

Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Gamaliel Burgos
11540 Waterwell Ct.
Riverside, CA 92505

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$747.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	19,849.00
	Taxable Income	\$	7,849.00
	Total Tax	\$	783.00
	Total Payments/Credits	\$	1,530.00
	Amount to be Refunded	\$	747.00
	Effective Tax Rate		3.94%



Hi Gamaliel,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: Gamaliel Last name: Burgos Your social security number: 606-44-0452

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

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). If you have a P.O. box, see instructions. 11540 Waterwell Ct. Apt. no. 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. Riverside CA 92505 If more than four dependents, see inst. and ✓ here ☐

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ Self-Prepared Phone no. Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 19,849.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 19,849.
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 19,849.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
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 7,849.
11 a Tax (see inst.) <u>783.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11 783.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 783.
14 Other taxes. Attach Schedule 4	14 0.
15 Total tax. Add lines 13 and 14	15 783.
16 Federal income tax withheld from Forms W-2 and 1099	16 1,530.
17 Refundable credits: a EIC (see inst.) <u>No</u> 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 1,530.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19 747.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a 747.
▶ b Routing number <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <u>X X X X X X X X X X X X X X X X</u>	
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	

Electronic Filing Instructions for your 2018 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



Gamaliel Burgos
11540 Waterwell Ct.
Riverside, CA 92505

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$54.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .		
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns		
2018 California Tax Return Summary	Taxable Income	\$	15,448.00
	Total Tax	\$	105.00
	Total Payments/Credits	\$	159.00
	Amount to be Refunded	\$	54.00
	Effective Tax Rate		0.53%

TAXABLE YEAR

2018**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial GAMALIEL		Last name BURGOS		Suffix	Your SSN or ITIN 606-44-0452
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 11540 WATERWELL CT.		Apt. no.	PMB/private mailbox		Daytime telephone number (951) 824-0713
City RIVERSIDE				State CA	ZIP code 92505
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions **1** 19,849.

2 Refund or no amount due. See instructions **2** 54.

3 Amount you owe. See instructions **3**

Part II Settle Your Account Electronically for Taxable Year 2018 (Payment due 4/15/2019)

4 ☐ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2019 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2019	Second Payment Due 6/17/2019	Third Payment Due 9/16/2019	Fourth Payment Due 1/15/2020
6 Amount				
7 Withdrawal date				

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

8 Amount of refund to be directly deposited to account below _____ **12** The remaining amount of my refund for direct deposit _____

9 Routing number _____ **13** Routing number _____

10 Account number _____ **14** Account number _____

11 Type of account: ☐ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2018 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date

2018 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

606-44-0452 BURG
GAMALIEL BURGOS

18

11540 WATERWELL CT
RIVERSIDE CA 92505

12-27-1990

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

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

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

► 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 X \$118 = ● \$

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 = ● \$

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$367 = ● \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ● 11 \$

Your name:

B U R G O S

Your SSN or ITIN:

606-44-0452

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 19849.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 19849.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 19849.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 19849.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$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 4401.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 15448.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 223.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions ● 32 118.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 105.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 105.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 105.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 105.00

Your name: B U R G O S

Your SSN or ITIN: 606-44-0452

Payments

71	California income tax withheld. See instructions	● 71	159	.00
72	2018 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75		.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	159	.00

Use Tax

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

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	159	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	54	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	54	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

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	

Your name:

B U R G O S

Your SSN or ITIN:

606-44-0452

Contributions

	<u>Code</u>	<u>Amount</u>
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name: B U R G O S

Your SSN or ITIN: 606-44-0452

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

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

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 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 5 4 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☐

Checking

Account number

116 Direct deposit amount

☐

Savings

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

Type

Routing number

☐

Checking

Account number

117 Direct deposit amount

☐

Savings

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

**Sign
Here**

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

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

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

SELF-PREPARED

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

PTIN

Firm's address

Firm's FEIN

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

Print Third Party Designee's Name

Telephone Number