

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2020**

# 2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

591.

REV 03/29/20 INTUIT.CG.CFP.SP

1555

620-79-0858  
YIFAN DU

485 E OAK CT  
AZUSA CA 91702-6299

INTERNAL REVENUE SERVICE  
PO BOX 510000  
SAN FRANCISCO CA 94151-5100

620790858 C0 DU 30 0 202012 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2020**

## 2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

591.

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SAN FRANCISCO CA 94151-5100

620790858 C0 DU 30 0 202012 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2020**

# 2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

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SAN FRANCISCO CA 94151-5100

620790858 C0 DU 30 0 202012 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 01/15/2021

# 2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

591.

REV 03/29/20 INTUIT.CG.CFP.SP

1555

620-79-0858  
YIFAN DU

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AZUSA CA 91702-6299

INTERNAL REVENUE SERVICE  
PO BOX 510000  
SAN FRANCISCO CA 94151-5100

620790858 C0 DU 30 0 202012 430

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>Yifan</b>	Last name <b>Du</b>	Your social security number <b>620-79-0858</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>485 E Oak Ct</b>	Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Azusa CA 91702-6299</b>		If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>
Foreign country name	Foreign province/state/county	

**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, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under *Standard Deduction*, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .					<b>1</b>	
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>b</b> Taxable interest. Attach Sch. B if required		<b>2b</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>		<b>b</b> Ordinary dividends. Attach Sch. B if required		<b>3b</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>b</b> Taxable amount . . . . .		<b>4b</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>		<b>d</b> Taxable amount . . . . .		<b>4d</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>		<b>b</b> Taxable amount . . . . .		<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .					<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .					<b>7a</b>	15,800.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .					<b>7b</b>	15,800.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .					<b>8a</b>	1,116.
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .					<b>8b</b>	14,684.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>9</b>	12,200.		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>10</b>	497.		
<b>11a</b> Add lines 9 and 10 . . . . .					<b>11a</b>	12,697.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .					<b>11b</b>	1,987.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	199 .		
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>		199 .	
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>			
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>			
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>		199 .	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>		2,232 .	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>		2,431 .	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>			
<b>18</b>	Other payments and refundable credits:				
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	68 .		
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>			
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>			
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>			
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . . ▶	<b>18e</b>		68 .	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>		68 .	

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>			
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>			
<b>b</b>	Routing number <u>X X X X X X X X X</u> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>d</b>	Account number <u>X X X X X X X X X X X X X X X X X X</u>				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . . ▶	<b>22</b>			

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . . ▶	<b>23</b>		2,435 .	
<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>		72 .	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

Your signature	Date	Your occupation Computer Programmer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Joint return?  
See instructions.  
Keep a copy for your records.

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

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

Your social security number  
620-79-0858

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<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>	15,800.
<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. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	15,800.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	1,116.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	1,116.

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

REV 03/29/20 Intuit.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **02**

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

Yifan Du

Your social security number

620-79-0858

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	2,232.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	2,232.

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

REV 03/29/20 Intuit.cj.cfp.sp

Schedule 2 (Form 1040 or 1040-SR) 2019



**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Yifan Du</b>		Social security number (SSN) <b>620-79-0858</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>software</b>	<b>B</b> Enter code from instructions ▶ <b>5 4 1 5 1 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ <b>485 E Oak Ct</b> City, town or post office, state, and ZIP code <b>Azusa, CA 91702-6299</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2019, check here		<input checked="" type="checkbox"/>
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	15,800.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	15,800.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	15,800.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	15,800.

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

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>			15,800.
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				
		<b>32a</b> <input type="checkbox"/> All investment is at risk.		
		<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns for listing business expenses not included on lines 8-26 or line 30.

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

**SCHEDULE SE**  
**(Form 1040 or 1040-SR)**

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

Yifan Du

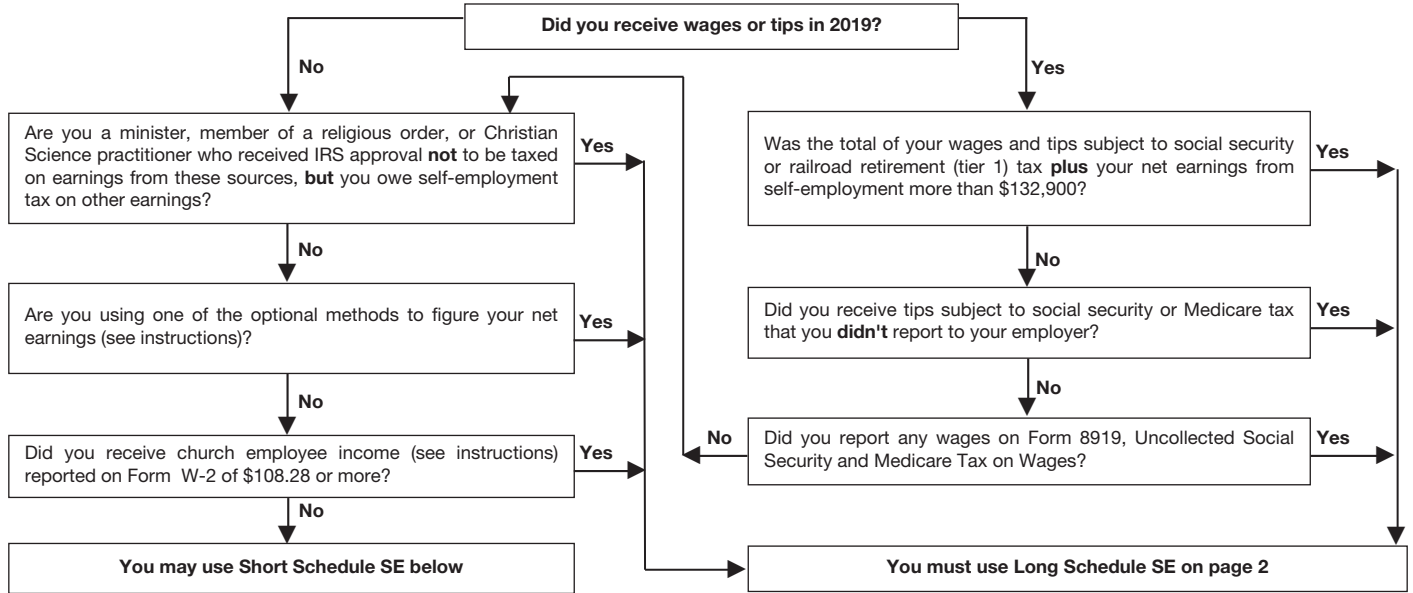
Social security number of person  
with self-employment income ▶

620-79-0858

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<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). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	15,800.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	15,800.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ▶	<b>4</b>	14,591.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .</b>	<b>5</b>	2,232.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . .</b>	<b>6</b>	1,116.

**Qualified Business Income Deduction  
Simplified Computation**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **55**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return Yifan Du	Your taxpayer identification number 620-79-0858
-------------------------------------	--

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Yifan Du	620790858	14,684.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	14,684.	
3 Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	14,684.	
5 Qualified business income component. Multiply line 4 by 20% (0.20)			<b>5</b> 2,937.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			<b>9</b>
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			<b>10</b> 2,937.
11 Taxable income before qualified business income deduction	<b>11</b>	2,484.	
12 Net capital gain (see instructions)	<b>12</b>	0.	
13 Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	2,484.	
14 Income limitation. Multiply line 13 by 20% (0.20)			<b>14</b> 497.
15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			<b>15</b> 497.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			<b>16</b> ( 0. )
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			<b>17</b> ( 0. )

TAXABLE YEAR **2019** California Online e-file Return Authorization for Individuals FORM **8453-OL**

Your first name and initial YIFAN Last name DU Suffix Your SSN or ITIN 620-79-0858
If filing jointly, spouse's/RDP's first name Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 485 E OAK CT Apt. no. PMB/private mailbox Daytime telephone number (909) 455-3753
City AZUSA State CA ZIP code 91702-6299
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions . . . . . 1 14,684.
2 Refund or no amount due. See instructions. . . . . 2 119.
3 Amount you owe. See instructions. . . . . 3

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 [X] Direct deposit of refund
5 [ ] Electronic funds withdrawal 5a Amount \_\_\_\_\_ 5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

Part III Make Estimated Tax Payments for Taxable Year 2020 These are not installment payments for the current amount you owe.

Table with 5 columns: Amount, First Payment Due 4/15/2020, Second Payment Due 6/15/2020, Third Payment Due 9/15/2020, Fourth Payment Due 1/15/2021. Row 6: Amount. Row 7: Withdrawal date.

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 119. 12 The remaining amount of my refund for direct deposit
9 Routing number 121000358 13 Routing number
10 Account number 000980676443 14 Account number
11 Type of account: [X] Checking [ ] Savings 15 Type of account: [ ] Checking [ ] Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

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

# 2019 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

620-79-0858 DU  
YIFAN DU

19 PBA 541510

485 E OAK CT  
AZUSA CA 91702-6299

05-22-1990

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

Filing Status

- 1  Single
- 2  Married/RDP filing jointly. See inst.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

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

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

Exemptions

- 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  X \$122 =  \$  122
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$122 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2.  9  X \$122 =  \$
- 10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<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  X \$378 =

Your name:  Your SSN or ITIN:

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

<b>Taxable Income</b>	<b>12</b> State wages from your federal Form(s) W-2, box 16 <input type="text"/> <input checked="" type="radio"/> <b>12</b> <input type="text" value="0.00"/>		
	<b>13</b> Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> <b>13</b> <input type="text" value="14684"/> <input type="text" value="0.00"/>		
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. <input checked="" type="radio"/> <b>14</b> <input type="text" value="0.00"/>		
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="text" value="14684"/> <input type="text" value="0.00"/>	<b>15</b>	
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. <input checked="" type="radio"/> <b>16</b> <input type="text" value="0.00"/>		
	<b>17</b> California adjusted gross income. Combine line 15 and line 16 <input checked="" type="radio"/> <b>17</b> <input type="text" value="14684"/> <input type="text" value="0.00"/>		
	<b>18</b> Enter the <b>larger of</b> <input type="text" value="4537"/> <input type="text" value="0.00"/> { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. . . . . \$4,537 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions <input checked="" type="radio"/> <b>18</b> <input type="text" value="4537"/> <input type="text" value="0.00"/>		
	<b>19</b> Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- <input checked="" type="radio"/> <b>19</b> <input type="text" value="10147"/> <input type="text" value="0.00"/>		

<b>Tax</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="0.00"/> FTB 3800 <input checked="" type="radio"/> <input type="text" value="0.00"/> FTB 3803 <input type="radio"/> <b>31</b> <input type="text" value="114"/> <input type="text" value="0.00"/>		
	<b>32</b> Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. <input checked="" type="radio"/> <b>32</b> <input type="text" value="122"/> <input type="text" value="0.00"/>		
	<b>33</b> Subtract line 32 from line 31. If less than zero, enter -0- <input checked="" type="radio"/> <b>33</b> <input type="text" value="0"/> <input type="text" value="0.00"/>		
	<b>34</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> FTB 5870A <input type="radio"/> <b>34</b> <input type="text" value="0"/> <input type="text" value="0.00"/>		
	<b>35</b> Add line 33 and line 34 <input checked="" type="radio"/> <b>35</b> <input type="text" value="0"/> <input type="text" value="0.00"/>		

<b>Special Credits</b>	<b>40</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. <input checked="" type="radio"/> <b>40</b> <input type="text" value="0.00"/>	
	<b>43</b> Enter credit name <input type="text"/> code <input type="text"/> and amount. <input checked="" type="radio"/> <b>43</b> <input type="text" value="0.00"/>	
	<b>44</b> Enter credit name <input type="text"/> code <input type="text"/> and amount. <input checked="" type="radio"/> <b>44</b> <input type="text" value="0.00"/>	
	<b>45</b> To claim more than two credits. See instructions. Attach Schedule P (540). <input checked="" type="radio"/> <b>45</b> <input type="text" value="0.00"/>	
	<b>46</b> Nonrefundable renter's credit. See instructions <input checked="" type="radio"/> <b>46</b> <input type="text" value="0.00"/>	
	<b>47</b> Add line 40 through line 46. These are your total credits <input checked="" type="radio"/> <b>47</b> <input type="text" value="0.00"/>	
	<b>48</b> Subtract line 47 from line 35. If less than zero, enter -0- <input checked="" type="radio"/> <b>48</b> <input type="text" value="0"/> <input type="text" value="0.00"/>	

Your name:  Your SSN or ITIN:

<b>Other Taxes</b>	<b>61</b> Alternative minimum tax. Attach Schedule P (540) . . . . . ● <b>61</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>62</b> Mental Health Services Tax. See instructions . . . . . ● <b>62</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>63</b> Other taxes and credit recapture. See instructions . . . . . ● <b>63</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>64</b> Add line 48, line 61, line 62, and line 63. This is your total tax. . . . . ● <b>64</b>	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Payments</b>	<b>71</b> California income tax withheld. See instructions . . . . . ● <b>71</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>72</b> 2019 CA estimated tax and other payments. See instructions . . . . . ● <b>72</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>73</b> Withholding (Form 592-B and/or 593). See instructions . . . . . ● <b>73</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>74</b> Excess SDI (or VPMI) withheld. See instructions . . . . . ● <b>74</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>75</b> Earned Income Tax Credit (EITC) . . . . . ● <b>75</b>	<input type="text" value="119"/>	<input type="text" value="00"/>
	<b>76</b> Young Child Tax Credit (YCTC). See instructions . . . . . ● <b>76</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>77</b> Add lines 71 through 76. These are your total payments. See instructions . . . . . ● <b>77</b>	<input type="text" value="119"/>	<input type="text" value="00"/>

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

<b>Overpaid Tax/Tax Due</b>	<b>92</b> Payments balance. If line 77 is more than line 91, subtract line 91 from line 77 . . . . . ● <b>92</b>	<input type="text" value="119"/>	<input type="text" value="00"/>
	<b>93 Use Tax balance.</b> If line 91 is more than line 77, subtract line 77 from line 91 . . . . . ● <b>93</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>94</b> Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. . . . . ● <b>94</b>	<input type="text" value="119"/>	<input type="text" value="00"/>
	<b>95</b> Amount of line 94 you want applied to your <b>2020</b> estimated tax . . . . . ● <b>95</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>96</b> Overpaid tax available this year. Subtract line 95 from line 94 . . . . . ● <b>96</b>	<input type="text" value="119"/>	<input type="text" value="00"/>
	<b>97</b> Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . . ● <b>97</b>	<input type="text"/>	<input type="text" value="00"/>



Your name:

Your SSN or ITIN:



Contributions

**Code Amount**

California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/>	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/>	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/>	.00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/>	.00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/>	.00
California Sea Otter Fund . . . . .	● 410	<input type="text"/>	.00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/>	.00
School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/>	.00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/>	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/>	.00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/>	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	<input type="text"/>	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/>	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/>	.00
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/>	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/>	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/>	.00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	<input type="text"/>	.00
<b>110</b> Add code 400 through code 444. This is your total contribution . . . . .	● 110	<input type="text"/>	.00

Your name:  Your SSN or ITIN:

**Amount You Owe** **111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, 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**  .00  
**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114**  .00

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . . . ● **115**  .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

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

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

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

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

● Your email address. Enter only one email address.  ● Preferred phone number

**Sign Here**

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

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

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

Firm's address  ● Firm's FEIN

Joint tax return? (See instructions)

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

Print Third Party Designee's Name  Telephone Number

# 2019 California Earned Income Tax Credit

# 3514

Attach to your California Form 540, Form 540 2EZ or Form 540NR

Name(s) as shown on tax return

SSN

YIFAN DU

620790858

### Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

**Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).**

### Part I Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? . . . .   Yes  No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . .   Yes  No
- 2 Federal AGI (federal Form 1040 or 1040-SR, line 8b) . . . . . ● 2
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 18a) . . . . . ● 3

### Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income . . . . . ● 4

### Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

#### Qualifying Child Information

	Child 1	Child 2	Child 3
5 First name . . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
6 Last name . . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
7 SSN . . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 2000 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
9 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. . . . .	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2019? If yes, go to line 10. If no, stop here. The child is not a qualifying child. . . . .	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
10 Child's relationship to you. See instructions. . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
11 Number of days child lived with you in California during 2019. Do not enter more than 365 days. See instructions. . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>

	Child 1	Child 2	Child 3
<b>12 a</b> Child's physical address during 2019 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>b</b> City. . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>c</b> State. . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>d</b> ZIP code. . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part IV California Earned Income**

<b>13</b> Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	● <b>13</b>	<input type="text" value="0"/>	<input type="text" value="00"/>
<b>14</b> IHSS payments. See instructions. . . . .	● <b>14</b>	<input type="text"/>	<input type="text" value="00"/>
<b>15</b> Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . . .	● <b>15</b>	<input type="text"/>	<input type="text" value="00"/>
<b>16</b> Subtract line 14 and line 15 from line 13. . . . .	● <b>16</b>	<input type="text" value="0"/>	<input type="text" value="00"/>
<b>17</b> Nontaxable combat pay. See instructions. . . . .	● <b>17</b>	<input type="text"/>	<input type="text" value="00"/>
<b>18</b> Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. . . . .	● <b>18</b>	<input type="text" value="14684"/>	<input type="text" value="00"/>
<b>a</b> Business name. . . . .	●	<input type="text" value="YIFAN DU"/>	
<b>b</b> Business address. . . . .	●	<input type="text" value="485 E OAK CT"/>	
City, state, and ZIP code. . . . .	●	<input type="text" value="AZUSA CA 917026299"/>	
<b>c</b> Business license number. . . . .	●	<input type="text"/>	
<b>d</b> SEIN. . . . .	●	<input type="text"/>	
<b>e</b> Business code. . . . .	●	<input type="text" value="541510"/>	
<b>19 California Earned Income.</b> Add line 16, line 17, and line 18. . . . .	● <b>19</b>	<input type="text" value="14684"/>	<input type="text" value="00"/>

**Part V California Earned Income Tax Credit** (Complete Step 6 in the instructions.)

<b>20 California EITC.</b> Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23. . . . .	● <b>20</b>	<input type="text" value="119"/>	<input type="text" value="00"/>
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**Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit**

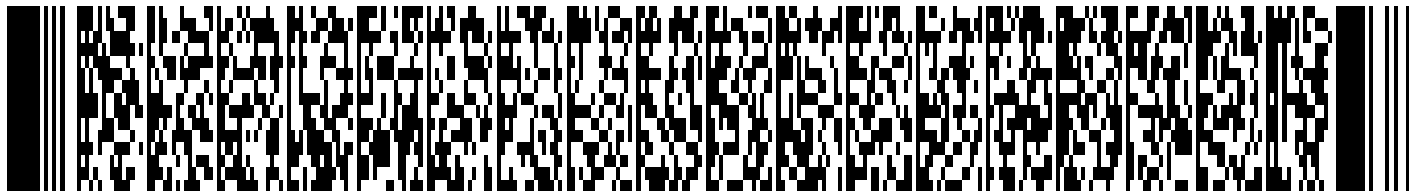
- 21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . .  21
- 22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.  
This amount should also be entered on Form 540NR, line 85. . . .  22 .00

**Part VII Young Child Tax Credit (YCTC) (See Step 8 in the instructions before completing this part.)**

- 23 **California Earned Income.** Enter the amount from form FTB 3514, line 19. . . .  23 .00
- 24 **Available Young Child Tax Credit.** . . . . .  24  1,000.00
- If the amount on line 23 is \$25,000 or less, also enter \$1,000 on line 28 and skip lines 25 through 27. If applicable, complete lines 29 and 30.
  - If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.
- 25 Excess Earned Income over threshold. Subtract \$25,000 from line 23. . . .  25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . .  26
- 27 **Reduction amount.** Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, **do not** round. . . .  27
- 28 **Young Child Tax Credit.**
- If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
  - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. . . .  28 .00

**Part VIII Nonresident or Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)**

- 29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . .  29
- 30 **Nonresident or Part-Year Resident YCTC.** Multiply line 29 by line 28.  
This amount should also be entered on Form 540NR, line 86. . . .  30 .00



**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>Yifan</b>	Last name <b>Du</b>	Your social security number <b>620-79-0858</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>485 E Oak Ct</b>	Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Azusa CA 91702-6299</b>		If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>
Foreign country name	Foreign province/state/county	

**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, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under *Standard Deduction*, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .					<b>1</b>	
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>b</b> Taxable interest. Attach Sch. B if required		<b>2b</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>		<b>b</b> Ordinary dividends. Attach Sch. B if required		<b>3b</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>b</b> Taxable amount . . . . .		<b>4b</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>		<b>d</b> Taxable amount . . . . .		<b>4d</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>		<b>b</b> Taxable amount . . . . .		<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .					<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .					<b>7a</b>	15,800.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .					<b>7b</b>	15,800.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .					<b>8a</b>	1,116.
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .					<b>8b</b>	14,684.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>9</b>		12,200.		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>10</b>		497.		
<b>11a</b> Add lines 9 and 10 . . . . .					<b>11a</b>	12,697.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .					<b>11b</b>	1,987.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	199 .		
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>		199 .	
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>			
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>			
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>		199 .	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>		2,232 .	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>		2,431 .	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>			
<b>18</b>	Other payments and refundable credits:				
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	68 .		
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>			
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>			
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>			
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . . ▶	<b>18e</b>		68 .	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>		68 .	

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>			
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>			
<b>b</b>	Routing number <u>X X X X X X X X X</u> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>d</b>	Account number <u>X X X X X X X X X X X X X X X X X X</u>				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . . ▶	<b>22</b>			

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . . ▶	<b>23</b>		2,435 .	
<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>		72 .	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

Your signature	Date	Your occupation Computer Programmer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Joint return?  
See instructions.  
Keep a copy for your records.

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

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

Your social security number  
620-79-0858

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<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>	15,800.
<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. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	15,800.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	1,116.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	1,116.

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

REV 03/29/20 Intuit.cq.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019



**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **02**

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

Yifan Du

Your social security number

620-79-0858

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	2,232.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	2,232.

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

REV 03/29/20 Intuit.cj.cfp.sp

Schedule 2 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Yifan Du</b>		Social security number (SSN) <b>620-79-0858</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>software</b>	<b>B</b> Enter code from instructions ▶ <b>5 4 1 5 1 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ <b>485 E Oak Ct</b> City, town or post office, state, and ZIP code <b>Azusa, CA 91702-6299</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2019, check here		<input checked="" type="checkbox"/>
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	15,800.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	15,800.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	15,800.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	15,800.

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

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	15,800.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.  • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>			15,800.
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).  • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				
		<b>32a</b> <input type="checkbox"/> All investment is at risk.		
		<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?     Yes     No  
If "Yes," attach explanation . . . . .

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year)    ▶ .....

**44** Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:  
**a** Business .....    **b** Commuting (see instructions) .....    **c** Other .....

**45** Was your vehicle available for personal use during off-duty hours?     Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?.     Yes     No

**47a** Do you have evidence to support your deduction?     Yes     No  
**b** If "Yes," is the evidence written?     Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .		<b>48</b>

**SCHEDULE SE**  
**(Form 1040 or 1040-SR)**

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Attachment  
Sequence No. **17**

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

Yifan Du

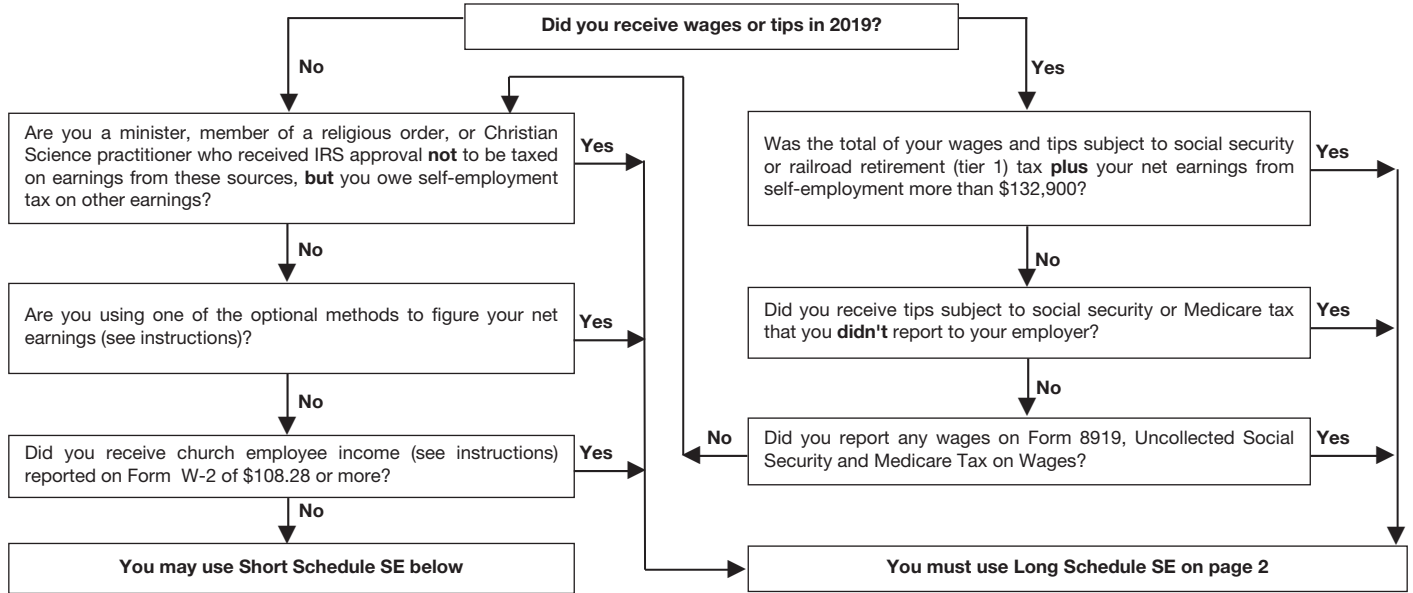
Social security number of person  
with self-employment income ▶

620-79-0858

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<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). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	15,800.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	15,800.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ▶	<b>4</b>	14,591.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .</b>	<b>5</b>	2,232.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . .</b>	<b>6</b>	1,116.

**Qualified Business Income Deduction  
Simplified Computation**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **55**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return Yifan Du	Your taxpayer identification number 620-79-0858
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1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Yifan Du	620790858	14,684.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	14,684.	
3 Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	14,684.	
5 Qualified business income component. Multiply line 4 by 20% (0.20)			<b>5</b> 2,937.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			<b>9</b>
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			<b>10</b> 2,937.
11 Taxable income before qualified business income deduction	<b>11</b>	2,484.	
12 Net capital gain (see instructions)	<b>12</b>	0.	
13 Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	2,484.	
14 Income limitation. Multiply line 13 by 20% (0.20)			<b>14</b> 497.
15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			<b>15</b> 497.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			<b>16</b> ( 0. )
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			<b>17</b> ( 0. )