

Electronic Filing Instructions for your 2017 Federal Tax Return

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



Patrick Chao
18940 Barnhart Ave
Cupertino, CA 95014

| | | | |
|--|---|----|-----------|
| Balance Due/Refund | Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,729.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 002476575259 Routing Transit Number: 121000358. | | |
| 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 2018. 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 | | |
| 2017 Federal Tax Return Summary | Adjusted Gross Income | \$ | 34,175.00 |
| | Taxable Income | \$ | 23,775.00 |
| | Total Tax | \$ | 3,100.00 |
| | Total Payments/Credits | \$ | 5,829.00 |
| | Amount to be Refunded | \$ | 2,729.00 |
| | Effective Tax Rate | | 9.07% |



Hi Patrick,

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.

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2017**

OMB No. 1545-0074

| | | | | | |
|--|--|-------------------------------|--|---|--|
| Your first name and initial Patrick | | Last name Chao | | Your social security number 619 68 2104 | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 18940 Barnhart Ave | | | | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Cupertino CA 95014 | | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

Income**Attach
Form(s) W-2
here.**Enclose, but do
not attach, any
payment.

| | | | |
|------------|--|------------|----------------|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 34,175. |
| 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | |
| 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | |
| 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 34,175. |
| 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation. | 5 | 10,400. |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 23,775. |
| 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 5,829. |
| 8a | Earned income credit (EIC) (see instructions) | 8a | |
| b | Nontaxable combat pay election. 8b | | |
| 9 | Add lines 7 and 8a. These are your total payments and credits . | 9 | 5,829. |
| 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 3,100. |
| 11 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 11 | 0. |
| 12 | Add lines 10 and 11. This is your total tax . | 12 | 3,100. |
| 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 2,729. |

**Payments,
Credits,
and Tax****Refund**Have it directly
deposited! See
instructions and
fill in 13b, 13c,
and 13d, or
Form 8888.

b Routing number **1 2 1 0 0 3 5 8** **c** Type: ☒ Checking ☐ Savings

d Account number **0 0 2 4 7 6 5 7 5 2 5 9**

**Amount
You Owe**

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the **amount you owe**. For details on how to pay, see instructions. **14**

**Third Party
Designee**

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

Designee's name **Phone no.** **Personal identification number (PIN)**

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

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature **Date** **Your occupation** **Daytime phone number**
Unemployed **(408) 931-5552**

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.)**

**Paid
Preparer
Use Only**

Print/Type preparer's name **Preparer's signature** **Date** **Check ☐ if self-employed** **PTIN**

Firm's name **Self-Prepared** **Firm's EIN**

Firm's address **Phone no.**

Electronic Filing Instructions for your 2017 California Tax Return

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



Patrick Chao
18940 Barnhart Ave
Cupertino, CA 95014

| | | | |
|---|---|----|-----------|
| Balance Due/Refund | Your California state tax return (Form 540) shows a refund due to you in the amount of \$1,133.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 002476575259 Routing Transit Number: 121000358. | | |
| Where's My Refund? | Before you call the Franchise Tax Board with questions about your refund, give them 21 days 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 | | |
| 2017 California Tax Return Summary | Taxable Income | \$ | 29,939.00 |
| | Total Tax | \$ | 550.00 |
| | Total Payments/Credits | \$ | 1,683.00 |
| | Amount to be Refunded | \$ | 1,133.00 |
| | Effective Tax Rate | | 1.61% |

TAXABLE YEAR

2017**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

| | | | | | |
|--|--|-------------------------------|---------------------|-------------|--|
| Your first name and initial PATRICK | | Last name CHAO | | Suffix | Your SSN or ITIN 619-68-2104 |
| 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 18940 BARNHART AVE | | Apt. no. | PMB/private mailbox | | Daytime telephone number (408) 931-5552 |
| City CUPERTINO | | | | State CA | ZIP code 95014 |
| 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** 34,175.

2 Refund or no amount due. See instructions **2** 1,133.

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

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

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 2018 These are not installment payments for the current amount you owe.

| | First Payment Due 4/17/2018 | Second Payment Due 6/15/2018 | Third Payment Due 9/17/2018 | Fourth Payment Due 1/15/2019 |
|-------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|
| 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 1,133 12 The remaining amount of my refund for direct deposit _____

9 Routing number 121000358 13 Routing number _____

10 Account number 002476575259 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 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 2017 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

2017 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

619-68-2104 CHAO
PATRICK CHAO

17

A
R
RP18940 BARNHART AVE
CUPERTINO CA 95014

04-14-1993

| | | | | |
|---------------|---|--|---|---|
| Filing Status | 1 | <input checked="" type="checkbox"/> Single | 4 | <input type="checkbox"/> Head of household (with qualifying person). See instructions. |
| | 2 | <input type="checkbox"/> Married/RDP filing jointly. See inst. | 5 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/> |
| | 3 | <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/> | | |

If your California filing status is different from your federal filing status, check the box 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 \$114 = ☐ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 X \$114 = ☐ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$114 = ☐ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

| | 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 \$353 = ☐ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ 11 \$

Your name:

C H A O

Your SSN or ITIN:

619-68-2104

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 34175.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 34175.00
- 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 34175.00
- 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 34175.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions
 ● 18 4236.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 29939.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 724.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 610.00
- 34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 610.00

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 60.00
- 47 Add line 40 through line 46. These are your total credits. ● 47 60.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 550.00

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 ● 64 550.00

Your name:

C H A O

Your SSN or ITIN:

619-68-2104

Payments

| | | | | |
|-----------|--|-------------|------|-----|
| 71 | California income tax withheld. See instructions | ● 71 | 1683 | .00 |
| 72 | 2017 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 | 1683 | .00 |

Use Tax

91 Use Tax. Do not leave blank. See instructions ● **91** 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

| | | | | |
|-----------|--|-------------|------|-----|
| 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ⊙ 92 | 1683 | .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 | 1133 | .00 |
| 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | 1133 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ⊙ 97 | | .00 |

Your name:

C H A O

Your SSN or ITIN:

619-68-2104

Contributions

| | Code | Amount |
|---|-------------|--------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| Alzheimer's Disease/Related Disorders Fund | ● 401 | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| 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 |
| 110 Add code 400 through code 440. This is your total contribution | ● 110 | <input type="text"/> .00 |

Your name: C H A O

Your SSN or ITIN: 619-68-2104

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 1 1 3 3 .00

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:

Refund and Direct Deposit

Type

Routing number

☒ Checking

Account number

116 Direct deposit amount

1 2 1 0 0 0 3 5 8

☐ Savings

0 0 2 4 7 6 5 7 5 2 5 9

1 1 3 3 .00

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

.00

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**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(4 0 8) 9 3 1 - 5 5 5 2

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

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

()

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

Joint tax return?
(See instructions)

Credits Worksheet

► Keep for your records

2017

| | |
|----------------------|---------------------------------------|
| Name Patrick Chao | Social Security Number 619-68-2104 |
|----------------------|---------------------------------------|

| Code | Current Credits | Carryover Amount | Available Credit |
|---|---|------------------|------------------|
| 233 | California Competes, FTB 3531 | | |
| 223 | Motion Picture and Television Production, FTB 3541 | | |
| 197 | Child Adoption | | |
| 232 | Child and Dependent Care Expenses Credit, FTB 3506 | | |
| 235 | College Access, FTB 3592. | | |
| 173 | Dependent Parent | | |
| 205 | Disabled Access Credit current year amount from Form 3548 line 6 | | |
| 205 | Disabled Access for Eligible Small Businesses, FTB 3548 | | |
| 204 | Donated Agricultural Products Transportation, FTB 3547 | | |
| 203 | Enhanced Oil Recovery, FTB 3546 | | |
| 176 | Enterprise Zone Hiring, FTB 3805Z | | |
| 218 | Environmental Tax, FTB 3511 | | |
| 170 | Joint Custody Head of Household | | |
| 198 | Local Agency Military Base Recovery Area Hiring, FTB 3807 | | |
| 172 | Low-Income Housing, FTB 3521 | | |
| 211 | Manufacturing Enhancement Area Hiring, FTB 3808 | | |
| 213 | Natural Heritage Preservation, FTB 3503 | | |
| 237 | New California Motion Picture and Television Production, FTB 3541 | | |
| 238 | New Donated Fresh Fruits or Vegetables, FTB 3814 | | |
| 234 | New Employment, FTB 3554 | | |
| None | Nonrefundable Renter's Credit | | 60. |
| 187 | Other State Tax, Schedule S | | |
| 188 | Prior Year Alternative Minimum Tax, FTB 3510 | | |
| 162 | Prison Inmate Labor, FTB 3507 | | |
| 183 | Research, FTB 3523 | | |
| 163 | Senior Head of Household | | |
| 210 | Targeted Tax Area Hiring, FTB 3809 | | |
| Repealed Credits with Carryover Provision – FTB 3540 | | | |
| 175 | Agricultural Products | | |
| 196 | Commercial Solar Electric System | | |
| 181 | Commercial Solar Energy | | |
| 209 | Community Development Financial Institutions Investment | | |
| 224 | Donated Fresh Fruits or Vegetables Credit, FTB 3811 | | |
| 194 | Employee Ridesharing | | |
| 190 | Employer Childcare Contribution | | |
| 189 | Employer Childcare Program | | |
| 191 | Employer Ridesharing (Large Employer) | | |
| 192 | Employer Ridesharing (Small Employer) | | |
| 193 | Employer Ridesharing (Public Transit Passes) | | |
| 182 | Energy Conservation | | |
| 176 | Enterprise Zone Sales or Use Tax, FTB 3805Z | | |
| 207 | Farmworker Housing | | |
| 198 | Local Agency Military Base Recovery Area Sales or Use Tax, 3807 | | |
| 160 | Low-Emission Vehicles. | | |
| 220 | New Jobs | | |
| 185 | Orphan Drug | | |
| 184 | Political Contributions | | |
| 174 | Recycling Equipment. | | |
| 186 | Residential Rental and Farm Sales | | |
| 206 | Rice Straw. | | |
| 171 | Ridesharing | | |
| 200 | Salmon and Steelhead Trout Habitat Restoration | | |
| 180 | Solar Energy | | |
| 179 | Solar Pump | | |
| 210 | Targeted Tax Area Sales or Use Tax | | |
| 178 | Water Conservation | | |
| 161 | Young Infant | | |