

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending See separate instructions.

Your first name and middle initial Last name Your social security number
DOUGLAS C. EMHOFF

If joint return, spouse's first name and middle initial Last name Spouse's social security number
KAMALA D. HARRIS

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code 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.

Foreign country name Foreign province/state/country Foreign postal code [X] You [X] Spouse

Filing Status [ ] Single [ ] Head of household (HOH) [X] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] 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, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.).

Income section table with rows 1a through 1z and columns for amounts and taxable amounts.

Table for Standard Deduction for - with rows 2a through 15 and columns for amounts and taxable amounts.

<b>Tax and Credits</b>	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	82,791.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	82,791.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	82,791.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,779.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	88,570.	

<b>Payments</b>	25	Federal income tax withheld from:	25d	67,074.
	a	Form(s) W-2 SEE STATEMENT 2	25a	66,799.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions) SEE STATEMENT 4	25c	275.
	d	Add lines 25a through 25c	25d	67,074.
	26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 3	26	21,997.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32		
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	89,071.	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	501.
	35a	Amount of line 34 you want <b>refunded to you</b> . 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 <b>applied to your 2024 estimated tax</b>	36	50.	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	451.

**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 **SHASHI MIRPURI** Phone no. Personal identification number (PIN)

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.

<b>Sign Here</b>	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		4/15/24	ATTORNEY/LAW PROFESSOR	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		4.5.24	VICE PRESIDENT	

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	SHASHI MIRPURI		03/31/24		

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

Firm's address

Firm's EIN

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **01**

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

Your social security number

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

**STATEMENT 6**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	STMT 5	STMT 7	<b>1</b>	0.
<b>2a</b>	Alimony received			<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions)				
<b>3</b>	Business income or (loss). Attach Schedule C			<b>3</b>	5,999.
<b>4</b>	Other gains or (losses). Attach Form 4797			<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F			<b>6</b>	
<b>7</b>	Unemployment compensation			<b>7</b>	
<b>8</b>	Other income:				
<b>a</b>	Net operating loss	<b>8a</b>	( )		
<b>b</b>	Gambling	<b>8b</b>			
<b>c</b>	Cancellation of debt	<b>8c</b>			
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )		
<b>e</b>	Income from Form 8853	<b>8e</b>			
<b>f</b>	Income from Form 8889	<b>8f</b>			
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>			
<b>h</b>	Jury duty pay	<b>8h</b>			
<b>i</b>	Prizes and awards	<b>8i</b>			
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>			
<b>k</b>	Stock options	<b>8k</b>			
<b>l</b>	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	<b>8l</b>			
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>			
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>			
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>			
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>			
<b>q</b>	Taxable distributions from an ABL account (see instructions)	<b>8q</b>			
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>			
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>			
<b>u</b>	Wages earned while incarcerated	<b>8u</b>			
<b>z</b>	Other income. List type and amount:	<b>8z</b>			
<b>9</b>	Total other income. Add lines 8a through 8z			<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			<b>10</b>	5,999.

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

Schedule 1 (Form 1040) 2023

**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	81.
16	Self-employed SEP, SIMPLE, and qualified plans .....		16	
17	Self-employed health insurance deduction .....		17	
18	Penalty on early withdrawal of savings .....		18	
19a	Alimony paid .....		19a	
b	Recipient's SSN .....			
c	Date of original divorce or separation agreement (see instructions): .....			
20	IRA deduction .....		20	
21	Student loan interest deduction .....		21	
22	Reserved for future use .....		22	
23	Archer MSA deduction .....		23	
24	Other adjustments:			
a	Jury duty pay (see instructions) .....	24a		
b	Deductible expenses related to income reported on line 8l 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 8m .....	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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 .....		26	81.

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
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	
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	161.
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 If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H .....	9	2,259.
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required .....	10	
11	Additional Medicare Tax. Attach Form 8959 .....	11	1,499.
12	Net investment income tax. Attach Form 8960 .....	12	1,860.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 .....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares .....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 .....	15	
16	Recapture of low-income housing credit. Attach Form 8611 .....	16	

*(continued on page 2)*

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

Schedule 2 (Form 1040) 2023

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:			
<b>a</b>	Recapture of other credits. List type, form number, and amount	17a		
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889	17c		
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
<b>j</b>	Section 72(m)(5) excess benefits tax	17j		
<b>k</b>	Golden parachute payments	17k		
<b>l</b>	Tax on accumulation distribution of trusts	17l		
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation	17m		
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
<b>q</b>	Any interest from Form 8621, line 24	17q		
<b>z</b>	Any other taxes. List type and amount:	17z		
<b>18</b>	Total additional taxes. Add lines 17a through 17z		18	
<b>19</b>	Reserved for future use		19	
<b>20</b>	Section 965 net tax liability installment from Form 965-A	20		
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	5,779.

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

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**

		1	2	3	4	
<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions) .....					
	2 Enter amount from Form 1040 or 1040-SR, line 11 .....		2			
	3 Multiply line 2 by 7.5% (0.075) .....			3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....				4	
<b>Taxes You Paid</b>	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> <b>SEE STATEMENT 8</b>	5a	29,273.			
	b State and local real estate taxes (see instructions) .....	5b	38,757.			
	c State and local personal property taxes .....	5c				
	d Add lines 5a through 5c .....	5d	68,030.			
	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.	
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited .....	8a	26,250.			
	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 Reserved for future use .....	8d				
	e Add lines 8a through 8c .....	8e	26,250.			
	9 Investment interest. Attach Form 4952 if required. See instructions .....	9				
10 Add lines 8e and 9 .....	10			26,250.		
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	11	23,026.		STMT 9	
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	12				
	13 Carryover from prior year .....	13				
	14 Add lines 11 through 13 .....	14			23,026.	
<b>Casualty and Theft Losses</b>	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	
<b>Other Itemized Deductions</b>	16 Other - from list in instructions. List type and amount: .....				16	
<b>Total Itemized Deductions</b>	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 12 .....	17			59,276.	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE B  
(Form 1040)**

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

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
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

STATE OF CALIFORNIA

Amount

18,982.

1,171.

995.

29,445.

10.

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 .....

50,603.

**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 .....

50,603.

4

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

**Part II  
Ordinary Dividends**

**5** List name of payer: \_\_\_\_\_

Amount

5

**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.

**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  
Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327501 11-03-23

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

**7a** At any time during 2023, 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 .....  
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 .....

X

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located .....

**8** During 2023, 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



SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2023 Attachment Sequence No. 09

Name of proprietor: KAMALA D. HARRIS
Social security number (SSN):
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) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)
G Did you "materially participate" in the operation of this business during 2023? [X] Yes [ ] No
H If you started or acquired this business during 2023, check here [ ]
I Did you make any payments in 2023 that would require you to file Form(s) 1099? [ ] Yes [X] No
J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income
Table with 7 rows: 1 Gross receipts or sales (7,272), 2 Returns and allowances, 3 Subtract line 2 from line 1 (7,272), 4 Cost of goods sold, 5 Gross profit (7,272), 6 Other income, 7 Gross income (7,272)

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 32 rows: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees (1,273), 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease (1,273), 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27 Other expenses, 28 Total expenses before expenses for business use of home (1,273), 29 Tentative profit or (loss) (5,999), 30 Expenses for business use of your home, 31 Net profit or (loss) (5,999), 32 Investment in business

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, 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.

<b>1a</b>	Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A	<b>1a</b>	
	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
<b>b</b>	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	<b>1b</b>	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
<b>2</b>	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	<b>2</b>	5,999.
<b>3</b>	Combine lines 1a, 1b, and 2	<b>3</b>	5,999.
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	<b>4a</b>	5,540.
<b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions			
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue	<b>4c</b>	5,540.
<b>5a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income	<b>5a</b>	
<b>b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	<b>5b</b>	
<b>6</b>	Add lines 4c and 5b	<b>6</b>	5,540.
<b>7</b>	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 2023	<b>7</b>	160,200
<b>8a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	<b>8a</b>	160,200.
<b>b</b>	Unreported tips subject to social security tax from Form 4137, line 10	<b>8b</b>	
<b>c</b>	Wages subject to social security tax from Form 8919, line 10	<b>8c</b>	
<b>d</b>	Add lines 8a, 8b, and 8c	<b>8d</b>	
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	<b>9</b>	
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	<b>10</b>	
<b>11</b>	Multiply line 6 by 2.9% (0.029)	<b>11</b>	161.
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3</b>	<b>12</b>	161.
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b>	<b>13</b>	81.

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

Schedule SE (Form 1040) 2023

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/ScheduleH) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **44**

Name of employer

Social security number

**DOUGLAS C. EMHOFF**

Employer identification number

Calendar year taxpayers having no household employees in 2023 don't have to complete this form for 2023.

**A** Did you pay **any one** household employee cash wages of \$2,600 or more in 2023? (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 2023 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 2022 or 2023 to **all** household employees?

(Don't count cash wages paid in 2022 or 2023 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**

<b>1 a</b>	Total cash wages subject to social security tax	<b>1a</b>	14,215.		
<b>b</b>	Qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a	<b>1b</b>			
<b>2 a</b>	Social security tax. Multiply line 1a by 12.4% (0.124)	<b>2a</b>			1,763.
<b>b</b>	Employer share of social security tax on qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062)	<b>2b</b>			
<b>c</b>	Total social security tax. Subtract line 2b from line 2a	<b>2c</b>			1,763.
<b>3</b>	Total cash wages subject to Medicare tax	<b>3</b>	14,215.		
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029)	<b>4</b>			412.
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding	<b>5</b>			
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	<b>6</b>			
<b>7</b>	Federal income tax withheld, if any	<b>7</b>			
<b>8 a</b>	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	<b>8a</b>			2,175.
<b>b</b>	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	<b>8b</b>			
<b>c</b>	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	<b>8c</b>			
<b>d</b>	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a	<b>8d</b>			2,175.
<b>e</b>	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	<b>8e</b>			
<b>f</b>	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	<b>8f</b>			
<b>g</b>	Qualified sick leave wages for leave taken before April 1, 2021	<b>8g</b>			
<b>h</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g	<b>8h</b>			
<b>i</b>	Qualified family leave wages for leave taken before April 1, 2021	<b>8i</b>			
<b>j</b>	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i	<b>8j</b>			
<b>k</b>	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	<b>8k</b>			
<b>l</b>	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k	<b>8l</b>			
<b>m</b>	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	<b>8m</b>			
<b>n</b>	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m	<b>8n</b>			

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2022 or 2023 to **all** household employees?

(Don't count cash wages paid in 2022 or 2023 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 lines 8e and 8f on Schedule 3 (Form 1040), line 13z. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

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

Schedule H (Form 1040) 2023

Part II Federal Unemployment (FUTA) Tax

10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."
11 Did you pay all state unemployment contributions for 2023 by April 15, 2024? Fiscal year filers, see instructions
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
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
15 Total cash wages subject to FUTA tax
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25

Section B

17 Complete all columns below that apply (if you need more space, see instructions):
Table with columns: (a) Name of state, (b) Taxable wages, (c) State experience rate period, (d) State experience rate, (e) Multiply col. (b) by 0.054, (f) Multiply col. (b) by col. (d), (g) Subtract col. (f) from col. (e), (h) Contributions paid to state unemployment fund.
18 Totals
19 Add columns (g) and (h) of line 18
20 Total cash wages subject to FUTA tax (see the line 15 instructions)
21 Multiply line 20 by 6.0% (0.06)
22 Multiply line 20 by 5.4% (0.054)
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) STATEMENT 11
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25

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-
26 Add line 16 (or line 24) and line 25
27 Are you required to file Form 1040?
[X] Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. 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 [ ] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

## Additional Medicare Tax

Department of the Treasury  
Internal Revenue Service

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

# 2023

Attachment  
Sequence No. 71

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	411,038.		
2 Unreported tips from Form 4137, line 6 .....	2			
3 Wages from Form 8919, line 6 .....	3			
4 Add lines 1 through 3 .....	4	411,038.		
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 surviving spouse ..... \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0- .....	6			161,038.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	7			1,449.

### 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- .....	8	5,540.		
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 surviving spouse ..... \$200,000	9	250,000.		
10 Enter the amount from line 4 .....	10	411,038.		
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			5,540.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III .....	13			50.

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

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

### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V .....	18			1,499.
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### 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	6,235.		
20 Enter the amount from line 1 .....	20	411,038.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	5,960.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	22			275.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) .....	24			275.

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

## 2023

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://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	50,603.
2 Ordinary dividends (see instructions) .....				2	
3 Annuities (see instructions) .....				3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) .....	4a	5,999.			
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) <b>STATEMENT 12</b> .....	4b	-5,999.			
c Combine lines 4a and 4b .....				4c	0.
5a Net gain or loss from disposition of property (see instructions) .....	5a				
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	5b				
c Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	5c				
d Combine lines 5a through 5c .....				5d	
6 Adjustments to investment income for certain CFCs and PFICs (see instructions) .....				6	
7 Other modifications to investment income (see instructions) .....				7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....				8	50,603.

**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	1,654.			
c Miscellaneous investment expenses (see instructions) .....	9c				
d Add lines 9a, 9b, and 9c .....				9d	1,654.
10 Additional modifications (see instructions) .....				10	
11 Total deductions and modifications. Add lines 9d and 10 .....				11	1,654.

**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	48,949.
<b>Individuals:</b>					
13 Modified adjusted gross income (see instructions) .....	13	450,299.			
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	200,299.			
16 Enter the smaller of line 12 or line 15 .....				16	48,949.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....				17	1,860.
<b>Estates and Trusts:</b>					
18a Net investment income (line 12 above) .....	18a				
b Deductions for distributions of net investment income and charitable deductions (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). <b>Enter here and include on your tax return</b> (see instructions) .....				21	

## DOUGLAS C. EMHOFF &amp; 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 STATES SENATE	218,784.	34,724.	14,553.		9,932.	3,618.	
T GEORGETOWN UNIVERSITY	174,994.	32,075.	13,274.		9,932.	2,617.	
TOTALS	393,778.	66,799.	27,827.		19,864.	6,235.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 2
T S DESCRIPTION		AMOUNT
S UNITED STATES SENATE		34,724.
T GEORGETOWN UNIVERSITY		32,075.
TOTAL TO FORM 1040, LINE 25A		66,799.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 3
DESCRIPTION		AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT		2,000.
4TH QTR ESTIMATE PAYMENT - JOINT		19,997.
TOTAL TO FORM 1040, LINE 26		21,997.

FORM 1040	FEDERAL INCOME TAX WITHHELD - OTHER FORMS	STATEMENT 4
T S DESCRIPTION		AMOUNT
FORM 8959, LINE 24		275.
TOTAL TO FORM 1040, LINE 25C		275.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 5
	2022	2021	2020
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	657.		
LESS: TAX PAID IN FOLLOWING YEAR	54.		
NET TAX REFUNDS CALIFORNIA	603.		
	DISTRICT OF CO		
GROSS STATE/LOCAL INC TAX REFUNDS	4,625.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO	4,625.		
TOTAL NET TAX REFUNDS	5,228.		

SCHEDULE 1	REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR		STATEMENT 6
	2022	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	CALIFORNIA		
STATE TAX PAID IN FOLLOW YEAR	1,500.		
TOTAL STATE TAX PAID 2022	18,269.		
		657. =	54.



SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 7
	2020	2021	2022
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			5,228.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	5,228.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			37,604.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-27,604.
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 2020			
TOTAL TO SCHEDULE 1, LINE 1			

## DOUGLAS C. EMHOFF &amp; KAMALA D. HARRIS

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 8
DESCRIPTION		AMOUNT
UNITED STATES SENATE		14,553.
GEORGETOWN UNIVERSITY		13,274.
CALIFORNIA PRIOR YEAR ESTIMATE PAYMENTS		1,500.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS		-54.
TOTAL TO SCHEDULE A, LINE 5A		29,273.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 9
DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
BET TZEDEK	1,000.	
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE	5,000.	
DC CENTRAL KITCHEN	2,500.	
HOWARD UNIVERISTY	5,000.	
LEGAL AID SOCIETY OF THE DC	1,000.	
MATTHEW SILVERMAN MEMORIAL FOUNDATION	1,500.	
THE JEWISH FEDERATION OF GREATER LOS ANGELES	1,026.	
THIRD BAPTIST CHURCH	1,000.	
UNIVERSITY OF SOUTHERN CALIFORNIA	5,000.	
SUBTOTALS	23,026.	
TOTAL TO SCHEDULE A, LINE 11		23,026.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 10
DESCRIPTION		AMOUNT
WRITER		5,999.
TOTAL TO SCHEDULE SE, LINE 2		5,999.

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 11

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 19 OR LINE 22. (IF YOU COMPLETED WORKSHEET FOR CREDIT FOR LATE CONTRIBUTIONS, ENTER THE AMOUNT FROM LINE 8 OF THAT WORKSHEET.) 378.
2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 20 7,000.
3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 23. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

POSTAL	FUTA	REDUCTION	CREDIT	POSTAL	FUTA	REDUCTION	CREDIT
X ABBREV.	TAXABLE	RATE	REDUCTION	X ABBREV.	TAXABLE	RATE	REDUCTION
	WAGES				WAGES		
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
X CA	7,000.	X .006	42.			X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .006	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .000	
		X .000				X .039	
		X .000					

4. TOTAL CREDIT REDUCTION 42.
5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 23 336.

DOUGLAS C. EMHOFF & KAMALA D. HARRIS

FORM 8960

TRADE OR BUSINESS INCOME

STATEMENT 12

KAMALA D. HARRIS

-5,999.

AMOUNT TO FORM 8960, LINE 4B

-5,999.

TAXABLE YEAR

2023 California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

EMHO
DOUGLAS C EMHOFF
KAMALA D HARRIS

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.

[Empty box for street address]

[Empty box for apt. no/ste. no.]

City

State

ZIP code

[Empty box for city]

[Empty box for state]

[Empty box for 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 X Married/RDP filing jointly (even if only one spouse/RDP had income). See instr.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [Empty box]

See instructions. [Empty box]

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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. [Empty box]

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 \$144 = \$ 288

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

8 X \$144 = \$

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 \$144 = \$

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

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

Exemptions

	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 \$446 = • \$

**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

Taxable Income

<b>13</b> Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... • 13	<b>450,299</b>	.00
<b>14</b> California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B ..... • 14		.00
<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... • 15	<b>450,299</b>	.00
<b>16</b> California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C ..... • 16		.00
<b>17</b> California adjusted gross income. Combine line 15 and line 16 ..... • 17	<b>450,299</b>	.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 ..... \$ 5,363  
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,726  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ..... • 18

<b>18</b> Enter the larger of ..... • 18	<b>88,033</b>	.00
<b>19</b> Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... • 19	<b>362,266</b>	.00

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule  
 •  FTB 3800 •  FTB 3803 ..... • 31

Tax

<b>31</b> Tax. Check the box if from: ..... • 31	<b>26,996</b>	.00
<b>32</b> Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions ..... • 32	<b>288</b>	.00
<b>33</b> Subtract line 32 from line 31. If less than zero, enter -0- ..... • 33	<b>26,708</b>	.00
<b>34</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A ..... • 34		.00
<b>35</b> Add line 33 and line 34 ..... • 35	<b>26,708</b>	.00

Special Credits

<b>40</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions ..... • 40		.00
<b>43</b> Enter credit name <input type="text" value="OTHER STATE"/> code • <input type="text" value="187"/> and amount ..... • 43	<b>11,541</b>	.00
<b>44</b> Enter credit name <input type="text"/> code • <input type="text"/> and amount ..... • 44		.00

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

<b>Special Credits</b>	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	11,541	-00
	48 Subtract line 47 from line 35. If less than zero, enter -0- .....	⊙ 48	15,167	-00

<b>Other Taxes</b>	61 Alternative Minimum Tax. Attach Schedule P (540) .....	• 61		-00
	62 Mental Health Services Tax. See instructions .....	• 62		-00
	63 Other taxes and credit recapture. See instructions .....	• 63		-00
	64 Add line 48, line 61, line 62, and line 63. This is your total tax .....	• 64	15,167	-00

<b>Payments</b>	71 California income tax withheld. See instructions .....	• 71	14,553	-00
	72 2023 California estimated tax and other payments. See instructions .....	• 72	614	-00
	73 Withholding (Form 592-B and/or Form 593). See instructions .....	• 73		-00
	74 Excess SDI (or VPD) withheld. See instructions .....	• 74		-00
	75 Earned Income Tax Credit (EITC). See instructions .....	• 75		-00
	76 Young Child Tax Credit (YCTC). See instructions .....	• 76		-00
	77 Foster Youth Tax Credit (FYTC). See instructions .....	• 77		-00
	78 Add line 71 through line 77. These are your total payments. See instructions .....	⊙ 78	15,167	-00

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

<b>ISR Penalty</b>	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

<b>Overpaid Tax/Tax Due</b>	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 .....	⊙ 93	15,167	-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	15,167	-00
	96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 .....	⊙ 96		-00
	97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 .....	⊙ 97		-00

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

<b>Overpaid Tax/Tax Due</b>	<b>98</b>	Amount of line 97 you want applied to your <b>2024</b> estimated tax .....	• 98		.00
	<b>99</b>	Overpaid tax available this year. Subtract line 98 from line 97 .....	• 99		.00
	<b>100</b>	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 .....	Ⓢ 100	0	.00

	<b>Code</b>	<b>Amount</b>	
<b>Contributions</b>			
California Seniors Special Fund. See instructions .....	• 400		.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	• 401		.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	• 403		.00
California Breast Cancer Research Voluntary Tax Contribution Fund .....	• 405		.00
California Firefighters' Memorial Voluntary Tax Contribution Fund .....	• 406		.00
Emergency Food for Families Voluntary Tax Contribution Fund .....	• 407		.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	• 408		.00
California Sea Otter Voluntary Tax Contribution Fund .....	• 410		.00
California Cancer Research Voluntary Tax Contribution Fund .....	• 413		.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund .....	• 422		.00
State Parks Protection Fund/Parks Pass Purchase .....	• 423		.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	• 424		.00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	• 425		.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	• 438		.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	• 439		.00
Rape Kit Backlog Voluntary Tax Contribution Fund .....	• 440		.00
Suicide Prevention Voluntary Tax Contribution Fund .....	• 444		.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	• 445		.00
<b>110</b> Add amounts in code 400 through code 445. This is your total contribution .....	• 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**  -00  
Pay Online - Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties**  
**112** Interest, late return penalties, and late payment penalties ..... **112**  -00  
**113** Underpayment of estimated tax.  
Check the box: •  **FTB 5805 attached** •  **FTB 5805F attached** ..... • **113**  0 -00  
**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114**  0 -00

**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**  0 -00

**Refund and Direct Deposit**  
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  -00

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  -00

**Voter Info.**  
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions .....

**Health Care Coverage Info.**  
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions .....  Yes  No

Sign your tax return on Side 6

Your name:

DOUGLAS C EMHOFF

Your SSN or ITIN:

[Empty box for SSN or ITIN]

**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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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

[Empty signature box]

Date

[Empty date box]

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

[Empty spouse/RDP signature box]

Your email address. Enter only one email address.

[Empty email address box]

Preferred phone number

[Empty preferred phone number box]

**Sign Here**

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

SHASHI MIRPURI

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

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

BAKER TILLY US, LLP

PTIN

[Empty PTIN box]

Firm's address

[Empty firm address box]

Firm's FEIN

[Empty firm FEIN box]

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

SHASHI MIRPURI

Telephone Number

[Empty telephone number box]

Wage and Tax Statement

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 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
WASHINGTON DC 20510

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

1. Wages, tips, other compensation 218,784
2. Federal income tax withheld 34,724
3. Social security wages 160,200
4. Social security tax withheld 9,932
5. Medicare tax withheld 3,618
6. Allocated tips (not included in box 1)
7. Social security tips
8. Dependent care benefits
9. Nonqualified plans
10.
11.

12. Codes and amounts

12a. Code D Amount 11,755
12b. Code DD Amount 6,753
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.
218,784

15. State and employer's state ID number
State Employer's state ID number
CA

17. State income tax
14,553

Franchise Tax Board Privacy Notice on Collection

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 - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Wage and Tax Statement

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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 4. Social security tax withheld 8. Allocated tips (not included in box 1)
2. Federal income tax withheld 6. Medicare tax withheld 10. Dependent care benefits
3. Social security wages 7. Social security tips 11. 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

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

15. State and employer's state ID number
State Employer's state ID number

16. State wages, tips, etc.

17. State income tax

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Wage and Tax Statement

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 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 4. Social security tax withheld 8. Allocated tips (not included in box 1)
2. Federal income tax withheld 6. Medicare tax withheld 10. Dependent care benefits
3. Social security wages 7. Social security tips 11. 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

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

15. State and employer's state ID number
State Employer's state ID number

16. State wages, tips, etc.

17. State income tax

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TAXABLE YEAR

2023

California Adjustments - Residents

SCHEDULE

CA (540)

Important: Attach this schedule behind Form 540, Side 6 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
<b>Section A - Income</b> from federal Form 1040 or 1040-SR				
<b>1 a</b>	Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 393,778	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b>	Household employee wages not reported on federal Form(s) W-2	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b>	Tip income not reported on line 1a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b>	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b>	Taxable dependent care benefits from federal Form 2441, line 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b>	Employer-provided adoption benefits from federal Form 8839, line 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b>	Wages from federal Form 8919, line 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b>	Other earned income. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b>	Nontaxable combat pay election. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>z</b>	Add line 1a through line 1i	<input checked="" type="radio"/> 393,778	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b>	Taxable interest. <input checked="" type="radio"/>	<input checked="" type="radio"/> 50,603	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b>	Ordinary dividends. See instructions. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b>	IRA distributions. See instructions. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b>	Pensions and annuities. See instructions. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b>	Social security benefits. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b>	Capital gain or (loss). See instr.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Section B - Additional Income</b> from federal Schedule 1 (Form 1040)				
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2 a</b>	Alimony received. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b>	Business income or (loss). See instructions	<input checked="" type="radio"/> 5,999	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b>	Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b>	Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b>	Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>8</b> Other income:			
<b>a</b> Federal net operating loss ..... <b>8a</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>b</b> Gambling ..... <b>8b</b>	<input type="radio"/>	<input type="radio"/>	
<b>c</b> Cancellation of debt ..... <b>8c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 ..... <b>8d</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>e</b> Income from federal Form 8853 ..... <b>8e</b>	<input type="radio"/>		<input type="radio"/>
<b>f</b> Income from federal Form 8889 ..... <b>8f</b>	<input type="radio"/>	<input type="radio"/>	
<b>g</b> Alaska Permanent Fund dividends ..... <b>8g</b>	<input type="radio"/>		
<b>h</b> Jury duty pay ..... <b>8h</b>	<input type="radio"/>		
<b>i</b> Prizes and awards ..... <b>8i</b>	<input type="radio"/>		
<b>j</b> Activity not engaged in for profit income ..... <b>8j</b>	<input type="radio"/>		
<b>k</b> Stock options ..... <b>8k</b>	<input type="radio"/>		<input type="radio"/>
<b>l</b> 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 ..... <b>8l</b>	<input type="radio"/>		
<b>m</b> Olympic and Paralympic medals and USOC prize money ..... <b>8m</b>	<input type="radio"/>		
<b>n</b> IRC Section 951(a) inclusion ..... <b>8n</b>	<input type="radio"/>	<input type="radio"/>	
<b>o</b> IRC Section 951A(a) inclusion ..... <b>8o</b>	<input type="radio"/>	<input type="radio"/>	
<b>p</b> IRC Section 461(f) excess business loss adjustment ..... <b>8p</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>q</b> Taxable distributions from an ABLE account ..... <b>8q</b>	<input type="radio"/>		
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 ..... <b>8r</b>	<input type="radio"/>		
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d ..... <b>8s</b>	<input type="radio"/> ( )		
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan ..... <b>8t</b>	<input type="radio"/>		
<b>u</b> Wages earned while incarcerated ..... <b>8u</b>	<input type="radio"/>		
<b>z</b> Other income. List type and amount. <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>9 a</b> Total other income. Add lines 8a through 8z <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V ... <b>9b1</b>		<input type="radio"/>	
<b>b2</b> NOL deduction from form FTB 3805V ..... <b>9b2</b>		<input type="radio"/>	
<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809 ..... <b>9b3</b>		<input type="radio"/>	
<b>10 Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions ..... <b>10</b>	<input type="radio"/> 450,380	<input type="radio"/>	<input type="radio"/>

**Section C - Adjustments to Income**  
from federal Schedule 1 (Form 1040)

<b>11</b> Educator expenses ..... <b>11</b>	<input type="radio"/>	<input type="radio"/>	
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials ..... <b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Health savings account deduction ..... <b>13</b>	<input type="radio"/>	<input type="radio"/>	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions ..... <b>14</b>	<input type="radio"/>		<input type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions ..... <b>15</b>	<input type="radio"/> 81	<input type="radio"/>	
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans ... <b>16</b>	<input type="radio"/>		
<b>17</b> Self-employed health insurance deduction. See instructions ..... <b>17</b>	<input type="radio"/>	<input type="radio"/>	
<b>18</b> Penalty on early withdrawal of savings ..... <b>18</b>	<input type="radio"/>		
<b>19 a</b> Alimony paid ..... <b>19a</b>	<input type="radio"/>		<input type="radio"/>
<b>b</b> Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
<b>20</b> IRA deduction ..... <b>20</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Student loan interest deduction ..... <b>21</b>	<input type="radio"/>		<input type="radio"/>
<b>22</b> Reserved for future use ..... <b>22</b>			
<b>23</b> Archer MSA deduction ..... <b>23</b>	<input type="radio"/>		



Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>24</b> Other adjustments:			
<b>a</b> Jury duty pay ..... <b>24a</b>	<input checked="" type="radio"/>		
<b>b</b> Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit ..... <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m ..... <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>d</b> Reforestation amortization and expenses ..... <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... <b>24e</b>	<input checked="" type="radio"/>		
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans ..... <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans ..... <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims ..... <b>24h</b>	<input checked="" type="radio"/>		
<b>i</b> 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 <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>j</b> Housing deduction from federal Form 2555 ..... <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) ..... <b>24k</b>	<input checked="" type="radio"/>		
<b>z</b> Other adjustments. List type and amount.			
<input checked="" type="radio"/> ..... <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>25</b> Total other adjustments. Add line 24a through line 24z ..... <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions ..... <b>26</b>	<input checked="" type="radio"/>	81	<input checked="" type="radio"/>
<b>27</b> Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions ..... <b>27</b>	<input checked="" type="radio"/>	450,299	<input checked="" type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**

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

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses <input checked="" type="radio"/>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>			
<b>3</b> Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes <input checked="" type="radio"/>	29,273	<input checked="" type="radio"/> 29,273	
<b>b</b> State and local real estate taxes <input checked="" type="radio"/>	38,757		
<b>c</b> State and local personal property taxes <input checked="" type="radio"/>			
<b>d</b> Add line 5a through line 5c <input checked="" type="radio"/>	68,030		
<b>e</b> 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="radio"/>	10,000	<input checked="" type="radio"/> 29,273	<input checked="" type="radio"/> 58,030
<b>6</b> Other taxes. List type <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6 <input checked="" type="radio"/>	10,000	<input checked="" type="radio"/> 29,273	<input checked="" type="radio"/> 58,030
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/>	26,250		<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098 <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use			
<b>e</b> Add line 8a through line 8c <input checked="" type="radio"/>	26,250	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 <input checked="" type="radio"/>	26,250	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>			
<b>11</b> Gifts by cash or check ..... <b>11</b>	23,026		
<b>12</b> Other than by cash or check ..... <b>12</b>			
<b>13</b> Carryover from prior year ..... <b>13</b>			
<b>14</b> Add line 11 through line 13 ..... <b>14</b>	23,026		
<b>Casualty and Theft Losses</b>			
<b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions ..... <b>15</b>			
<b>Other Itemized Deductions</b>			
<b>16</b> Other - from list in federal instructions ..... <b>16</b>			
<b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C ..... <b>17</b>	59,276	29,273	58,030
<b>18 Total.</b> Combine line 17 column A less column B plus column C .....			88,033

**Job Expenses and Certain Miscellaneous Deductions**

**19** Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions .....  **19** \_\_\_\_\_

**20** Tax preparation fees .....  **20** 5,657

**21** Other expenses: investment, safe deposit box, etc. List type .....  **21** \_\_\_\_\_

**22** Add line 19 through line 21 .....  **22** 5,657

**23** Enter amount from federal Form 1040 or 1040-SR, line 11 .....  450,299

**24** Multiply line 23 by 2% (0.02). If less than zero, enter 0 .....  **24** 9,006

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 .....  **25** 0

**26 Total Itemized Deductions.** Add line 18 and line 25 .....  **26** 88,033

**27** Other adjustments. See instructions. Specify.  **27** \_\_\_\_\_

**28** Combine line 26 and line 27 .....  **28** 88,033

**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 ..... \$237,035

Head of household ..... \$355,558

Married/RDP filing jointly or qualifying surviving spouse/RDP ..... \$474,075

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 .....  **29** 88,033

**30 Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions ..... \$5,363

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..... \$10,726

Transfer the amount on line 30 to Form 540, line 18 .....  **30** 88,033

Other State Tax Credit

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"/> _____	<input checked="" type="radio"/> 194,571	<input checked="" type="radio"/> 194,571
<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"/> 194,571	<input checked="" type="radio"/> 194,571

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	26,708	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	194,571	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	450,299	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.4321	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	11,541	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> DC	<input checked="" type="radio"/> 7	11,599	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	194,571	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	194,571	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	11,599	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	11,541	00

2023 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)

Mark if Deceased

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name DOUGLAS C EMHOFF

Spouse's/registered domestic partner's first name M.I. Last name KAMALA D HARRIS

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

City State ZIP Code + 4

Email Address

Filing Status

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

1 Mark only one: Single, Married filing jointly, X 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 X 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.

Table with 4 rows (a-d) and 3 columns: Description, Mark if loss, Amount. Row a: Wages, salaries, unemployment compensation and/or tips, see instructions. 174994.00

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 194571.00



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	194571 .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	194571 .00

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

18 DC deduction amount **SEE STATEMENT 1** 18 39287 .00

19 DC taxable income. Subtract Line 18 from Line 16. *Mark if loss* 19 155284 .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 11599 .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 .00

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

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 11599 .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 11599 .00

DC Earned Income Tax Credit\*

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

27c For filers **with** qualifying children. Enter calculated federal EIC amount > .00 X .70 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

\* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement. To calculate your earned income credit amount refer to Tax Year 2023 IRS Publication 596, Earned Income Credit (EIC), and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR for Tax Year 2023.

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	13274.00
32	2023 estimated income tax payments and amount applied from 2022 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2023 return, enter payments made with original 2023 D-40 return.	34	.00
35	If this is an amended 2023 return, enter refunds requested with original 2023 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	13274.00
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	1675.00
39	Amount to be applied to your 2024 estimated tax.	39	.00
40	Underpayment Interest. <b>Mark X and attach form D-2210.</b>	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	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	1675.00
	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](http://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 **SHASHI MIRPURI**

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

**SHASHI MIRPURI**

**03/11/24**

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

\*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least \$1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than \$1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment will differ from the Line 43 Net Refund amount.

Pursuant to legislation, OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

DOUGLAS C. EMHOFF

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, OR FORM 1040-NR, SCHEDULE A, LINE 8.	29,638.	
B. STATE AND LOCAL TAX DEDUCTION REPORTED ON FORM 1040, SCHEDULE A, LINE 7 OR FORM 1040-NR, SCHEDULE A, LINE 1B.	5,000.	
C. SUBTRACT LINE B FROM LINE A	24,638.	
D. STATE AND LOCAL REAL ESTATE TAX FROM FORM 1040, SCHEDULE A, LINE 5B.	19,378.	
E. OTHER TAXES FROM FORM 1040, SCHEDULE A, LINE 6		
F. DC ITEMIZED DEDUCTIONS. ADD LINES C, D, AND E	44,016.	
G. ENTER THE SUM OF FORM 1040, SCHEDULE A, LINES 4, 9, AND 15		
H. SUBTRACT THE AMOUNT ON LINE G FROM LINE F	44,016.	
I. ENTER THE AMOUNT OF DC ADJUSTED GROSS INCOME	194,571.	
J. ENTER \$200000. (OR \$100000. IF MFS)	100,000.	
K. SUBTRACT LINE J ENTRY FROM LINE I	94,571.	
L. MULTIPLY LINE K ENTRY BY 0.05	4,729.	
M. SUBTRACT AMOUNT ON LINE L FROM AMOUNT ON LINE H (IF < 0, ENTER 0)	39,287.	
N. ADD THE AMOUNTS ON LINES G AND M	39,287.	
FORM D-40, LINE 18	39,287.	