CITY OF
LOS ANGELES
CALIFORNIA

ERIC GARCETTI
MAYOR

FIRE DEPARTMENT

RALPH M. TERRAZAS
FIRE CHIEF

200 NORTH MAIN STREET
ROOM 1800
LOS ANGELES, CA 90012

(213) 978-3800
FAX: (213) 978-3815

HTTP://WWW.LAFD.ORG

May 15, 2020

The Honorable Public Safety Committee
City of Los Angeles
200 N. Spring Street
Los Angeles, CA 90012

COUNCIL FILE 20-0453 – BRUSH CLEARANCE ASSESSMENT APPEALS

Honorable Members:

In response to the Board of Fire Commissioners approval of the 2018 Brush Clearance Appeals, the Los Angeles Fire Department appreciates the opportunity to submit the following supplemental report. This report is hereby transmitted to the City Council's Public Safety Committee for consideration.

Should you need additional information, please contact Battalion Chief James Hayden, Fire Prevention and Safety Bureau at (213) 978-3590.

Sincerely,

R. M. Terrazas

RALPH M. TERRAZAS
Fire Chief

Attachment

Connect
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Cheryl Getuiza <cheryl.getuiza@lacity.org>

Fwd: Customer Number BR5894279 Invoice Number 190000343 - 2611 Round Drive, Los Angeles, CA 90032

Adam Lid <[redacted]>
To: Cheryl Getuiza <[redacted]>

Wed, May 13, 2020 at 7:58 AM

---------- Forwarded message ---------
From: **Juan Urbina** <[redacted]>
Date: Tue, May 12, 2020 at 5:10 PM
Subject: Re: Customer Number BR5894279 Invoice Number 190000343 - 2611 Round Drive, Los Angeles, CA 90032
To: [redacted] <[redacted]>

Greetings Mr. Lid,

Please be advised that I will be presenting additional information and would like to ask if I can send a Dropbox link at the time of the meeting. Per the letter written by Ms. Delia Ibarra President of Fire Commissioners I was not given the opportunity to speak to any of the Board of Fire Commissioners.It was was a hearing officer who just heard the Fire Department side and my side of what transpired. I was never given any arborist report as stated at the hearing that one was obtained but could not be given to me. I have evidence in writing with email contradicting this arborist report statement. Please let me know if you will be able to accept the link or I will PDF the information at the May 22, 2020 Public Safety Committee meeting. Please reach out via email or give me a call at (818) 400-5873. Thank you.

On Saturday, May 9, 2020, 03:19:32 PM UTC, LAFD Brush <lafdbrush@lacity.org> wrote:

May 9, 2020

Good morning Mr Urbina,

The public safety committee meeting is only to present new evidence to the committee. As you mentioned you have already had your appeal and the hearing officer did not approve your appeal. You are being sent this notification and you may participate in the meeting but is meant to present new evidence not to re do your appeal.

On Fri, May 8, 2020 at 9:37 PM Juan Urbina <[redacted]> wrote:

> Greetings Adam,
>
> I am in receipt of your letter dated May 4, 2020 with regards to the above mentioned property and the Public Safety Committee. I do not understand what additional information is required to be submitted.
>
> These are the facts that are not mentioned in the documentation received.
>
> 1.) I did not meet with any of the Board of Fire Commissioners as stated in this letter. I met with a third party individual who according to her introductions she was there to here both sides of the story. The Fire Department was represented by three fireman who read off some document and who knows might have been coached by this 3rd party as to what to say or not say it was definitely scripted. They presented their case that they provided mailers and notice and that they cut the tree. Those are all fact and true statements. I am not disputing that this in fact did happen.
>
> 2.) As stated at this meeting though not noted in this report - I will repeat again at this Public Safety Committee and in this email that an initial inspection was performed/conduct by the Fire Marshall in April/May of 2018. No notice or mention of this tree was mentioned in the report. The Fire Department gave me a clean and clear report with no issues reported.

3.) In November 2018 I was out of town and the mother of my son called me that the Fire Marshall wanted to speak to me about the tree. I told the Fire Marshall that I was out of town and could not meet with him as he arrived unannounced and no letter was sent by him to meet with me. According to one of the neighbors the elderly chinese couple whose son work for the LA Sheriff Department had contacted the LAFD to complain about the tree and stated that the tree was dead and had the possibility of falling over. Who made that call is beyond me. I think that because the son a City worker and the husband a retired LADWP mechanic complained to someone within the department, forced the Fire Marshall to come out again in November 2018.

4.) When I received the mailer from the Fire Department as to they were going to be hiring a third party to cut the tree I had lost my job and told the person taking notes and showed her my legal documentation that I was suing my former employer for unlawful termination and discrimination. Hearing is still pending. Therefore, I had no money to pay a professional to do this type of work as the tree was pretty large and needed the right tools and crew to do the job. Not only the size was a factor by the fact that it was on a hill with a slope was the other challenging part of the tree removal.

5.) The tree started to turn its leaves yellow when they started to develop a new house two house down from mine. The tree was large enough to have roots extend from my property and beyond my property line. I feel that once they cut into the tow of the hill the tree could have possibly went into shock. When I asked the neighbors that this could have been the case they clearly said that the tree in questions should have been removed when they were building my house when it was being developed. Working in the construction industry for over 20 years any project that had trees, which were on the public or on the private property in the new development were always removed. How this tree of this size was not asked to be removed when the house was being built is beyond me. The chinese couple numerous times after I purchase the home had told me on various occassions that they had ask the owner/builder of the property to remove the tree. I think it is unfair that when the tree could have been easily removed at time of construction the City Inspectors and Plan Checker did not ask for the tree to be removed.

My current financial situation prohibits me from making any payments at this point in time. I am self-employed and have not worked since November 2018. I am currently on unemployment with the State due to the Covid-19 pandemic. I am unable to make my monthly mortgage payment, so I do not know when the house will be foreclosed on or whenever the President lifts the forbearance agreements on FHA loans from the banks to start the foreclosure process.

Hindsight, had the I known the problems purchasing the house would have caused me I would not have purchased it. The house currently has mold and constructability issues, which one is the 17' retaining wall in which the tree in question was causing a surcharge on the wall. I can't understand how the City of LA - Building and Grading Inspector's could not seen or had the experience to know that the tree would be causing so much stress on this wall which is more dangerous to my son than the tree that was cut down.

Lastly, I asked the third party person to give me a copy of the arborist report, which confirmed that the tree was in fact dead and not dormant. The third party person told me I needed to get my own report? Then she said that the contractor had its own arborist (on staff by the way) who confirmed that the tree was dead. Really? With $15K for the project to say yes why would he have said no? I will be presenting many trees from around the neighborhood both on private and public right aways that are far more worse than the tree that was cut down on my property which to date the City has done nothing about them since this hearing I attended with the three fireman and this third party person.

I am being charged $15,000 for something if you think about it could have been rectified by the City and the Developer prior to the construction being built. Again, with the other house being built and the neighbors can attest that the tree was very much alive started on a downward trend when the owner/builder of the new house developed his property. They are starting a new development and have starting moving dirt again. Maybe the Board or the Public Safety Committee can come and look first hand of what was caused by others and the City (not being proactive) is trying to make me inherit something that could have been averted and the problem would not have existed on November 2018.

Again, I look forward to the zoom meeting. This case has nothing to do with the fact the fire department and/or contractor did it's job. The issue here is if the neighbors called the Fire Department with regards to the removal of the tree, then I feel it is only fair that they pay for the service. I did not ask for the tree to be removed. They claimed that they feared that there houses and lives were in danger. This is why we all have Home Insurance to cover these types of claims.

Should you need to reach out to me, I am at 818-400-5873.

Sincerely,

Juan J. Urbina
(818) 400-5873

--

TO: THE PUBLIC SAFETY COMMITTEE May 10, 2020
c/o CITY CLERK
RE: BRUSH CLEARANCE APPEALS
APN #s:
5208 028 002
5208 028 003
5208 028 004
5208 028 005

The Fire Department's photographic evidence at the Hearing included a single Final Notice { the "Work Order" } tied to a fence that runs along the back property line of all the 4 parcels referenced above.
This Notice, part of the due process requirements, was **not seen** prior to to the brush clearance. It was posted in the **least visible part of the property.**

ADDITIONAL EVIDENCE NOT PRESENTED AT HEARING
re: *Why the Notice was not seen*:
These 4 adjacent parcels extend from Thomas Street { the "front" of and historic legal and mailing address of all the properties }. The parcels start as relatively flat lots and end up going very steeply downhill all the way to Alta Street .
Lincoln High School is across Alta Street from this downhill slope.
There is really no reason to go to the Alta side of the parcels and **additionally** *Alta Street is closed by locked gates during school hours along the entire roadway at the bottom side of all these parcels. Per the Fire Departments testimony -- it is in this rarely travelled and/or prohibited area that the* ***sole*** *Notice was tied to the fence. There is no need to nor is it often even possible to use Alta Street.*
At the Hearing I did explain the remoteness of the Notice posting , but I neglected to add the important further *obstacle* to seeing this Notice caused by the *frequent closure of the roadway from which the Notice might be seen.*

The prior Notice I did receive at the Thomas Street addresses was dated in June. We had made progress { but admittedly not enough} prior to the City's December clearance but would have been in better compliance if the Notice had been provided in a manner that best assured it was received and/or seen.

The unnecessarily remote posting of the Notice diminished my due process protections and an opportunity to hasten our efforts. The additional factor of the road's frequent closure *increased* the already reduced likelihood that the Notice would be seen. I believe this new evidence justifies further reduction of the administrative costs imposed. Thank you, John Ladner

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Cheryl Getuiza <cheryl.getuiza@lacity.org>

Fwd: Fw: Additional Evidence re: 2018 Brush Clearance Appeals

Adam Lid <[redacted]>
To: Cheryl Getuiza <[redacted]>

Mon, May 11, 2020 at 7:57 AM

---------- Forwarded message ---------
From: **John Ladner** <[redacted]>
Date: Sun, May 10, 2020 at 5:06 PM
Subject: Fw: Additional Evidence re: 2018 Brush Clearance Appeals
To: [redacted] <[redacted]>

Please let me know if there are any changes in the May 22 review date or Zoom connection information.
Many thanks, John Ladner

----- Forwarded Message -----
From: John Ladner <[redacted]>
To: lafdbrush@lacity.org <lafdbrush@lacity.org>
Sent: Sunday, May 10, 2020, 05:52:05 PM EDT
Subject: Additional Evidence re: 2018 Brush Clearance Appeals

Attached please find a written statement with respect to **additional evidence** that was not presented at the Fire Department 2018 Brush Clearance Appeal.
Thank you for considering this evidence as part of the "virtual hearing" scheduled for May 22.
John Ladner

--
Adam R. Lid
Legislative Assistant II
Office of the City Clerk
Council and Public Services

Additional Evidence.pdf
85K

Assessors ID: 2706034012 Invoice NO: BC190000200 May 12, 2020

Mr. Lid & Public Safety Committee,

Attached to this email is the 2018 tax return I received on October 5, 2019. I tried to send this return to the mediator for my 2018 brush clearance appeal but the email I had sent it to was returned as a failed delivery. At which point I called the brush clearance office and tried to get the correct email without success from any of the staff. I hope you understand the reasons behind me not wanting to send such an important document that has a lot of personal information of mine as well as my family. I also did not understand why I would be sending this information to the brush clearance division of the Fire Department and not the mediator that requested it for my case that year. Following the hearing whenever I had tried to reach the mediator, the brush clearance department withheld their email address which conflicted me. From what I understand there is a reason why a mediator was appointed for the hearing and I was simply attempting to follow due process.

I would like to briefly summarize the discussion of my defense from the hearing on June 26, 2019. In August of 2017 I had just lost my father who had been in my care for the previous 5 years. During that time I had started a new job due to being displaced from my former job of 20 years and trying to get caught up with my financial responsibilities. Following this hardship I was, and currently am, in the process of mediating a bitter and costly divorce. Also in February of 2018, I was involved in a motorcycle accident resulting in fractures of both my C5 and C6 cervical vertebrae which could have easily led me to be paralyzed. Following doctors orders, I was out of work again for the remainder of the year with specific restrictions to limited movement of the head and neck region. The only help I had to maintain the brush clearance was my 16 year old son who was emotionally suffering and struggling in his academics due to the unfortunate obstacles life had brought to our family. At a point in time during 2018, my son had cleared 100 ft. of the brush which I had thought was the acceptable brush clearance, it was not until the actual appeal in June 2019 that I had been informed otherwise.

I sincerely appreciate your time and express much gratitude looking into my case.

Best Regards,

Amador Jason Barrios

Lance Layton Income Tax
30423 Canwood Street #237
Agoura Hills, CA 91301

Amador Jason
21347 Candice Pl.
Chatsworth, CA 91311

LANCE LAYTON INCOME TAX
30423 CANWOOD STREET #237
AGOURA HILLS, CA 91301
(818) 889-7229

October 5, 2019

Amador Jason and Lorena Barrios
21347 Candice Pl.
Chatsworth, CA 91311

Dear Amador Jason and Lorena,

Your 2018 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service. No tax is payable with the filing of this return. You will receive a refund of $3,432. $1,716 of your refund will be directly deposited into your checking account. $1,716 of your refund will be directly deposited into your checking account.

Under the Affordable Care Act, you and each member of your household had either health coverage or an exemption for each month during 2018. No individual shared responsibility payment is due with the filing of this return.

Your 2018 California Individual Income Tax Return will be electronically filed with the FTB. No tax is payable with the filing of this return. You will receive a refund of $2,099. $1,050 of your refund will be directly deposited into your checking account. $1,049 of your refund will be directly deposited into your checking account.

Please be sure to call if you have any questions.

Sincerely,

Lance Layton

Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

Single [✓ Married filing jointly] Married filing separately Head of household Qualifying widow(er)

and initial	Last name	Your social security number
Jason Barrios		

…dard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

…eturn, spouse's first name and initial	Last name	Spouse's social security number
…rena Barrios		

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954

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

☒ Full-year health care coverage or exempt (see inst.)

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

21347 Candice Pl.

Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

Chatsworth, CA 91311

If more than four dependents, see inst. and ✓ here ► ☐

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
Andrew A. Barrios		Son	X	
Ramona Mankiller		Parent		X

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Studio Grip	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Admin. Asst.	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
Lance Layton	Lance Layton	P00086089	95-3314515	☒ 3rd Party Designee

Firm's name ► Lance Layton Income Tax Phone no. (818) 889-7229 ☒ Self-employed

Firm's address ► 30423 Canwood Street #237
Agoura Hills, CA 91301

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112L 01/08/19 Form 1040 (2018)

Form 1040 (2018) Page 2

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Line	Description		Amount
1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	75,249.
2a	Tax-exempt interest 2a	b Taxable interest 2b	
3a	Qualified dividends 3a	b Ordinary dividends 3b	
4a	IRAs, pensions, and annuities 4a	b Taxable amount 4b	1,768.
5a	Social security benefits 5a	b Taxable amount 5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 3,698.	6	80,715.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	80,715.
8	**Standard deduction or itemized deductions** (from Schedule A)	8	33,574.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	47,141.
11	a Tax (see inst.) 5,274. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐) b **Add** any amount from Schedule 2 and check here ► ☐	11	5,274.
12	a Child tax credit/credit for other dependents 2,500. b **Add** any amount from Schedule 3 and check here ► ☐	12	2,500.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2,774.
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	2,774.
16	Federal income tax withheld from Forms W-2 and 1099	16	6,206.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	6,206.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	3,432.
20a	Amount of line 19 you want ~~refunded to you~~. If Form 8888 is attached, check here ► ☒	20a	3,432.

Standard Deduction for —
- Single or married filing separately, $12,000
- Married filing jointly or Qualifying widow(er), $24,000
- Head of household, $18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

► b Routing number XXXXXXXXXX ► c Type: ☐ Checking ☐ Savings

► d Account number XXXXXXXXXXXXXXXXXXXXXXXXX

21 Amount of line 19 you want applied to your 2019 estimated tax ► 21

Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ► 22

23 Estimated tax penalty (see instructions) ► 23

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form 1040 (2018)

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

Treasury
Service

OMB No. 1545-0074
2018
Attachment Sequence No. 01

wn on Form 1040
dor Jason and Lorena Barrios

Your social security number

dditional Income	1–9b	Reserved	1–9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,698.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount Gambling Winnings	21	2,000.
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	3,698.

Adjustments to Income	23	Educator expenses	23			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27			
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid **b** Recipient's SSN ▶	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	0.

Treasury
Service (99)

Itemized Deductions

► Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
► Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2018
Attachment Sequence No. **07**

wn on Form 1040
or Jason and Lorena Barrios

Your social security number
[redacted]

dical nd Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 7 | 2 |				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐	5a	2,319.		
	b	State and local real estate taxes (see instructions)	5b	7,931.		
	c	State and local personal property taxes	5c	60.		
	d	Add lines 5a through 5c	5d	10,310.		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.		
	6	Other taxes. List type and amount ►	6			
	7	Add lines 5e and 6			7	10,000.
Interest You Paid **Caution:** Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐				
	a	Home mortgage interest and points reported to you on Form 1098 See St 1	8a	21,192.		
	b	Home mortgage interest not reported to you on Form 1098. 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 Stmt 2	8c	144.		
	d	Reserved	8d			
	e	Add lines 8a through 8c	8e	21,336.		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	21,336.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions Statement 3	11	738.		
	12	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 See Statement 4	12	500.		
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	1,238.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	0.
Other Itemized Deductions	16	Other—from list in instructions. List type and amount ► Gambling Losses to Extent of Winnings 1,000.			16	1,000.
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8			17	33,574.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here ► ☐				

Treasury
Service
on return

Allocation of Refund (Including Savings Bond Purchases)

► Go to www.irs.gov/Form8888 for the latest information.
► Attach to your income tax return.

OMB No. 1545-0074

2018

Attachment Sequence No. 56

or Jason and Lorena Barrios

Your social security number [redacted]

Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a Amount to be deposited in first account (see instructions) . . . . 1a 1,716.
b Routing number 322271627 ►c [X] Checking [ ] Savings
d Account number [redacted]

2a Amount to be deposited in second account . . . . 2a 1,716.
b Routing number 322271627 ►c [X] Checking [ ] Savings
d Account number [redacted]

3a Amount to be deposited in third account 3a
b Routing number XXXXXXXXXXX ►c [ ] Checking [ ] Savings
d Account number XXXXXXXXXXXXXXXXXXXX

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

Caution: *If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.*

4 Amount to be used for bond purchases for yourself (and your spouse, if filing jointly) 4

5a Amount to be used to buy bonds for yourself, your spouse, or someone else 5a
b Enter the owner's name (First then Last) for the bond registration

c If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here . ► [ ]

6a Amount to be used to buy bonds for yourself, your spouse, or someone else 6a
b Enter the owner's name (First then Last) for the bond registration

c If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here . ► [ ]

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7 Amount to be refunded by check 7

Part IV Total Allocation of Refund

8 Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return . . . . 8 3,432.

BAA For Paperwork Reduction Act Notice, see your tax return instructions. Form 8888 (2018)

FDIA4701L 07/26/18

Paid Preparer's Due Diligence Checklist

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

► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. **70**

Treasury
Service

Name(s) shown on return: or Jason and Lorena Barrios

Taxpayer identification number: [redacted]

Preparer's name and PTIN: Lance Layton P00086089

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	[ ]	[X]	[ ]	[ ]

1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	[X] Yes	[ ] No	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	[X] Yes	[ ] No	[ ] N/A
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed	[X] Yes	[ ] No	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	[ ] Yes	[X] No	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	[ ] Yes	[ ] No	
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided,and the impact the information had on your preparation of the return.)	[ ] Yes	[ ] No	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)	[X] Yes	[ ] No	
List those documents, if any, that you relied on.			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	[X] Yes	[ ] No	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	[X] Yes	[ ] No	[ ] N/A
a Did you complete the required recertification Form 8862?	[ ] Yes	[ ] No	[ ] N/A
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	[ ] Yes	[ ] No	[X] N/A

Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
ave you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	☐ Yes ☐ No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐ Yes ☐ No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐ Yes ☐ No ☐ N/A			

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		☒ Yes ☐ No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		☒ Yes ☐ No ☐ N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		☒ Yes ☐ No ☐ N/A		

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			☐ Yes ☐ No	

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				☐ Yes ☐ No

Part VI **Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of Form 8867;
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements, you may have to pay a $520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒ Yes ☐ No

Statement 1
Schedule A, Line 8a
Home Mortgage Interest Reported on Form 1098

Chase Bank	$	6,419.
Ditech		14,773.
Total	$	21,192.

Statement 2
Schedule A, Line 8c
Deductible Points

Amortized Points	$	144.
Total	$	144.

Statement 3
Schedule A, Line 11
Contributions by Cash or Check

House of Worship	$	520.
Various		50.
Volunteer Expenses and Travel		168.
Total	$	738.

Statement 4
Schedule A, Line 12
Contributions Other than Cash

	$	500.
Total	$	500.

Statement 1
Schedule A, Line 8a
Home Mortgage Interest Reported on Form 1098

Chase Bank	$	6,419.
Ditech		14,773.
Total	$	21,192.

Statement 2
Schedule A, Line 8c
Deductible Points

Amortized Points	$	144.
Total	$	144.

Statement 3
Schedule A, Line 11
Contributions by Cash or Check

House of Worship	$	520.
Various		50.
Volunteer Expenses and Travel		168.
Total	$	738.

Statement 4
Schedule A, Line 12
Contributions Other than Cash

	$	500.
Total	$	500.

Federal Worksheets

Amador Jason and Lorena Barrios [redacted]

Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	Medi-care	State W/H	SDI
Entertainment Partners Enterprises	20,538.	1,712.	1,273.	298.	564.	201.
Cast & Crew Production Payroll	1,923.	83.	119.	28.	11.	19.
Forward Processing CA, Inc.	5,363.	394.	333.	78.	111.	
Total	27,824.	2,189.	1,725.	404.	686.	220.

Spouse - Employer	Wages	Federal W/H	FICA	Medi-care	State W/H	SDI
UC, Los Angeles	33,442.	2,731.	2,288.	535.	965.	
University of California	13,983.	1,109.	950.	222.	430.	
Total	47,425.	3,840.	3,238.	757.	1,395.	0.
Grand Total	75,249.	6,029.	4,963.	1,161.	2,081.	220.

IRA Distribution Schedule

Taxpayer - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
Bank of America, N.A.	1,768.	1,768.	177.	18.
Grand Total	1,768.	1,768.	177.	18.

State and Local Refunds Taxable in 2018
(Refunds on Prior Year Return Taxable in Current Year)

1. State and local income tax refunds (prior year)		1,698.
2. Refunds attributable to post 12/31/2017 payments per IRS Pub. 525		0.
3. Net state and local income tax refunds		1,698.
4. State and local taxes paid from prior year Sch. A, line 5		3,502.
5. Prior year allowable sales tax deduction		1,248.
6. Excess of income taxes deducted over sales taxes		2,254.
7. Enter the smaller of line 3 or line 6		1,698.
8. Itemized deductions from prior year Sch. A, line 29		43,882.
9. Prior year recomputed itemized deductions (if phaseout)		0.
10. Prior year base standard deduction	12,700.	
11. Prior year add'l standard deduction for age/blindness	0.	
12. Prior year total standard deduction (add lines 10 and 11)		12,700.
13. Enter the larger of line 9 or line 12		12,700.
14. Subtract line 13 from line 8 (not less than 0)		31,182.
15. Enter the smaller of line 7 or line 14		1,698.
16. Negative taxable income (prior year)		0.
17. Refund with no benefit due to AMT, nonref. cred., 0% cap gain rate		0.
18. State and local refunds taxable this year (add lines 15, 16, and 17, but not less than 0)		1,698.

State and Local Refunds Taxable in 2019 (IRS Pub. 525)

1.	State and local income tax refunds (current year)	2,099.
2.	Refunds attributable to post 12/31/2018 payments per IRS Pub. 525	0.
3.	Net state and local income tax refunds	2,099.
4.	State and local income taxes included on Schedule A, line 5e	2,009.
5.	Allowable general sales tax deduction	1,069.
6.	Excess of income taxes deducted over sales taxes deducted	940.
7.	Enter the smaller of line 3 or line 6	940.
8.	Itemized deductions from Schedule A, line 17	33,574.
9.	Recomputed itemized deductions, if state/local taxes limited	32,944.
10.	Standard deduction	24,000.
11.	Enter the larger of line 9 or line 10	32,944.
12.	Subtract line 11 from line 8 (not less than 0)	630.
13.	Enter the smaller of line 7 or line 12	630.
14.	Negative taxable income (current year)	0.
15.	State and local refunds taxable next year (add lines 13 and 14, but not less than 0)	630.

Note: The program assumes that if there was any tax benefit received (per the Recomputed Tax worksheet), the full amount of the refund (after accounting for the adjustments above) is taxable.

State Refunds Taxable in 2019 - Recomputed Itemized Deductions

1.	State/local income taxes	2,319.	
2.	State/local income tax refunds (current year)	940.	
3.	Subtract line 2 from line 1	1,379.	
4.	General sales taxes	1,069.	
5.	Greater of state/local income or sales taxes	1,379.	
6.	State/local real estate taxes	7,931.	
7.	State/local property tax refunds (current year)	0.	
8.	Subtract line 7 from line 6	7,931.	
9.	State/local personal property taxes	60.	
10.	Add lines 5, 8, and 9	9,370.	
11.	Smaller of line 10 or $10,000 ($5,000 if MFS)		9,370.
12.	Schedule A, lines 4, 6, 10, 14, 15, and 16		23,574.
13.	Recomputed itemized deductions (lines 11 and 12) for line 9 of State and Local Refunds Taxable in 2019 worksheet		32,944.

State Refunds Taxable in 2019 - Recomputed Tax (To Determine if Tax Benefit Received per IRS Pub. 525 - AMT / Unused Credits / 0% Rate Capital Gain, Qualified Dividends)

1.	Actual taxable income (1040, line 10)	47,141.	
2.	Actual regular tax (1040, line 11a)	5,274.	
3.	Actual AMT (Schedule 2, line 45)	0.	
4.	Actual total tax BEFORE credits (1040, line 11)	5,274.	
5.	Less: Actual credits (1040, line 12)	2,500.	
6.	Actual tax AFTER credits (1040, line 13)		2,774.
7.	Taxable income recomputed with Sch. A taxes reduced by state tax refunds (see Sch. A Taxes Reduced by Refunds worksheet)	47,771.	
8.	Recomputed regular tax	5,352.	

State Refunds Taxable in 2019 - Recomputed Tax (continued) (To Determine if Tax Benefit Received per IRS Pub. 525 - AMT / Unused Credits / 0% Rate Capital Gain, Qualified Dividends)

9.	Recomputed AMT	0.	
10.	Recomputed total tax BEFORE credits	5,352.	
11.	Less: Recomputed credits	2,500.	
12.	Recomputed tax AFTER credits		2,852.
13.	Difference between actual and recomputed tax (subtract line 12 from line 6)		-78.

Negative change - tax benefit was received (see other worksheets for computation of refund to include in 2019 income).

Note: The program considers a tax benefit to be a LOWER tax liability, HIGHER credit carryovers to 2019, and/or HIGHER refundable credits as a result of deducting the state taxes that produced the refund. However, an increase to credit carryovers and/or refundable credits is not considered to be a tax benefit if the increase is fully offset by a higher tax liability.

State Refunds Taxable in 2019 - Sch. A Taxes Reduced by Refunds

1.	Taxes from Schedule A, line 5d	10,310.
2.	State/local income tax refunds (current year)	2,099.
3.	Refunds attributable to post 12/31/2018 payments per IRS Pub. 525	0.
4.	Net state/local income tax refunds	2,099.
5.	State/local taxes included on Schedule A line 5e	2,009.
6.	Allowable general sales tax deduction	1,069.
7.	Excess of income taxes deducted over sales taxes deducted	940.
8.	Enter the smaller of line 4 or line 7	940.
9.	Adjusted Schedule A taxes used to recompute tax for line 7 of the Recomputed Tax worksheet (subtract line 8 from line 1, maximum of $10,000/$5,000 MFS)	9,370.

Amador Jason and Lorena Barrios [redacted]

Child Tax Credit and Credit for Other Dependents Worksheet (Form 1040, Line 12a)

1. Number of qualifying children with required SSN from Form 1040, Dependents: 1 x $2,000		2,000.	
2. Number of other dependents, including qualifying children without the required SSN from Form 1040, Dependents: 1 x $500		500.	
3. Add lines 1 and 2			2,500.
4. Enter the amount from Form 1040, line 7.		80,715.	
5. Enter $400,000 if MFJ ($200,000 for all others)		400,000.	
6. Is line 4 more than the amount on line 5? NO - Leave line 6 blank. Enter -0- on line 7. YES - Subtract line 5 from line 4. If the result is not a multiple of $1,000, increase it to the next multiple of $1,000.			
7. Multiply the amount on line 6 by 5% (.05). Enter the result.			0.
8. Is the amount on line 3 more than the amount on line 7? NO - Stop. You can't take the child tax credit on Form 1040, line 12a. You also cannot take the additional child tax credit on Form 1040, line 17b. YES - Subtract line 7 from line 3. Enter the result.			2,500.
9. Enter the amount from Form 1040, line 11.			5,274.
10. Add the amounts from:			
Schedule 3, Line 48	0.		
Schedule 3, Line 49	0.		
Schedule 3, Line 50	0.		
Schedule 3, Line 51	0.		
Form 5695, Line 30	0.		
Form 8910, Line 15	0.		
Form 8936, Line 23	0.		
Schedule R, Line 22	0.		
Enter the total.		0.	
11. Are the amounts on line 9 and 10 the same? YES - Stop. You can't take the credit because there is no tax to reduce. NO - Subtract line 10 from line 9.			5,274.
12. Is the amount on line 8 more than the amount on line 11? YES - Enter the amount from line 11. NO - Enter the amount from line 8. This is your Child Tax Credit and credit for other dependents. Enter on Form 1040, line 12a.			2,500.

Federal Income Tax Withheld

UC, Los Angeles	2,731.
Entertainment Partners Enterprises	1,712.
Cast & Crew Production Payroll	83.
Forward Processing CA, Inc.	394.
University of California	1,109.
Bank of America, N.A.	177.
Total	6,206.

State and Local Taxes (Schedule A, Line 5a)

State and Local Income Taxes

	State	Local
Income tax withheld	2,099.	0.
Disability/unemployment insurance/transit tax	220.	0.
Estimated tax payments	0.	0.
Credit for prior year overpayment	0.	0.
Credit for income tax withheld (K-1)	0.	0.
1/18 payment on 2017 estimate	0.	0.
Paid with 2017 extension	0.	0.
Paid with 2017 return	0.	0.
Paid for prior years and/or to other states	0.	0.
Total income taxes	2,319.	0.

Total state and local income taxes	2,319.

State and Local Sales Taxes Using the Optional Sales Tax Tables

Available Income:	
Adjusted gross income per Form 1040	80,715.
Tax-exempt interest	0.
Nontaxable combat pay	0.
Nontaxable social security benefits	0.
Nontaxable pensions	0.
Nontaxable IRAs	0.
Prior year refundable credits (refundable portion only)	0.
Additional nontaxable amounts	0.
Total Available Income (not less than zero)	80,715.
Number of Exemptions	4.

1. State general sales taxes per Tables	1,069.
2. Local general sales taxes per Tables for certain residents of AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, and VA (based on a rate of 1%)	0.
3. Local general sales tax rate	
4. If line 2 is zero, enter your state general sales tax rate. Otherwise, skip line 4 and 5, and go to line 6	7.2500
5. Divide line 3 by line 4	
6. Local general sales taxes. If line 2 is zero, multiply line 1 by line 5. Otherwise, multiply line 2 by line 3.	0.
7. State and local general sales taxes (add lines 1 and 6)	1,069.
8. Sales taxes paid on vehicles, boats, etc.	0.
9. Sales tax deduction when using Tables (add lines 7 and 8)	1,069.

State and Local Sales Tax Deduction
(Greater of Taxes Paid or Table Amount)

1. General sales taxes paid	0.
2. Use taxes paid	0.
3. Total actual taxes paid (add lines 1 and 2)	0.
4. Sales taxes using Tables	1,069.
5. Greater of sales taxes paid or Table amount	1,069.

State & Local Taxes to Sch. A, Ln 5 (greater of income or sales tax)	2,319.

California Resident Income Tax Return

FORM 540

APE DO NOT ATTACH FED RETURN

[redacted] BARR [redacted] 18

DOR J BARRIOS A

ORENA BARRIOS R RP

21347 CANDICE PL
CHATSWORTH CA 91311

12-14-1972 11-24-1975

01		2	45	0	406	0	113	0
06		0	46	0	407	0	115	2099
07	2	236	47	0	408	0	116	1050
08	0	0	48	0	410	0	117	1049
09	0	0	61	0	413	0	APE	0
10	2	734	62	0	422	0	3800	0
11		970	63	0	423	0	3803	0
12		75249	64	0	424	0	SCHG1	0
13		80715	71	2099	425	0	5870A	0
14		1698	72	0	430	0	5805 5805F	0
16		0	73	0	431	0	DESIGNEE	1
17		79017	74	0	432	0	TPIDP	00086089
18		37973	75	0	433	0	FN	953314515
19		41044	76	2099	434	0	CCF	0
31		659	91	0	435	0	3805P	0
32		970	92	2099	436	0	NQDC	0
33		0	93	0	437	0	3540	0
34		0	94	2099	438	0	3554	0
35		0	95	0	439	0	3805Z	0
40		0	96	2099	440	0	3807	0
43		0	97	0	441	0	3808	0
44		0	400	0	442	0	3809	0
			401	0	443	0	IRC453A	0
			403	0	110	0	IRC1341	0
			405	0	111	0		
					112	0	(818) 251-0415	

ANDREW A. BARRIOS
[redacted] SON
RAMONA MANKILLER
[redacted] PARENT

DDR1 322271627
[redacted]
1

DDR2 322271627
[redacted]
1

Filing Status

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

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). See instructions. Enter year spouse/RDP died
See instructions.

ADOR JASON BARRIOS | Your SSN or ITIN: [redacted]

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

ptions

► For line 7, line 8, line 9, and line 10: Multiply the amount 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 $118 = $ 236.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 [ ] x $118 = $

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . ● 9 [ ] x $118 = $

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

	Dependent 1	Dependent 2	Dependent 3
First Name	ANDREW A.	RAMONA	
Last Name	BARRIOS	MANKILLER	
SSN	[redacted]	[redacted]	
Dependent's relationship to you	SON	PARENT	

Total dependent exemptions . . . . ● 10 [2] x $367 = $ 734.

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . 11 $ 970.

Taxable Income

12 State wages from your Form(s) W-2, box 16 . . . . ● 12 75,249.

13 Enter federal adjusted gross income from Form 1040, line 7 . . . . 13 80,715.

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . ● 14 1,698.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . 15 79,017.

16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C . . . . ● 16

17 California adjusted gross income. Combine line 15 and line 16 . . . . ● 17 79,017.

18 Enter the larger of
Your California itemized deductions from Schedule CA (540), Part II, line 30; OR
Your California standard deduction shown below for your filing status:
● Single or Married/RDP filing separately $4,401
● Married/RDP filing jointly, Head of household, or Qualifying widow(er) $8,802
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . . ● 18 37,973.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- . . . . 19 41,044.

Tax

31 Tax. Check the box if from: [X] Tax Table ☐ Tax Rate Schedule
● ☐ FTB 3800 ● ☐ FTB 3803 . . . . ● 31 659.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $194,504, see instructions . . . . 32 970.

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

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

35 Add line 33 and line 34 35

ADOR JASON BARRIOS Your SSN or ITIN: [redacted]

ial Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	● 40	
	43	Enter credit name code ● and amount	● 43	
	44	Enter credit name code ● and amount	● 44	
	45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45	
	46	Nonrefundable renter's credit. See instructions	● 46	
	47	Add line 40 through line 46. These are your total credits	● 47	
	48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	0.
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61	
	62	Mental Health Services Tax. See instructions	● 62	
	63	Other taxes and credit recapture. See instructions	● 63	
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	
Payments	71	California income tax withheld. See instructions	● 71	2,099.
	72	2018 CA estimated tax and other payments. See instructions	● 72	
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	
	74	Excess SDI (or VPDI) withheld. See instructions	● 74	0.
	75	Earned Income Tax Credit (EITC)	● 75	
	76	Add lines 71 through 75. These are your total payments. See instructions	● 76	2,099.
Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0.
		If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.		
Overpaid Tax/ Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	● 92	2,099.
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	● 93	
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	● 94	2,099.
	95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	2,099.
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	● 97	

ADOR JASON BARRIOS

Your SSN or ITIN: [redacted]

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	
California Firefighters' Memorial Fund	● 406	
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	
California Peace Officer Memorial Foundation Fund	● 408	
California Sea Otter Fund	● 410	
California Cancer Research Voluntary Tax Contribution Fund	● 413	
School Supplies for Homeless Children Fund	● 422	
State Parks Protection Fund/Parks Pass Purchase	● 423	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	
State Children's Trust Fund for the Prevention of Child Abuse	● 430	
Prevention of Animal Homelessness and Cruelty Fund	● 431	
Revive the Salton Sea Fund	● 432	
California Domestic Violence Victims Fund	● 433	
Special Olympics Fund	● 434	
Type 1 Diabetes Research Fund	● 435	
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	
110 Add code 400 through code 443. This is your total contribution	● 110	

AMADOR JASON BARRIOS — Your SSN or ITIN: [redacted]

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
Pay online – Go to ftb.ca.gov/pay for more information.

Interest and Penalties

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

113 Underpayment of estimated tax. Check the box: ● ☐ FTB 5805 attached ● ☐ FTB 5805F attached ..... ● 113

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

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.
Mail to: FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001 .... ● 115 2,099.

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	● Account number	● 116 Direct deposit amount
322271627	☒ Checking ☐ Savings	[redacted]	1,050.

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

● Routing number	● Type	● Account number	● 117 Direct deposit amount
322271627	☒ Checking ☐ Savings	[redacted]	1,049.

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.

Sign Here

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

Joint tax return? (See instructions)

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: (818) 251-0415

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

Firm's name (or yours, if self-employed): LANCE LAYTON INCOME TAX

● PTIN: P00086089

Firm's address: 30423 CANWOOD STREET #237
AGOURA HILLS, CA 91301

● FEIN: 953314515

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

Print Third Party Designee's Name: LANCE LAYTON

Telephone Number: 818 889-7229

California Adjustments – Residents

SCHEDULE **CA (540)**

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

Name(s) as shown on tax return: JASON AND LORENA BARRIOS

SSN or ITIN: [redacted]

Part I Income Adjustment Schedule

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal form 1040				
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	75,249.		
2 Taxable interest (a)	2b			
3 Ordinary dividends. See instructions. (a)	3b			
4 IRAs, pensions, and annuities. See instructions. (a)	4b	1,768.		
5 Social security benefits. (a)	5b			
Section B – Additional Income from federal Schedule 1 (Form 1040)				
10 Taxable refunds, credits, or offsets of state and local income taxes	10	1,698.	1,698.	
11 Alimony received	11			
12 Business income or (loss)	12			
13 Capital gain or (loss). See instructions	13			
14 Other gains or (losses)	14			
15a Reserved	15a			
16a Reserved	16b			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc	17			
18 Farm income or (loss)	18			
19 Unemployment compensation	19			
20a Reserved	20a			
21 Other income. a California lottery winnings; b Disaster loss deduction from FTB 3805V; c Federal NOL (federal Schedule 1 (Form 1040), line 21); d NOL deduction from FTB 3805V; e NOL from FTB 3805Z, 3806, 3807, or 3809; f Other (describe):	21	2,000.	a b c d e f	a b c d e f
22 **Total.** Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C	22	80,715.	1,698.	
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)				
23 Educator expenses	23			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24			
25 Health savings account deduction	25			
26 Moving expenses. Attach federal Form 3903. See instructions	26			
27 Deductible part of self-employment tax	27			
28 Self-employed SEP, SIMPLE, and qualified plans	28			
29 Self-employed health insurance deduction	29			
30 Penalty on early withdrawal of savings	30			
31 a Alimony paid. b Recipient's: SSN ____ Last name ____	31a			
32 IRA deduction	32			
33 Student loan interest deduction	33			
34 Reserved	34			
35 Reserved	35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	36			
37 **Total.** Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	80,715.	1,698.	

[redacted]

			A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
	djustments to Federal Itemized Deductions				
	...if you did NOT itemize for federal but will itemize for California.... ☐				
	...al and Dental Expenses				
1	Medical and dental expenses ______	1			
2	Enter amount from federal Form 1040, line 7 ______	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..	4b			
	Taxes You Paid				
5a	State and local income tax or general sales taxes	5a	2,319.	2,319.	
5b	State and local real estate taxes	5b	7,931.		
5c	State and local personal property taxes	5c	60.		
5d	Add lines 5a through 5c	5d	10,310.		
5e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A	5e	10,000.		
	Enter the amount from line 5a, column B in line 5e, column B			2,319.	
	Enter the difference from line 5d and line 5e, column A in line 5e, column C				310.
6	Other taxes. List type ______	6			
7	Add lines 5e and 6	7	10,000.	2,319.	310.
	Interest You Paid				
8a	Home mortgage interest and points reported to you on Form 1098	8a	21,192.		
8b	Home mortgage interest not reported to you on Form 1098	8b			
8c	Points not reported to you on Form 1098	8c	144.		
8d	Reserved	8d			
8e	Add lines 8a through 8c	8e	21,336.		
9	Investment interest	9			
10	Add lines 8e and 9	10	21,336.		
	Gifts to Charity				
11	Gifts by cash or check	11	738.		
12	Other than by cash or check	12	500.		
13	Carryover from prior year	13			
14	Add lines 11 through 13	14	1,238.		
	Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15			
	Other Itemized Deductions				
16	Other—from list in federal instructions	16	1,000.		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	33,574.	2,319.	310.

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C .... 18 | 31,565.

BARRIOS [redacted]

...s and Certain Miscellaneous Deductions

...rsed employee expenses - job travel, union dues, job education, etc. ...federal Form 2106 if required. See instructions	19		
...x preparation fees	20	425.	
Other expenses - investment, safe deposit box, etc. List type SEE STATEMENT 1	21	7,597.	
22 Add lines 19 through 21	22	8,022.	
23 Enter amount from federal Form 1040, line 7 80,715.			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	1,614.	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25		6,408.
26 **Total Itemized Deductions.** Add line 18 and line 25	26		37,973.
27 Other adjustments. See instructions. Specify.	27		
28 Combine line 26 and line 27	28		37,973.

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 **$194,504**
Head of household **$291,760**
Married/RDP filing jointly or qualifying widow(er) **$389,013**

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 — 37,973.

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

Single or married/RDP filing separately. See instructions **$4,401**
Married/RDP filing jointly, head of household, or qualifying widow(er) . . **$8,802**

Transfer the amount on line 30 to Form 540, line 18 . . . . 30 — 37,973.

Statement 1
Schedule CA, Part II, Line 21
Miscellaneous Deductions Subject to 2% AGI Limit

Bus.Gifts/Favors	$ 150.
Bus.Gifts/Favors - S	275.
Bus.Lunch/ - S (50%out)	240.
Bus.Lunch/(50%out)	180.
Empl.Agcy./Job Search	60.
Investment Expense	40.
Laundry of Unif/Pro.Cl.-S	312.
Materials & Supplies - S	161.
Misc.Ded.Exp.for Empl.- S	131.
Safety Equipment	334.
Small Tools/Equip.	2,314.
Tele:Cellular/Pay	990.
Tele:Cellular/Pay - S	480.
Union Dues & Activities	1,252.
Union Dues/Actvs. - S	678.
Total	$ 7,597.

FTB e-file
Tax Return Signature / Consent to Disclosure

Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2018 e-file Handbook for Authorized e-file Providers.*

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 95524933311
(enter EFIN plus 5 Self-Selected numerics)

2018

California Income Tax Summary

Amador Jason and Lorena Barrios

[redacted]

	2018	2017	Diff
FEDERAL ADJUSTED GROSS INCOME			
Federal adjusted gross income	80,715	114,060	-33,345
CALIFORNIA SUBTRACTIONS			
State tax refund	1,698	1,512	186
Total subtractions from federal AGI	1,698	1,512	186
ADJUSTED GROSS INCOME			
Adjusted gross income	79,017	112,548	-33,531
ITEMIZED DEDUCTIONS			
Federal itemized deductions	0	43,882	-43,882
Less state, local and foreign taxes	0	3,502	-3,502
Itemized deduction before limitation	37,973	0	37,973
California itemized deductions	37,973	40,380	-2,407
California standard deduction	8,802	8,472	330
TAX COMPUTATION			
Total taxable income	41,044	72,168	-31,124
Tax	659	2,157	-1,498
Exemption credits	970	934	36
Net tax	0	1,223	-1,223
PAYMENTS			
California income tax withheld	2,099	2,921	-822
Total payments	2,099	2,921	-822
REFUND OR AMOUNT DUE			
Amount overpaid	2,099	1,698	401
Amount you owe	0	0	0
Amount refunded to you	2,099	1,698	401
TAX RATES			
Marginal tax rate	4.0%	6.0%	-2.0%
Effective tax rate	0.0%	1.7%	-1.7%

Federal Income Tax Sum

2018

Amador Jason and Lorena Barrios

	2018	2017	
INCOME			
Wages, salaries, tips, etc	75,249	112,548	-37,2[illegible]
Taxable IRA distributions	1,768	0	1,768
Refunds of state and local taxes	1,698	1,512	186
Other income	2,000	0	2,000
Total income	80,715	114,060	-33,345
ADJUSTMENTS TO INCOME			
Total adjustments	0	0	0
Adjusted gross income	80,715	114,060	-33,345
ITEMIZED DEDUCTIONS			
Taxes	10,000	11,382	-1,382
Interest	21,336	25,194	-3,858
Contributions	1,238	1,238	0
Miscellaneous (subject to 2% of AGI)	0	6,068	-6,068
Other miscellaneous deductions	1,000	0	1,000
Total itemized deductions	33,574	43,882	-10,308
TAX COMPUTATION			
Standard deduction	24,000	12,700	11,300
Larger of itemized or standard deduction	33,574	43,882	-10,308
Income prior to exemption deduction	47,141	70,178	-23,037
Exemption deduction	0	16,200	-16,200
Taxable income	47,141	53,978	-6,837
Tax before credits	5,274	7,164	-1,890
CREDITS			
Child tax credit & other dependent cr	2,500	750	1,750
Total credits	2,500	750	1,750
Tax after credits	2,774	6,414	-3,640
OTHER TAXES			
Total tax	2,774	6,414	-3,640
PAYMENTS			
Federal income tax withheld	6,206	10,801	-4,595
Total payments	6,206	10,801	-4,595
REFUND OR AMOUNT DUE			
Amount overpaid	3,432	4,387	-955
Amount refunded to you	3,432	4,387	-955
Amount you owe	0	0	0
TAX RATES			
Marginal tax rate	12.0%	15.0%	-3.0%
Effective tax rate	5.9%	11.9%	-6.0%

OMB No. 1545-0074

IRS *e-file* Signature Authorization

2018

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to *www.irs.gov/Form8879* for the latest information.

...Identification Number (SID) ►

...'s name	Social security number
...ador Jason Barrios	[redacted]
...se's name	Spouse's social security number
...rena Barrios	568-99-0053

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	1,698.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

...nder penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending ...ecember 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my ...lectronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from ...e IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. ...f applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ...ndicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize Lance Layton Income Tax (ERO firm name) to enter or generate my PIN 00093 (Enter five digits, but don't enter all zeros) as my signature on my tax year 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► X [signature] Date ► X 02/02/19

Spouse's PIN: check one box only

[X] I authorize Lance Layton Income Tax (ERO firm name) to enter or generate my PIN 00116 (Enter five digits, but don't enter all zeros) as my signature on my tax year 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95524933311 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► Lance Layton Date ►

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions. Form 8879 (2018)

FDIA1701L 11/12/18

DO NOT MAIL THIS FORM TO THE FTB

YEAR 2018

California e-file Signature Authorization for Individuals

FORM 8879

Your name ADOR JASON BARRIOS	Your SSN or ITIN [redacted]
Spouse's/RDP's name LORENA BARRIOS	Spouse's/RDP's SSN or ITIN 568-99-0053

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income. See instructions	1	
2	Amount You Owe. See instructions	2	
3	Refund or No Amount Due. See instructions	3	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and /or transmitter the reason(s) for the delay or the date when the refund was sent.** 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 acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize LANCE LAYTON INCOME TAX (ERO firm name) to enter my PIN 00093 (Do not enter all zeros) as my signature on my 2018 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▸ X Date ▸ X 02/02/19

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

[X] I authorize LANCE LAYTON INCOME TAX (ERO firm name) to enter my PIN 00116 (Do not enter all zeros) as my signature on my 2018 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▸ Date ▸

Practitioner PIN Method Returns Only — continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95524933311 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature ▸ LANCE LAYTON Date ▸

▼ DETACH HERE ▼

1030

Form **4868**

Department of the Treasury Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2018, or other tax year beginning , 2018, ending ,

FDIA4601L 07/11/18

2018

Part I Identification

1

Amador Jason Barrios
Lorena Barrios
21347 Candice Pl.
Chatsworth, CA 91311

2 [redacted]

3 568-99-0053

Part II Individual Income Tax

4	Estimate of total tax liability for 2018 . . $	0.
5	Total 2018 payments	4,426.
6	**Balance due.** Subtract line 5 from line 4 (see instructions)	0.
7	Amount you are paying (see instructions) ►	0.

8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) ► ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ► ☐

[redacted] JS BARR 30 0 201812 670

Revenue Service

...ges, tips, other compensation 5,362.72	2 Federal income tax withheld 393.58
3 Social security wages 5,362.72	4 Social security tax withheld 332.50
5 Medicare wages and tips 5,362.72	6 Medicare tax withheld 77.76

...yer's name, address and ZIP code
...RWARD PROCESSING CA, INC.
...00 S SEPULVEDA BLVD FL 4
LOS ANGELES, CA 90049

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12a

b Employer identification number (EIN) 95-4266108

a Employee's social security number [redacted]

13 Statutory employee | Retirement plan X | Third-party sick pay | 14 Other CA-VPDI 48.27

e Employee's name, address and ZIP code
AMADOR J BARRIOS
21347 CANDICE PL
CHATSWORTH, CA 91311

2018

15 State Employer's state ID No. CA 378 2377	16 State wages, tips, etc. 5,362.72	
17 State income tax 111.30	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

W-2 Wage and Tax Statement
Copy C-For EMPLOYEE'S RECORDS
(See notice to Employee on the back of Copy B.)

12a See instructions for box 12	1 Wages, tips, other compensation 1922.67	2 Federal income tax withheld 83.35
12b	3 Social security wages 1922.67	4 Social security tax withheld 119.21
12c	5 Medicare wages and tips 1922.67	6 Medicare tax withheld 27.88
12d	7 Social security tips	8 Allocated tips
12e	9 Verification Code	10 Dependent care benefits
This information is being furnished to the Internal Revenue Service	11 Nonqualified plans	13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ]
Copy B—To Be Filed With Employee's FEDERAL Tax Return	14 Other CASDI #388-3605-2 19.24	
a Employee's social security number [redacted]		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

.58

Service OMB # 1545-0008

Copy B — To Be Filed With Employee's FEDERAL Tax Return

AS...
ASS...

b Employer identification number (EIN): 46-4068666
a Employee's social security number: [redacted]
1 Wages, tips, other compensation: 20537.99
2 Federal income tax withheld: 1712.06
3 Social security wages: 20537.99
4 Social security tax withheld: 1273.36
5 Medicare wages and tips: 20537.99
6 Medicare tax withheld: 297.80

c Employer's name, address and ZIP code
ENTERTAINMENT PARTNERS ENTERPRISES LLC
P O BOX 7836
BURBANK CA 91510-7836

7 Social security tips
8 Allocated tips
9 Verification code
10 Dependent care benefits
11 Nonqualified plans
12a Code
12b Code
12c Code
12d Code
13 Statutory employee | Retirement plan: X | Third-party sick pay
14 Other: CA SDI 201.36

e Employee's name, address and ZIP code
AMADOR JASON BARRIOS
21347 CANDICE PLACE
CHATWORTH CA 91311

2018 Form W-2

15 State: CA | Employer's state I.D. no.: 025-6218-9
16 State wages, tips, etc.: 20537.99
17 State income tax: 564.21
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Wage and Tax Statement
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury–Internal Revenue Service

OMB No. 1545-0008
d Control Number
1 Wages, tips, other compensation: 20537.99
2 Federal income tax withheld: 1712.06
b Employer identification number (EIN): 46-4068666
3 Social security wages: 20537.99
4 Social security tax withheld: 1273.36
a Employee's social security number: [redacted]
5 Medicare wages and tips: 20537.99
6 Medicare tax withheld: 297.80

c Employer's name, address and ZIP code
ENTERTAINMENT PARTNERS ENTERPRISES LLC
P O BOX 7836
BURBANK CA 91510-7836

7 Social security tips
8 Allocated tips
9 Verification code
10 Dependent care benefits
11 Nonqualified plans
12a Code
12b Code
12c Code
12d Code
13 Statutory employee | Retirement plan: X | Third-party sick pay
14 Other: CA SDI 201.36

e Employee's name, address and ZIP code
AMADOR JASON BARRIOS
21347 CANDICE PLACE
CHATWORTH CA 91311

2018 Form W-2

15 State: CA | Employer's state I.D. no.: 025-6218-9
16 State wages, tips, etc.: 20537.99
17 State income tax: 564.21
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Wage and Tax Statement
Copy B To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0008
d Control Number
1 Wages, tips, other compensation: 20537.99
2 Federal income tax withheld: 1712.06
b Employer identification number (EIN): 46-4068666
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4 Social security tax withheld: 1273.36
a Employee's social security number: [redacted]
5 Medicare wages and tips: 20537.99
6 Medicare tax withheld: 297.80

c Employer's name, address and ZIP code
ENTERTAINMENT PARTNERS ENTERPRISES LLC
P O BOX 7836
BURBANK CA 91510-7836

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8 Allocated tips
9 Verification code
10 Dependent care benefits
11 Nonqualified plans
12a Code
12b Code
12c Code
12d Code
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e Employee's name, address and ZIP code
AMADOR JASON BARRIOS
21347 CANDICE PLACE
CHATWORTH CA 91311

2018 Form W-2

15 State: CA | Employer's state I.D. no.: 025-6218-9
16 State wages, tips, etc.: 20537.99
17 State income tax: 564.21
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Wage and Tax Statement
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury – Internal Revenue Service

W-2 Wage and Tax Statement
Earnings Summary

Description	Amount
CA EARNINGS	
1	$4,028.32
THE VOICE SEASON 13	$226.29
THE VOICE SEASON 14	$146.13
THIS IS US YR2	$29.77
THE VOICE SEASON 15	$10,110.87
THE VOICE SEASON 16	$4,865.89
THE RANCH - SEASON 4	$1,130.72
CA SUBTOTAL	$20,537.99

This right-hand bottom section of the form is information only. Do not submit with your tax return.

☐ CORRECTED (if checked)

...ess, city or town, state or province, country, ...code

...RICA, N.A.
...ING
...293
...ON, DE 19850-5293

...888-827-1812   6318

1 Gross distribution	$ 1767.54
2a Taxable amount	$ 1767.54
2b Taxable amount not determined	[X]
Total distribution	☐
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 176.75
5 Employee contributions/ Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	4
IRA/SEP/ SIMPLE	[X]
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
FATCA filing requirement	☐
12 State tax withheld	$ / $ 17.68
13 State/Payer's state no.	CA/80249220
14 State distribution	$ / $
15 Local tax withheld	$ / $
16 Name of locality	
17 Local distribution	$ / $
Date of payment	

OMB No. 1545-0119

2018

Form **1099-R**

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C For Recipient's Records

This information is being furnished to the IRS.

...AYER'S TIN: ...4-1687665

RECIPIENT'S TIN: [redacted]

...ECIPIENT'S name, street address, city or town, state or province, country, ...nd ZIP or foreign postal code

...MADOR JASON BARRIOS BENEF OF
...MADOR D BARRIOS
...1347 CANDICE PL
...HATSWORTH CA 91311-1404

Account number (see instructions)

**********3821000001 IRA ACCOUNT

Form **1099-R** (Keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

00-17-1040B 05-2013

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BANK OF AMERICA, N.A.
TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293

1-888-827-1812   6318

1 Gross distribution	$ 1767.54
2a Taxable amount	$ 1767.54
2b Taxable amount not determined	[X]
Total distribution	☐
3 Capital gain (included in box 2a)	$
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5 Employee contributions/ Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	4
IRA/SEP/ SIMPLE	[X]
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
FATCA filing requirement	☐
12 State tax withheld	$ / $ 17.68
13 State/Payer's state no.	CA/80249220
14 State distribution	$ / $
15 Local tax withheld	$ / $
16 Name of locality	
17 Local distribution	$ / $
Date of payment	

OMB No. 1545-0119

2018

Form **1099-R**

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 1 For State, City, or Local Tax Department

PAYER'S TIN: 94-1687665

RECIPIENT'S TIN: [redacted]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

AMADOR JASON BARRIOS BENEF OF
AMADOR D BARRIOS
21347 CANDICE PL
CHATSWORTH CA 91311-1404

Account number (see instructions)

[redacted] IRA ACCOUNT

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

1 Gross winnings $2,000.00	2 Date won 1/3/2018 9:10:04 PM
3 Type of wager $25.00	4 Federal income tax withheld $0.00
5 Transaction 1980029124	6 Race Slots
7 Winnings from identical wagers	8 Cashier S. F

PAYER's name, address and zip code
Buffalo Bills Casino
31700 South Las Vegas Blvd.
Primm, NV 89019
Federal identification number 88-0430016
Telephone number (702)382-1212

9 Winner's taxpayer I.D. number [redacted]	10 Window 1
11 First I.D. A5161571	12 Second I.D. W9
13 State/Payer's state ID number NV 00000000	14 State winnings $2,000.00
15 State income tax withheld $0.00	16 Local winnings $2,000.00
17 Local income tax withheld $0.00	18 Name of locality Primm

WINNER's name and address
AMADOR BARRIOS
21347 CANDICE PL,
CHATSWORTH, CA 91311

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signnature ▶ Date 1-3-17

Form W-2G Certain Gambling Winnings 2018
Copy B

This information is being furnished to the Internal Revenue Service. Report this income on your FEDERAL tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

OMB No. 1545-0238

1 Gross winnings $2,000.00	2 Date won 1/3/2018 9:10:04 PM
3 Type of wager $25.00	4 Federal income tax withheld $0.00
5 Transaction 1980029124	6 Race Slots
7 Winnings from identical wagers	8 Cashier S. F

PAYER's name, address and zip code
Buffalo Bills Casino
31700 South Las Vegas Blvd.
Primm, NV 89019
Federal identification number 88-0430016
Telephone number (702)382-1212

9 Winner's taxpayer I.D. number [redacted]	10 Window 1
11 First I.D. A5161571	12 Second I.D. W9
13 State/Payer's state ID number NV 00000000	14 State winnings $2,000.00
15 State income tax withheld $0.00	16 Local winnings $2,000.00
17 Local income tax withheld $0.00	18 Name of locality Primm

WINNER's name and address
AMADOR BARRIOS
21347 CANDICE PL,
CHATSWORTH, CA 91311

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signnature ▶ Date 1-3-17

Form W-2G Certain Gambling Winnings 2018
Copy C For Winner's Records

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

OMB No. 1545-0238

W-2G 2018

Instructions to Winner

Box 1. The payer must furnish a Form W-2G to you if you receive:

1. $1,200 or more in gambling winnings from bingo or slot machines;
2. $1,500 or more in proceeds (the amount of winnings minus the amount of the wager) from keno;
3. More than $5,000 in winnings (reduced by the wager or buy-in) from a poker tournament;
4. $600 or more in gambling winnings (except winnings from bingo, keno, slot machines, and poker tournaments) and the payout is at least 300 times the amount of the wager; or
5. Any other gambling winnings subject to federal income tax withholding.

Generally, report all gambling winnings on the "Other income" line of Form 1040. You can deduct gambling losses as an itemized deduction, but you cannot deduct more than your winnings. Keep an accurate record of you winnings and losses, and be able to prove those amounts with receipts, tickets, statements, or similar items that you have saved. For additional information, see Pub. 529, Miscellaneous Deductions, and Pub. 525, Taxable and Nontaxable Income.

Box 4. Any federal income tax withheld on these winnings is shown in this box. Federal income tax must be withheld on certain winnings less the wager.

Certain winnings that are not subject to regular gambling withholding may be subject to backup withholding if you did not provide your federal identification number to the payer.

Include the amount shown in box 4 on your Form 1040 as federal income tax withheld. See Pub. 505, Tax Withholding and Estimated Tax, for additional information.

Signature. You must sign Form W-2G if you are the only person entitled to the winnings and the winnings are subject to regular gambling withholding. Return the signed form to the payer, who will give your copies.