

FreeTaxUSA[®]

2023 Income Tax Return

California Return

Thank you for using
FreeTaxUSA.com to prepare your
2023 income tax return.

You can view the status of your tax return by
signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be
available starting in January of 2025.

We look forward to preparing your 2024 tax return.

2023 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

788-38-1199 WEIN
EDWARD WEINSTOCK

23

A
R
RP2211 MISSION ST APT B
SAN FRANCISCO CA 94110

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN FRANCISCOIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

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

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. 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 instr. ☐

Exemptions

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

Whole dollars only

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 1 X \$144 = ☒ \$ 1448 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$144 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$144 = ☒ \$

Your name: EDWARD WEINSTOCK Your SSN or ITIN: 788381199

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. See instructions.	<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 \$446 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 144

12	State wages from your federal Form(s) W-2, box 16	12	124837	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	125954	.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	125954	.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16		.00
17	California adjusted gross income. Combine line 15 and line 16	17	125954	.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. \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. } 18		5363	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	120591	.00

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	7868	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions.	32	144	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	7724	.00
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	34		.00
35	Add line 33 and line 34	35	7724	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name <input type="text"/> code <input type="text"/> and amount.	43		.00
44	Enter credit name <input type="text"/> code <input type="text"/> and amount.	44		.00

Your name:

EDWARD WEINSTOCK

Your SSN or ITIN:

788381199

Special Credits

- 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 .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 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2023 California estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions ● 91 .00
- If line 91 is zero, check if: ● ☒ No use tax is owed. ● ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● ☒ ☐
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ● 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92. ● 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. ● 97 .00

Your name:

EDWARD WEINSTOCK

Your SSN or ITIN:

788381199

Overpaid
Tax/Tax Due

- 98** Amount of line 97 you want applied to your **2024** estimated tax ● **98** .00
- 99** Overpaid tax available this year. Subtract line 98 from line 97 ● **99** .00
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● **100** .00

Contributions

Code Amount

- California Seniors Special Fund. See instructions ● **400** .00
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● **401** .00
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● **403** .00
- California Breast Cancer Research Voluntary Tax Contribution Fund ● **405** .00
- California Firefighters' Memorial Voluntary Tax Contribution Fund ● **406** .00
- Emergency Food for Families Voluntary Tax Contribution Fund ● **407** .00
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● **408** .00
- California Sea Otter Voluntary Tax Contribution Fund ● **410** .00
- California Cancer Research Voluntary Tax Contribution Fund ● **413** .00
- School Supplies for Homeless Children Voluntary Tax Contribution Fund ● **422** .00
- State Parks Protection Fund/Parks Pass Purchase ● **423** .00
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● **424** .00
- Keep Arts in Schools Voluntary Tax Contribution Fund ● **425** .00
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● **438** .00
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● **439** .00
- Rape Kit Backlog Voluntary Tax Contribution Fund ● **440** .00
- Suicide Prevention Voluntary Tax Contribution Fund ● **444** .00
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● **445** .00
- 110** Add amounts in code 400 through code 445. This is your total contribution ● **110** .00

Your name:

EDWARD WEINSTOCK

Your SSN or ITIN:

788381199

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** **111**Pay Online – Go to **ftb.ca.gov/pay** for more information. .00Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** .00 .00 .00**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** **115**

943

 .00

Refund and Direct Deposit

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

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

● Routing number

021000021

● Type

☒

Checking

● Account number

862075170

● **116** Direct deposit amount

943

 .00

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

● Routing number

● Type

☐

Checking

● Account number

● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ☐Health Care
Coverage Info.Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ☒ ☐ Yes ☒ No

Sign your tax return on Side 6

Your name:

EDWARD WEINSTOCK

Your SSN or ITIN:

788381199

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

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

☒ Preferred phone number

929-594-8599

Sign Here

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

Joint tax return? See instructions.

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

2023**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* <input type="radio"/> 788381199		c. Employer's name <input type="radio"/> CLIMAX FOODS	
b. Employer identification number (EIN) <input type="radio"/> 844829898		Employer's address <input type="radio"/> 2865 SEVENTH SUITE B City State ZIP code <input type="radio"/> BERKELEY <input type="radio"/> CA <input type="radio"/> 94710	
e. Employee's first name* Initial* <input type="radio"/> EDWARD <input type="radio"/>		Last name* <input type="radio"/> WEINSTOCK	
f. Employee's address* <input type="radio"/> 2211 MISSION ST APT B City* State* ZIP code* <input type="radio"/> SAN FRANCISCO <input type="radio"/> CA <input type="radio"/> 94110		Suffix* <input type="radio"/>	

1. Wages, tips, other compensation <input type="radio"/> 124837		4. Social security tax withheld <input type="radio"/> 8064		8. Allocated tips (not included in box 1) <input type="radio"/>	
2. Federal income tax withheld <input type="radio"/> 20037		6. Medicare tax withheld <input type="radio"/> 1886		10. Dependent care benefits <input type="radio"/>	
3. Social security wages <input type="radio"/> 130061		7. Social security tips <input type="radio"/>		11. Nonqualified plans <input type="radio"/>	

12. Codes and amounts					
Code		Amount		Code	
12a. <input type="radio"/> D		<input type="radio"/> 5224		12c. <input type="radio"/>	
Code		Amount		Code	
12b. <input type="radio"/> DD		<input type="radio"/> 8843		12d. <input type="radio"/>	

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay <input type="radio"/> Statutory employee <input checked="" type="radio"/> Retirement plan <input type="radio"/> Third-party sick pay		
14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19) Type Amount <input type="radio"/> <input type="radio"/>		
15. State and employer's state ID number State Employer's state ID number <input type="radio"/> CA <input type="radio"/> 127-5694-6		
16. State wages, tips, etc. <input type="radio"/> 124837		
17. State income tax <input type="radio"/> 8667		

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.