER STATE AGI		92,414.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.1028		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			7,729.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				7,729.
1. INCOME TAX LIABILITY IN:	OHIO		146.	
2. OTHER STATE AGI		3,663.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0041		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			308.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				146.
1. INCOME TAX LIABILITY IN:	VIRGINIA		627.	
2. OTHER STATE AGI		10,908.		
3. DC ADJUSTED GROSS INCOME		898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)		.0121		
5. DC TAX LIABILITY		75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)			910.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)				627.

DOUGLAS C. EMHOFF

1. INCOME TAX LIABILITY IN: NEW YORK		2,662.	
2. OTHER STATE AGI	30,622.		
3. DC ADJUSTED GROSS INCOME	898,541.		
4. PERCENTAGE (DIVIDE LN 2 BY LN 3)	.0341		
5. DC TAX LIABILITY	75,188.		
6. LIMITATION (MULTIPLY LN 4 BY LN 5)		2,564.	
7. TAX CREDIT (LESSER OF LN 1 OR LN 6)			2,564.
TOTAL INCLUDED ON SCHEDULE U, PART IA, LINE 2			<u>20,747.</u>

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021
Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Your social security number

DOUGLAS C. EMHOFF

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 3				5 13.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 13.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	430,000.	270,459.		159,541.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 4				12 13.
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 159,554.

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

Schedule D (Form 1040) 2021

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>159,567.</p>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DOUGLAS C. EMHOFF

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SALE OF 260 CLARA ST, SAN FRANCISCO	10/26/98	03/19/21	430,000.	270,459.	M	0.	159,541.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				430,000.	270,459.			159,541.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

DOUGLAS C. EMHOFF

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 3
<hr/> <u>DESCRIPTION OF ACTIVITY</u>		<u>GAIN OR LOSS</u>
DLA PIPER LLP		13.
TOTAL TO SCHEDULE D, PART I, LINE 5		<u>13.</u>

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 4
<hr/> <u>DESCRIPTION OF ACTIVITY</u>		<u>GAIN OR LOSS</u> <u>28% GAIN</u>
DLA PIPER LLP		13.
TOTAL TO SCHEDULE D, PART II, LINE 12		<u>13.</u>



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

IT-203

21

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial DOUGLAS C		Your last name (for a joint return , enter spouse's name on line below) EMHOFF		Your date of birth (mmddyyyy) 10131964	Your Social Security number
Spouse's first name and middle initial KAMALA D		Spouse's last name HARRIS		Spouse's date of birth (mmddyyyy) 10201964	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box)				Apartment number	New York State county of residence NR
City, village, or post office		State	ZIP code	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route), Apartment no. City, village, or post office					School district code number
State	ZIP code	Country	Decedent information	Taxpayer's date of death	Spouse's date of death

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

- B** Did you itemize your deductions on your 2021 federal income tax return? Yes No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- D1** Did you have a financial account located in a foreign country? (see page 13) Yes No
- D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

- E New York City part-year residents only** (see page 13)
- (1) Number of months you lived in NY City in 2021 ...
- (2) Number of months your spouse lived in NY City in 2021 ...
- F** Enter your 2-character special condition code(s) if applicable (see page 13) ...
- G New York State part-year residents** (see page 14)
- Enter the date you moved into or out of NYS (mmddyyyy) ...
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period
- H New York State nonresidents** (see page 14)
- Did you or your spouse maintain living quarters in NYS in 2021? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmdd/yyyy)

If more than 6 dependents, mark an 'x' in the box.

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	380288.00	1	.00
2	Taxable interest income	2	694.00	2	21.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	386713.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	319108.00	7	4.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	582543.00	11	30604.00
12	Rental real estate included in line 11 (federal amount)	12	.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) Identify: STATEMENT 2	16	39.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	1669385.00	17	30629.00
18	Total federal adjustments to income (see page 22) Identify: SEE STATEMENT 1	18	13822.00	18	563.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	1655563.00	19	30066.00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a wrkst)	19a	1655563.00	19a	30066.00

New York additions (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	1655563.00	23	30066.00

New York subtractions (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 25)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	1655563.00	31	30066.00

32 Enter the amount from line 31, Federal amount column 1655563.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).
 Mark an X in the appropriate box: **Standard** - or - **Itemized**

33	16050 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	1639513 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	000 .00
36 New York taxable income (subtract line 35 from line 34)	1639513 .00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	1639513 .00
38 New York State tax on line 37 amount (see page 28)	112307 .00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	112307 .00
41 New York State child and dependent care credit (see page 29)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	112307 .00
43 New York State earned income credit (see page 29)	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	112307 .00
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45 Income percentage (see page 29)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	<input type="text"/> 30066 .00	<input type="text"/> 1655563 .00	<input type="text"/> .0182

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	2044 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2044 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	2044 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 29 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	56	0 .00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	2044 .00	

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Enter your Social Security number

59 Enter amount from line 58 **59** 2044 .00

Payments and refundable credits (see page 32)

60	Part-year NYC school tax credit (fixed amount) (also complete E on pg. 1)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.
60a	NYC school tax credit (rate reduction amount)	60a	.00	
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62	Total New York State tax withheld	62	.00	
63	Total New York City tax withheld	63	.00	
64	Total Yonkers tax withheld	64	.00	
65	Total estimated tax payments/amount paid with Form IT-370	65	2662 .00	
66	Total payments and refundable credits (add lines 60 through 65)	66	2662 .00	

Your refund, amount you owe, and account information (see pages 34 through 36)

67	Amount overpaid (if line 65 is more than line 59, subtract line 59 from line 66; see page 34)	67	618 .00
68	Amount of line 67 available for refund (subtract line 69 from line 67) TIP: Use this amount to check your refund status online.	68	618 .00
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	618 .00

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 35 for payment options.

See page 38 for the proper assembly of your return.

69	Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an χ in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	71	.00
72	Other penalties and interest (see page 35)	72	.00

73 Account information for direct deposit or electronic funds withdrawal (see page 36).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an χ in this box (see pg. 36)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 36) Date Amount .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Print designee's name MICHAEL SOBELMAN		Designee's phone number	Personal identification number (PIN)
▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	▼ Taxpayer(s) must sign here ▼	
Preparer's signature		Preparer's printed name MICHAEL SOBELMAN		Your signature	
Firm's name (or yours, if self-employed) BAKER TILLY US, LLP		Preparer's PTIN or SSN		Your occupation ATTORNEY	
Address		Employer identification number		Spouse's signature and occupation (if joint return) VICE PRESIDENT	
Email:		Date		Date	Daytime phone number
				Email:	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance
Summary of W-2 Statements

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

Empty box for Social Security number

Box b Employer identification number (EIN)

Empty box for EIN

Box c Employer's information

Employer's name: UNITED STATE SENATE
Employer's address: WASHINGTON, DC 20510

Box 1 Wages, tips, other compensation: 215548 .00

Box 12a Amount: 11570 .00 Code: D

Box 14a Amount: 3418 .00 Description: 14A

Box 8 Allocated tips: .00

Box 12b Amount: 6281 .00 Code: DD

Box 14b Amount: .00 Description:

Box 10 Dependent care benefits: .00

Box 12c Amount: .00 Code:

Box 14c Amount: .00 Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00 Code:

Box 14d Amount: .00 Description:

Box 13 Statutory employee, Retirement plan, Third-party sick pay, Corrected (W-2c)

NY State information: Box 15a NY State, Box 16a NYS wages, tips, etc., Box 17a NYS income tax withheld, Box 15b other state, Box 16b Other state wages, tips, etc., Box 17b Other state income tax withheld

NYC and Yonkers information: Box 18 Local wages, tips, etc., Box 19 Local income tax withheld, Box 20 Locality name

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Empty box for Social Security number

Box b Employer identification number (EIN)

Empty box for EIN

Box c Employer's information

Employer's name: GEORGETOWN UNIVERSITY
Employer's address: WASHINGTON, DC 20057

Box 1 Wages, tips, other compensation: 164740 .00

Box 12a Amount: 5177 .00 Code: E

Box 14a Amount: .00 Description:

Box 8 Allocated tips: .00

Box 12b Amount: 7776 .00 Code: DD

Box 14b Amount: .00 Description:

Box 10 Dependent care benefits: .00

Box 12c Amount: .00 Code:

Box 14c Amount: .00 Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00 Code:

Box 14d Amount: .00 Description:

Box 13 Statutory employee, Retirement plan, Third-party sick pay, Corrected (W-2c)

NY State information: Box 15a NY State, Box 16a NYS wages, tips, etc., Box 17a NYS income tax withheld, Box 15b other state, Box 16b Other state wages, tips, etc., Box 17b Other state income tax withheld

NYC and Yonkers information: Box 18 Local wages, tips, etc., Box 19 Local income tax withheld, Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

NY IT-203	ADJUSTMENTS TO INCOME	STATEMENT 1
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
SE TAX DEDUCTION	12,981.	410.
SELF-EMPLOYED HEALTH INSURANCE	841.	153.
TOTAL TO FORM IT-203, LINE 18	13,822.	563.

NY IT-203	OTHER INCOME	STATEMENT 2
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
MERRILL MUTUAL FUND SF	39.	
TOTAL TO FORM IT-203, LINE 16	39.	

NY IT-203	NY PASSTHROUGH/RENTAL DETAIL	STATEMENT 3
DESCRIPTION	FD AMOUNT	NY AMOUNT
VENABLE LLP	413,783.	
DLA PIPER LLP	168,760.	30,604.
TOTAL TO FORM IT-203, LINE 11	582,543.	30,604.
