

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning 2016, ending 2016, 20

Your first name and initial **CHARLES KIM** Last name **KIM** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **YOUNG O KIM** Last name **KIM** Spouse's social security number [REDACTED]

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FULLERTON, CA 92833**

Foreign country name Foreign province/state/county Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse.

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
(1) First name	Last name				
[REDACTED]	H KIM	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Boxes checked on 6a and 6b ... **2**
 Na. of children on 6c who:
 • lived with you. **1**
 • did not live with you due to divorce or separation (see instructions).
 Dependents on 6c not entered above.
 Add numbers on lines above ... **3**

d Total number of exemptions claimed. **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	92,707.
8a	Taxable interest. Attach Schedule B if required	8a	35.
	b Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
	b Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-988.
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	IRA distributions	15a	
	b Taxable amount	15b	
16a	Pensions and annuities	16a	27,899.
	b Taxable amount	16b	27,420.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	86.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
	b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	119,260.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. 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	31a	
	b Recipient's SSN	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	119,260.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	119,260.
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
Standard Deduction for -		b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others:	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.
Single or Married filing separately, \$6,300	41	Subtract line 40 from line 38	41	106,660.
Married filing jointly or Qualifying widow(er), \$12,600	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	12,150.
Head of household, \$9,300	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	94,510.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	15,174.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	15,174.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	1,500.
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	1,500.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	13,674.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	60b	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	13,674.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	10,137.
If you have a qualifying child, attach Schedule EIC.	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	Earned income credit (EIC)	66a	
	66b	b Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	1,000.
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	11,137.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
		b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.		d Account number <input type="checkbox"/>		
	77	Amount of line 75 you want applied to your 2017 estimated tax	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	2,537.
	79	Estimated tax penalty (see instructions)	79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	CPA	Phone no.	562-865-2727
			Personal identification number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions.	Your signature	Date	Your occupation	Daytime phone number
Keep a copy for your records.			SELF-EMPLOYED	213-458-0835
	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.)
			STATE LEGISLATOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	CPA	CPA	4/25/17	
	Firm's name	KAGW, LLP		
	Firm's address	17918 PIONEER BLVD STE 200		
		ARTESIA, CA 90701		
	Firm's EIN			
	Phone no.	(562) 865-2727		

For the year Jan. 1 - Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

Your first name and initial **CHARLES KIM** Last name **KIM** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **YOUNG O KIM** Last name **KIM** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FULLERTON, CA 92833**

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ▶

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above & full name here . . ▶ 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for credit (see instructions)	Boxes checked on 6a and 6b
[REDACTED] W. KIM	[REDACTED]	[REDACTED]	Son	<input type="checkbox"/>	No. of children on 6c who: ● lived with you 2 ● did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 4
[REDACTED] H KIM	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>	

d Total number of exemptions claimed 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	90,562.
8a Taxable interest. Attach Schedule B if required	8a	34.
b Tax-exempt interest. Do not include on line 8a 8b		
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends 9b		
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	1,250.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a	15b	
b Taxable amount		
16a Pensions and annuities 16a 27,720.	16b	27,241.
b Taxable amount		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-7,025.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits 20a	20b	
b Taxable amount		
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	112,062.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	89.
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 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	89.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	111,973.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	111,973.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.
41	Subtract line 40 from line 38.	41	99,373.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instrs	42	16,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	83,373.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	12,431.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	12,431.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	1,500.
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8901 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,500.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	10,931.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	177.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	11,108.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	9,810.
65	2015 estimated tax payments and amount applied from 2014 return	65	1,000.
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election. <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	1,000.
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	11,810.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	702.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	702.

Direct deposit? See instructions.

	b Routing number: [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: [REDACTED]		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

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

Designee's name: [REDACTED] CPA Phone no.: 562-865-2727 Personal identification number (PIN): [REDACTED]

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	Daytime phone number
[REDACTED]		SELF-EMPLOYED	213-458-0835
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.)
[REDACTED]		State Legislator	

Paid Preparer Use Only

Print/Type preparer's name: [REDACTED] Preparer's signature: [REDACTED] CPA Date: 1/10/18 Check if self-employed PTIN: [REDACTED]

Firm's name: KAGW, LLP Firm's address: 17918 PIONEER BLVD STE 200 ARTESIA, CA 90701 Firm's EIN: [REDACTED] Phone no.: (562) 865-2727