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01/18/21

Accrual Basis

JULWIN LLC
Profit & Loss
January through December 2020

	<u>Jan - Dec 20</u>
Ordinary Income/Expense	
Income	
Income	166,780.00
Total Income	166,780.00
Expense	
Automobile Expense	14,942.00
Bank Service Charges	2.50
Business Attire	6,951.02
Business Travel	2,045.00
Cleaning & Maintenance	650.00
Dues and Subscriptions	1,687.32
Fax Service Fee	230.86
FTB Expense	2,414.00
Gifts	580.17
Insurance Expense	5,119.00
Legal & Professional	5,493.85
Malpractice Insurance	895.00
Meals and Entertainment	6,777.84
Meetings	5,768.68
Payroll Taxes	1,956.00
Professional Development	910.10
Professional Fees	3,363.00
Promotions	1,552.95
Rent Expense	3,445.00
Supplies	12,395.81
Taxes - Payroll	3,547.00
Telephone Expense	2,358.60
Utilities	2,181.82
Total Expense	85,267.52
Net Ordinary Income	81,512.48
Net Income	<u>81,512.48</u>

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT ' S COPY

April 30, 2020

Julwin, LLC
693 Nile River Drive
Oxnard, CA 93036

Julwin, LLC:

We have prepared and enclosed your 2019 S Corporation income tax returns for the year ended December 31, 2019.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-S to our office. We will then submit your electronic return to the IRS. Do not mail the paper copy of the return to the IRS.

No payment is required.

The California Form 100S return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-C to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

Your payment should be made as instructed below by September 15, 2020.

Enclose a check or money order for \$840.00, payable to Franchise Tax Board. Separately mail FTB 3586 with payment to:

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0531

This return includes a penalty for underpayment of estimated tax of \$40.00.

The California Estimated Income tax due dates and required payments are as follows:

Installment No. 1 by 07/15/20 \$800

Installment No. 2 by 07/15/20 No Payment Due

Installment No. 3 by 09/15/20 No Payment Due

Installment No. 4 by 12/15/20 No Payment Due

Mail the California 100-ES Estimated tax payments to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Attached is a Schedule K-1 for the shareholder indicating their share of income, deductions and credits to be reported on their tax return. This schedule should be immediately forwarded to the shareholder.

Copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Pihlgren C.P.A.'s Inc.

April 30, 2020

Julwin, LLC
693 Nile River Drive
Oxnard, CA 93036

Julwin, LLC:

Enclosed are your 2019 S Corporation tax returns and 2020 estimated tax vouchers, as follows...

2019 U.S. Income Tax Return for an S Corporation

2019 California S Corporation Income Tax Return

2020 California Estimated Tax Vouchers

Your copy should be retained for your files.

Very truly yours,

Pihlgren C.P.A.'s Inc.

Filing Instructions

Prepared for:

JULWIN, LLC
693 NILE RIVER DRIVE
OXNARD, CA 93036

Prepared by:

PIHLGREN C.P.A.'s INC.
5237 WHITECAP STREET
VENTURA, CA 93035

2019 INCOME TAX RETURN FOR AN S CORPORATION

No payment is required.

The return has been prepared for electronic filing. If you wish to have it transmitted to the IRS, please sign, date, and return Form 8879-S to our office. We will then submit your return to the IRS.

A copy of Schedule K-1 should be distributed to the shareholder.

2019 CALIFORNIA FORM 100S

You have a balance due of.....\$ 840.00

The California return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-C to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

Enclose a check or money order for \$840.00, payable to Franchise Tax Board. Separately mail FTB 3586 with payment by September 15, 2020 to:

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0531

Filing Instructions

Prepared for:

JULWIN, LLC
693 NILE RIVER DRIVE
OXNARD, CA 93036

Prepared by:

PIHLGREN C.P.A.'s INC.
5237 WHITECAP STREET
VENTURA, CA 93035

2020 CALIFORNIA FORM 100-ES

Estimated tax vouchers are due as follows:

\$	800	due by	July 15, 2020
\$	0	due by	July 15, 2020
\$	0	due by	September 15, 2020
\$	0	due by	December 15, 2020

Mail by the due date to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Form **8879-S**

IRS e-file Signature Authorization for Form 1120-S

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879-S.
- ▶ Go to www.irs.gov/Form8879S for the latest information.

2019

For calendar year 2019, or tax year beginning _____, 2019, and ending _____, 20__

Name of corporation JULWIN, LLC	Employer identification number 84-2226785
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Part I Tax Return Information (Whole dollars only)		
1 Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	100140.
2 Gross profit (Form 1120-S, line 3)	2	100140.
3 Ordinary business income (loss) (Form 1120-S, line 21)	3	33907.
4 Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5 Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature on the corporation's 2019 electronically filed income tax return.
ERO firm name Don't enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ******* THIS IS NOT A FILEABLE COPY ******* Date **04/28/20** Title **PRESIDENT & CEO**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **9666617777**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PIHLGREN C.P.A.'S INC.** Date **04/30/20**

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2019)

LHA

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

Print or Type	Name JULWIN, LLC	Identifying number 84-2226785
	Number, street, and room or suite no. (If P.O. box, see instructions.) 693 NILE RIVER DRIVE	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) OXNARD, CA 93036	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5a** The application is for calendar year 2019, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or tax year beginning _____, ending _____

A S election effective date 01/01/2019	Name JULWIN, LLC	D Employer identification number 84-2226785
B Business activity code number (see instructions) 621399	Number, street, and room or suite no. If a P.O. box, see instructions. 693 NILE RIVER DRIVE	E Date incorporated 01/01/2019
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code OXNARD, CA 93036	F Total assets (see instructions) \$ 0.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	1b	1c
1	Gross receipts or sales 100140.	Return and allowances	100140.
2	Cost of goods sold (attach Form 1125-A)		
3	Gross profit. Subtract line 2 from line 1c		100140.
4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		
5	Other income (loss) (attach statement)		
6	Total income (loss). Add lines 3 through 5		100140.
Deductions (See instructions for limitations)			
7	Compensation of officers (see instrs. - attach Form 1125-E)		20000.
8	Salaries and wages (less employment credits)		
9	Repairs and maintenance		
10	Bad debts		
11	Rents		8600.
12	Taxes and licenses STATEMENT 1		3060.
13	Interest (see instructions)		264.
14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		
15	Depletion (Do not deduct oil and gas depletion.)		
16	Advertising		17.
17	Pension, profit-sharing, etc., plans		
18	Employee benefit programs		
19	Other deductions (attach statement) STATEMENT 2		34292.
20	Total deductions. Add lines 7 through 19		66233.
21	Ordinary business income (loss). Subtract line 20 from line 6		33907.

Tax and Payments	22a	22b	22c
22 a	Excess net passive income or LIFO recapture tax (see instructions)		
b	Tax from Schedule D (Form 1120-S)		
c	Add lines 22a and 22b		
23 a	2019 estimated tax payments and 2018 overpayment credited to 2019	23a	
b	Tax deposited with Form 7004	23b	
c	Credit for federal tax paid on fuels (attach Form 4136)	23c	
d	Reserved for future use	23d	
e	Add lines 23a through 23d		23e
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed		25
26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		26
27	Enter amount from line 26: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		27

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

Sign Here Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
			04/30/20		P01483020
	Firm's name PIHLGREN C.P.A.'S INC.			Firm's EIN 84-3963414	
	Firm's address 5237 WHITECAP STREET VENTURA, CA 93035			Phone no. 805-315-1017	

Schedule B Other Information (see instructions)	Yes	No		
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____				
2 See the instructions and enter the: a Business activity ▶ _____ b Product or service ▶ _____				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X		
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		X		
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of restricted stock	▶ _____			
(ii) Total shares of non-restricted stock	▶ _____			
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		X		
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of stock outstanding at the end of the tax year	▶ _____			
(ii) Total shares of stock outstanding if all instruments were executed	▶ _____			
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction?		X		
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount	<input type="checkbox"/>			
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years	▶ \$ _____			
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X		
10 Does the corporation satisfy one or more of the following? See instructions		X		
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.				
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.				
11 Does the corporation satisfy both of the following conditions?		X		
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				
b The corporation's total assets at the end of the tax year were less than \$250,000.				
If "Yes," the corporation is not required to complete Schedules L and M-1.				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? If "Yes," did the corporation file or will it file required Form(s) 1099?		X
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 ▶ \$ _____		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	33907.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Reserved for future use	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use	14k	
l Foreign branch category	14l		
m Passive category	14m		
n General category	14n		
o Other (attach statement)	14o		
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	1083.
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (att. stmt.)		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p		18

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11 a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (att. stmt.)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. stmt.)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

<p>1 Net income (loss) per books</p>		<p>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$</p>	
<p>2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):</p>		<p>6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize): a Depreciation \$</p>	
<p>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize): a Depreciation \$</p> <p>b Travel and entertainment \$</p>		<p>7 Add lines 5 and 6</p>	
<p>4 Add lines 1 through 3</p>		<p>8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4</p>	

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instrs.)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year				
2 Ordinary income from page 1, line 21	33907.			
3 Other additions				
4 Loss from page 1, line 21	()			
5 Other reductions STATEMENT 4	1083.)			()
6 Combine lines 1 through 5	32824.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	32824.			

Form 1120-S (2019)

FORM 1120S	TAXES AND LICENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		3060.	
TOTAL TO FORM 1120S, PAGE 1, LINE 12		3060.	

FORM 1120S	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
AUTOMOBILE EXPENSE		18039.	
INSURANCE		5343.	
INTERNET		899.	
JOB PROSPECTING FEES		473.	
MALPRACTICE INSURANCE		890.	
MEALS		1084.	
MEETINGS		1296.	
MISCELLANEOUS EXPENSE		712.	
TELEPHONE EXPENSE		3786.	
TRAVEL		521.	
UTILITIES		1249.	
TOTAL TO FORM 1120S, PAGE 1, LINE 19		34292.	

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		1083.	
TOTAL TO SCHEDULE K, LINE 16C		1083.	

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
NONDEDUCTIBLE EXPENSES		1083.	
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)		1083.	

**Schedule K-1
(Form 1120-S)**

2019

Final K-1 Amended K-1

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax
year beginning _____
ending _____

**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See separate instructions.

Part I Information About the Corporation	
A Corporation's employer identification number 84-2226785	
B Corporation's name, address, city, state, and ZIP code JULWIN, LLC 693 NILE RIVER DRIVE OXNARD, CA 93036	
C IRS Center where corporation filed return E-FILE	
Part II Information About the Shareholder	
D Shareholder's identifying number 506-17-4020	
E Shareholder's name, address, city, state and ZIP code JULIE GALAVIS 693 NILE RIVER DRIVE OXNARD, CA 93036	
F Shareholder's percentage of stock ownership for tax year 100.000000%	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 33907.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items
11	Section 179 deduction	16 C*	Items affecting shareholder basis 1083.
12	Other deductions		
		17	Other information
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1083.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	1083.	

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2020 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX (Complete and retain for your files)

Table with 9 rows: 1. Estimated Income 33907, 2. Tax - Amount on line 1X 1.5000, 3. Tax Credits, 4. Balance (subtract line 3 from line 2) 800, 5. Other taxes, 6. Total estimated tax - Add lines 4 and 5 800, 7. Overpayment on prior year return, 8. Amount already paid towards estimated tax, 9. Net estimated tax 800.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2020

Corporation Estimated Tax

Installment 1 CALIFORNIA FORM 100-ES

0000000 JULW 84-2226785 000000000000 20 FORM 1 TYB 01-01-2020 TYE 12-31-2020 JULWIN LLC

693 NILE RIVER DRIVE OXNARD CA 93036

EST TAX AMT 800. QSUB TAX AMT AMOUNT OF PAYMENT 800.

TAXABLE YEAR

Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM

2019

5806

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy)		and ending (mm/dd/yyyy)	
Corporation name JULWIN, LLC			California corporation number 0000000

Part I Figure the Underpayment

1 Current year's tax. See instructions	1	800.
	(a)	(b)
2 Installment due dates. See instructions	2	04/15/19
3 Percentage required. See instructions	3	30% (not less than min.)
4 Amount due. See instructions	4	800.
5 a Amount paid or credited for each installment	5a	
b Overpayment from previous installment	5b	
6 Add line 5a and line 5b	6	
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	7	800.

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, do not attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?								
8 b	Exception A - Large Corporations, line 30, met?								
9	Exception B (line 42) met?								
10	Exception C (line 64) met?								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.	11	03/15/2020
12 Number of days from date shown on line 2 to date shown on line 11	12	335
13 Number of days on line 12 before 7/01/19, or the payment date, whichever is earlier	13	76
14 Number of days on line 12 after 6/30/19 and before 1/01/20, or the payment date, whichever is earlier	14	184
15 Number of days on line 12 after 12/31/19 and before 7/01/20, or the payment date, whichever is earlier. Calendar yr corps. , see instr.	15	75
16 For fiscal yr corps. only. Number of days on line 12 after 6/30/20 and before 1/01/21. See instr.	16	
17 For fiscal year corps. only. Number of days on line 12 after 12/31/20 and before 2/15/21	17	
18 $\frac{\text{Number of days on line 13}}{\text{Number of days in taxable year}} \times 5\% \times \text{line 7}$	18	8.
19 $\frac{\text{Number of days on line 14}}{\text{Number of days in taxable year}} \times 6\% \times \text{line 7}$	19	24.
20 $\frac{\text{Number of days on line 15}}{\text{Number of days in taxable year}} \times 5\% \times \text{line 7}$	20	8.
21 $\frac{\text{Number of days on line 16}}{\text{Number of days in taxable year}} \times \%$ (see instr.) x line 7	21	
22 $\frac{\text{Number of days on line 17}}{\text{Number of days in taxable year}} \times \%$ (see instr.) x line 7	22	
22a Add amounts for each column from line 18 through line 22	22a	40.
22b Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27	22b	SEE STATEMENT 1 40.

TAXABLE YEAR **California S Corporation**
2019 **Franchise or Income Tax Return**

FORM
100S

0000000 JULW 84-2226785 000000000000 19
 TYB 01-01-2019 TYE 12-31-2019
 JULWIN LLC

693 NILE RIVER DRIVE
 OXNARD CA 93036

Schedule Q Questions (continued on Side 3)

- A 1. FINAL RETURN?** • Dissolved Surrendered (withdrawn) Merged/Reorganized IRC Section 338 sale QSub election
- Enter date (mm/dd/yyyy)
2. Is the S corporation deferring any income from the disposition of assets? Yes No
- If "Yes" enter the year of disposition (yyyy)
3. Is the S corporation reporting previously deferred income from: • Installment sale • IRC §1031 • IRC §1033 • Other
- B 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? Yes No
2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? Yes No
3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? Yes No
 (Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120S, line 21. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120S, page 1, and supporting schedules	1	33907	00
	2 Foreign or domestic tax based on income or profits and California franchise or income tax deducted	2		00
	3 Interest on government obligations	3		00
	4 Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions	4		00
	5 Depreciation and amortization adjustments. Attach Schedule B (100S)	5		00
	6 Portfolio income	6		00
	7 Other additions. Attach schedule(s)	7		00
	8 Total. Add line 1 through line 7	8	33907	00

State Adjustments (cont)	9 Dividends received deduction. Attach Schedule H (100S)	9		00	
	10 Water's-edge dividend deduction. Attach Schedule H (100S)	10		00	
	11 Charitable contributions. See instructions	11		00	
	12 Other deductions. Attach schedule(s)	12		00	
	13 Total. Add line 9 through line 12		13		00
14 Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8		14	33907	00	
CA Net Income	15 Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income		15	33907	00
	16 R&TC Section 23802(e) deduction. See instructions	16		00	
	17 Net operating loss deduction. See instructions	17		00	
	18 EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instructions	18		00	
	19 Disaster loss deduction. See instructions	19		00	
	20 Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15		20	33907	00
Taxes	21 Tax. <u>1.5000</u> % x line 20 (at least minimum franchise tax, if applicable). See instructions		21	800	00
	22 Credit name _____ code • _____ amount	22		00	
	23 Credit name _____ code • _____ amount	23		00	
	24 To claim more than two credits, see instructions	24		00	
	25 Add line 22 through line 24. Attach Schedule C (100S)		25		00
	26 Balance. Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)		26	800	00
	27 Tax from Schedule D (100S). Attach Schedule D (100S). See instructions		27		00
	28 Excess net passive income tax. See instructions		28		00
	29 Total tax. Add line 26 through line 28		29	800	00
	Payments	30 Overpayment from prior year allowed as a credit	30		00
31 2019 Estimated tax/QSub payments. See instructions		31		00	
32 2019 Withholding (Forms 592-B and/or 593)		32		00	
33 Amount paid with extension of time to file tax return		33		00	
34 Total payments. Add line 30 through line 33			34		00
Refund or Amount Due	35 Use tax. This is not a total line. See instructions	35		00	
	36 Payments balance. If line 34 is more than line 35, subtract line 35 from line 34		36		00
	37 Use tax balance. If line 35 is more than line 34, subtract line 34 from line 35		37		00
	38 Franchise or income tax due. If line 29 is more than line 36, subtract line 36 from line 29		38	800	00
	39 Overpayment. If line 36 is more than line 29, subtract line 29 from line 36		39		00
	40 Amount of line 39 to be credited to 2020 estimated tax		40		00
	41 Refund. Subtract line 40 from line 39 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings		41		00
	41a. • Routing number 41b. • Type 41c. • Account number				
	42 a Penalties and interest		42a	40	00
	b • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.				
43 Total amount due. Add line 37, line 38, line 40, and line 42a. Then, subtract line 39 from the result		43	840	00	

Schedule Q Questions (continued from Side 1)

- C** Principal business activity code. Do not leave blank • 621399
 Business activity _____ Product or service _____
- D** Is this S corporation filing on a water's-edge basis pursuant to R&TC sections 25110 and 25113 for the current taxable year? • Yes No
- E** Does this tax return include Qualified Subchapter S Subsidiaries? • Yes No
- F** Date incorporated (mm/dd/yyyy) 01/01/2019 Where: • State CA Country _____
- G** Maximum number of shareholders in the S corporation at any time during the year. Do not leave blank • 1
- H** Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 01/01/2019
- I** Is the S corporation under audit by the IRS or has it been audited in a prior year? • Yes No
- J** Effective date of federal S election (mm/dd/yyyy) • 01/01/2019
- L** Accounting method • (1) Cash (2) Accrual (3) Other
- M** Location of principal accounting records **SEE STATEMENT 2**
- N** "Doing business as" (DBA) name: _____
- O** Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? N/A Yes No
- P** Is this S corporation apportioning or allocating income to California using Schedule R? • Yes No
- Q** Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions. If "Yes," complete and attach federal Form 8886, for each transaction. • Yes No
- R** Did this S corporation file the federal Schedule M-3 (Form 1120S)? • Yes No
- S** Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by Assignee, attached to the return? • Yes No

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election (IRC Sec. 1363(d) deferral \$ _____)	• 1	00
2 Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834)	• 2	00
3 Interest on tax attributable to installment	a) Sales of certain timeshares and residential lots	00
	b) Method for nondealer installment obligations	00
4 IRC Section 197(f)(9)(B)(ii) election	• 4	00
5 Credit recapture name	• 5	00
6 Combine line 1 through line 5. Revise the amount on Side 2, line 38 or line 39, whichever applies, by this amount. Write "Schedule J" to the left of line 38 or line 39	• 6	00

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer ▶	Title PRESIDENT & CEO	Date _____ Telephone 818-406-1667
Paid Preparer's Use Only	Officer's email address (optional) _____		
	Preparer's signature ▶	Date 04/30/20	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> PTIN P01483020
	Firm's name (or yours, if self-employed) PIHLGREN C.P.A.'S INC.		Firm's FEIN 84-3963414
	and address 5237 WHITECAP STREET VENTURA, CA 93035		Telephone 805-315-1017
May the FTB discuss this return with the preparer shown above? See instructions • <input type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule F Computation of Trade or Business Income See instructions.

		1c	
Income	1 a) Gross receipts or sales <u>100140</u> b) Less returns and allowances _____ c) Balance ●	1c	100140 00
	2 Cost of goods sold from Schedule V, line 8 _____ ●	2	00
	3 Gross profit. Subtract line 2 from line 1c _____ ●	3	100140 00
	4 Net gain (loss). Attach schedule _____ ●	4	00
	5 Other income (loss). Attach schedule _____ ●	5	00
	6 Total income (loss) . Combine line 3 through line 5 _____ ●	6	100140 00
Deductions	7 Compensation of officers. Attach schedule. See instructions <u>SEE STATEMENT 4</u> ●	7	20000 00
	8 Salaries and wages _____ ●	8	00
	9 Repairs and maintenance _____ ●	9	00
	10 Bad debts _____ ●	10	00
	11 Rents _____ ●	11	8600 00
	12 Taxes <u>SEE STATEMENT 3</u> ●	12	3060 00
	13 Interest _____ ●	13	264 00
	14 a) Depreciation ● _____ b) Less depreciation reported elsewhere ● _____ c) Balance ●	14c	00
	15 Depletion _____ ●	15	00
	16 Advertising _____ ●	16	17 00
	17 Pension, profit-sharing, plans, etc. _____ ●	17	00
	18 Employee benefit programs _____ ●	18	00
	19 a) Total travel and entertainment ● <u>2688</u> b) Deductible amount _____ ●	19b	1605 00
	20 Other deductions. Attach schedule <u>SEE STATEMENT 5</u> ●	20	32687 00
	21 Total deductions . Add line 7 through line 20 _____ ●	21	66233 00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1 _____ ●	22	33907 00

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash _____				●
2 a Trade notes and accounts receivable _____ ●			●	
b Less allowance for bad debts _____ () ●	()		()	●
3 Inventories _____				●
4 Federal and state government obligations _____				●
5 Other current assets. Attach schedule(s) _____				●
6 Loans to shareholders. Attach schedule(s) _____ ●				●
7 Mortgage and real estate loans _____				●
8 Other investments. Attach schedule(s) _____				●
9 a Buildings and other fixed depreciable assets _____				●
b Less accumulated depreciation _____ () ●	()		()	●
10 a Depletable assets _____				●
b Less accumulated depletion _____ () ●	()		()	●
11 Land (net of any amortization) _____ ●				●
12 a Intangible assets (amortizable only) _____ ●			●	
b Less accumulated amortization _____ () ●	()		()	●
13 Other assets. Attach schedule(s) _____ ●				●
14 Total assets _____ ●				●
Liabilities and shareholders' equity				
15 Accounts payable _____ ●				●
16 Mortg, notes, bonds payable in less than 1 yr. _____				●
17 Other current liabilities. Attach schedule(s) _____				●
18 Loans from shareholders. Attach schedule(s) _____ ●				●
19 Mortg, notes, bonds payable in 1 year or more _____ ●				●
20 Other liabilities. Attach schedule(s) _____				●
21 Capital stock _____ ●				●
22 Paid-in or capital surplus _____ ●				●
23 Retained earnings _____ ●				●
24 Adjustments. Attach schedule(s) _____				●
25 Less cost of treasury stock _____ ● ()	()		()	●
26 Total liabilities and shareholders' equity _____				●

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation completed federal Schedule M-3 (Form 1120S). See instructions.

<p>1 Net income per books</p> <p>2 Inc included on Sch K, lines 1 - 10b, not recorded on books this yr (itemize)</p> <p>3 Expenses recorded on books this year not incl on Schedule K, line 1 through line 12e (itemize)</p> <p>a Depreciation \$</p> <p>b State taxes \$</p> <p>c Travel and entertainment \$</p> <p>d Other \$</p> <p>e Total. Add line 3a through line 3d</p> <p>4 Total. Add line 1 through line 3e</p>	<p>5 Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize)</p> <p>a Tax-exempt interest \$</p> <p>b Other \$</p> <p>c Total. Add line 5a and line 5b</p> <p>6 Deductions included on Sch K, line 1 through line 12e, not charged against book income this year (itemize)</p> <p>a Depreciation \$</p> <p>b State tax refunds \$</p> <p>c Other \$</p> <p>d Total. Add line 6a through line 6c</p> <p>7 Total. Add line 5c and line 6d</p> <p>8 Income (loss) (Sch K, ln 19, col. d). Ln 4 less ln 7</p>	
---	--	--

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings
1 Balance at beginning of year			
2 Ordinary income from Form 100S, Side 1, line 1	33907.		
3 Other additions			
4 Loss from Form 100S, Side 1, line 1	()		
5 Other reductions STMT 6	(1083)		
6 Combine line 1 through line 5	32824.		
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	32824.		
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			32824.
10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions			

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 Other IRC Sec. 263A costs. Attach schedule	4	00
5 Other costs. Attach schedule	5	00
6 Total. Add line 1 through line 5	6	00
7 Inventory at end of year	7	00
8 Cost of goods sold. Subtract line 7 from line 6	8	00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

If "Yes," attach an explanation. Enter California seller's permit number, if any

Method of inventory valuation

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO

Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.

	(a) Pro-rata share items		(b) Amount from federal Schedule K (1120S)	(c) California adjustment	(d) Total amounts using California law
Income (Loss)	1 Ordinary business income (loss)	1	33907.	<input checked="" type="radio"/>	<input type="radio"/> 33907.
	2 Net rental real estate income (loss). Att fed Form 8825	2			<input type="radio"/>
	3 a Other gross rental income (loss)	3a			<input checked="" type="radio"/>
	b Expenses from other rental activities. Attach schedule	3b			<input checked="" type="radio"/>
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			<input type="radio"/>
	4 Interest income	4			<input type="radio"/>
	5 Dividends	5			<input type="radio"/>
	6 Royalties	6			<input type="radio"/>
	7 Net short-term capital gain (loss). Attach Schedule D (100S)	7		<input checked="" type="radio"/>	<input type="radio"/>
8 Net long-term capital gain (loss). Attach Schedule D (100S)	8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
9 Net IRC Section 1231 gain (loss)	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Other Income (Loss)	10 a Other portfolio income (loss). Attach schedule	10a		<input checked="" type="radio"/>	<input type="radio"/>
	b Other income (loss). Attach schedule	10b		<input checked="" type="radio"/>	<input type="radio"/>
Deductions	11 IRC Section 179 expense deduction. Attach Schedule B (100S)	11			<input checked="" type="radio"/>
	12 a Charitable contributions	12a			<input type="radio"/>
	b Investment interest expense	12b			<input type="radio"/>
	c 1 IRC Section 59(e)(2) expenditures	12c1			
	2 Type of expenditures	12c2			
	d Deductions - portfolio. Attach schedule	12d			<input type="radio"/>
e Other deductions. Attach schedule	12e		<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Credits	13 a Low-income housing credit. See instructions	13a			<input type="radio"/>
	b Credits related to rental real estate activities. Attach schedule	13b			<input type="radio"/>
	c Credits related to other rental activities. See instructions. Attach schedule	13c			<input type="radio"/>
	d Other credits. Attach schedule	13d			<input type="radio"/>
14 Total withholding allocated to all shareholders	14				
Alternative Minimum Tax (AMT) items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d Gross income from oil, gas, and geothermal properties	15d			
	e Deductions allocable to oil, gas, and geothermal properties	15e			
	f Other AMT items	15f			
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a			<input type="radio"/>
	b Other tax-exempt income	16b			<input type="radio"/>
	c Nondeductible expenses SEE STATEMENT 7	16c	1083.		<input type="radio"/> 1083.
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			<input type="radio"/>
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			<input type="radio"/>
	d Other items and amnts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule	17d			<input type="radio"/>
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Att sch	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	18e			<input type="radio"/>
Reconcili- ation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19			<input type="radio"/>

Computation of Trade or Business Income for California Purposes

Income	1	a	Gross receipts or sales	100140.	b	Less returns and allowances		Balance ▶	1c	100140.	
	2		Cost of goods sold						2		
	3		Gross profit. Subtract line 2 from line 1c						3	100140.	
	4		Net ordinary gain (loss)						4		
	5		Other income. Attach schedule						5		
	6		TOTAL income (loss). Combine lines 3 through 5						6	100140.	
Deductions	7		Compensation of officers. Attach schedule						7	20000.	
	8		Salaries and wages						8		
	9		Repairs						9		
	10		Bad debts						10		
	11		Rents						11	8600.	
	12		Taxes		SEE STATEMENT 8				12	3060.	
	13		Interest						13	264.	
	14	a	Depreciation		14a						
		b	Depreciation reported elsewhere on return		14b						
		c	Subtract line 14b from line 14a						▶	14c	
	15		Depletion							15	
	16		Advertising							16	17.
	17		Pension, profit-sharing, etc. plans							17	
	18		Employee benefit programs							18	
	19	a)	Total travel and entertainment	2688.	b)	Deductible amount				19	1605.
	20		Other deductions. Attach schedule			SEE STATEMENT 9				20	32687.
21		TOTAL deductions. Add lines 7 through 20						▶	21	66233.	
22		Ordinary income (loss) from trade or business activities. Subtract line 21 from line 6.							22	33907.	

Cost of Goods Sold

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Other IRC Section 263A costs. Attach schedule	4	
5	Other costs. Attach schedule	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6.	8	

CA FORM 5806 COMPUTATION OF INTEREST ON UNDERPAYMENT STATEMENT 1

Q T R	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	800.	Q	800. 04/15/2019 06/30/2019	76	5.0000	8.
		R	800. 06/30/2019 12/31/2019	184	6.0000	24.
		R	800. 12/31/2019 03/15/2020	75	5.0000	8.
TOTAL TO FORM 5806 LINE 22B						40.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 W = NONRESIDENT WITHHOLDING
 O = PRIOR YEAR OVERPAYMENTS & PAYMENTS MADE AFTER AN
 INSTALLMENT DUE DATE BUT BEFORE THE 1ST DAY OF THE MONTH
 THE NEXT INSTALLMENT IS DUE - APPLIED AS LATE PAYMENT TO
 A PREVIOUS INSTALLMENT

CA FORM 100S LOCATION OF PRINCIPAL ACCOUNTING RECORDS STATEMENT 2

693 NILE RIVER DRIVE
 OXNARD, CA 93036

CA SCHEDULE F TAXES DEDUCTED ON FEDERAL RETURN STATEMENT 3

DESCRIPTION	AMOUNT
PAYROLL TAXES	3060.
TOTAL TAXES DEDUCTED ON FEDERAL RETURN	3060.

CA SCHEDULE F COMPENSATION OF OFFICERS STATEMENT 4

(A) NAME OF OFFICER	(B) SOCIAL SECURITY NUMBER	(C) PCT OF TIME DEVOTED	(D) PCT OF STK COMMON	(F) AMOUNT OF COMPENSATION
JULIE GALAVIS			%	20000.
TOTAL COMPENSATION OF OFFICERS				20000.
LESS: COMPENSATION CLAIMED ELSEWHERE				0.
TOTAL TO FORM 100S, SCHEDULE F				20000.

CA SCHEDULE F OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
AUTOMOBILE EXPENSE	18039.
INSURANCE	5343.
INTERNET	899.
JOB PROSPECTING FEES	473.
MALPRACTICE INSURANCE	890.
MEETINGS	1296.
MISCELLANEOUS EXPENSE	712.
TELEPHONE EXPENSE	3786.
UTILITIES	1249.
TOTAL TO FORM 100S, SCHEDULE F	32687.

CA SCHEDULE M-2 AAA - OTHER REDUCTIONS STATEMENT 6

DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSES	1083.
TOTAL TO SCHEDULE M-2, LINE 5, COLUMN A	1083.

**Shareholder's Share of Income,
Deductions, Credits, etc.**

2019

K-1 (100S)

TYB 01-01-2019 TYE 12-31-2019
506-17-4020
JULIE GALAVIS

693 NILE RIVER DRIVE
OXNARD CA 93036

0000000 84-2226785
JULWIN LLC

693 NILE RIVER DRIVE
OXNARD CA 93036

A Shareholder's percentage of stock ownership for the tax year • 100.000000%

B Reportable transaction or tax shelter registration number(s): _____

C Check here if this is: • (1) A final Schedule K-1 (2) An amended Schedule K-1

D What type of entity is this shareholder? • (1) Individual (2) Estate/trust (3) Qualified exempt organization (4) Single member LLC

E Is this shareholder a resident of California? • Yes No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary business income (loss)	33907		• 33907 ▶	33907
	2 Net rental real estate income (loss)			• ▶	▶
	3 Other net rental income (loss)			• ▶	▶
	4 Interest income			• ▶	▶
	5 Dividends. See instructions			• ▶	▶
	6 Royalties			• ▶	▶
	7 Net short-term capital gain (loss)			• ▶	▶
	8 Net long-term capital gain (loss)			• ▶	▶
	9 Net IRC Section 1231 gain (loss)			• ▶	▶
Other Income (Loss)	10 a Other portfolio income (loss)			• ▶	▶
	b Other income (loss)			• ▶	▶

Shareholder's name JULIE GALAVIS	Shareholder's identifying number 506-17-4020
--	--

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120S)	(c) California adjustment	(d) Total amounts using CA law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Deductions	11 IRC Section 179 expense deduction. Attach schedules				
	12 a Charitable contributions				
	b Investment interest expense			•	▶
	c 1 IRC Section 59(e)(2) expenditures				
	2 Type of expenditures				
	d Deductions - portfolio				
	e Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule			•	▶
	b Credits related to rental real estate activities other than on line 13(a). Attach schedule			•	▶
	c Credits related to other rental activities. See instructions. Attach schedule			•	▶
	d Other credits. Attach schedule			•	▶
	14 Total withholding (equals amount on Form 592-B if calendar year)			•	▶
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86			•	•
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses STMT	1083		0	1083
	d Total properly distributions (including cash) other than dividends distribution reported on line 17c			•	▶
	e Repayment of loans from shareholders			•	▶
Other Information	17 a Investment income. See instructions				
	b Investment expenses. See instructions				
	c Total taxable dividend distribution paid from accumulated earnings and profits. See instructions			•	▶
	d Other information. See instructions				STMT
Other State Taxes	18 a Type of income				
	b Name of state				
	c Total gross income from sources outside California. Attach schedule				
	d Total applicable deductions and losses. Attach schedule				
	e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued			•	▶

Shareholder's name JULIE GALAVIS	Shareholder's identifying number 506-17-4020
--	--

Table 1 - Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest	\$ _____	Royalties	\$ _____	Dividends	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Capital Gains/Losses	\$ _____	Other	\$ _____

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 - Shareholder's pro-rata share of business income and factors. See instructions.

- A. Shareholder's share of the S corporation's business income \$ _____
- B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses	\$ _____	Rents/Royalties	\$ _____
IRC Section 1231 Gains/Losses	\$ _____	Other	\$ _____

- C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ _____	\$ _____
Ending	\$ _____	\$ _____
Annual Rent Expense	\$ _____	\$ _____
Payroll	\$ _____	\$ _____
Sales	\$ _____	\$ _____

Other Shareholder Information

CA SCHEDULE K-1 OTHER INFORMATION ATTRIBUTABLE TO CALIFORNIA

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
AGGREGATED GROSS RECEIPTS LESS RETURNS	100140.	SEE FORM 540 INSTRUCTIONS

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT	SHAREHOLDER INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	1083.	SEE FORM 540 INSTRUCTIONS
TOTAL TO SCHEDULE K-1, LINE 16C	1083.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

939035 11-12-19

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2019 Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM 3586 (e-file)

0000000 JULW 84-2226785 000000000000 19 FORM 1
TYB 01-01-2019 TYE 12-31-2019
JULWIN LLC

693 NILE RIVER DRIVE
OXNARD CA 93036

(818) 406-1667

Amount of Payment 840.

Date Accepted _____

TAXABLE YEAR

2019

California e-file Return Authorization for Corporations

FORM

8453-C

Corporation name

JULWIN, LLC

California Corporation No., CA SOS file no., or FEIN

84-2226785

Part I Tax Return Information (whole dollars only)

Table with 5 rows: 1 Total income (33907), 2 Taxable income (33907), 3 Total tax (800), 4 Tax due (800), 5 Overpayment.

Part II Settle the Account Electronically for Taxable Year 2019

- 6 Direct deposit of refund (For Forms 100, 100S, and 100W only.)
7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2020 (These are NOT installment payments for the current amount the corporation owes.)

Table with 5 columns: 8 Amount, First Payment, Second Payment, Third Payment, Fourth Payment. Row 9 Withdrawal Date.

Part IV Banking Information (Have you verified the corporation's banking information?)

- 10 Routing number
11 Account number
12 Type of account: [] Checking [] Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, Box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2019 California income tax return.

Sign Here Signature of officer 04/28/20 Date PRESIDENT & CEO Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return.)

Form fields for ERO: ERO's signature, Date (04/30/20), Check if also paid preparer (X), Check if self-employed (X), ERO's PTIN (P01483020), Firm's name (PIHLGREN C.P.A.'S INC.), Firm's FEIN (84-3963414), Firm's address (5237 WHITECAP STREET, VENTURA, CA), ZIP code (93035).

Under penalties of perjury, I declare that I have examined the above corporation'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.

Form fields for Paid Preparer: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name, Firm's FEIN, ZIP code.