

2016 California Resident Income Tax Return**540**

Fiscal year filers only: Enter month of year end: month _____ year 2017.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (see instructions)				PBA code	
<input type="text"/>				<input type="text"/>	
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see instructions)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/county		Foreign postal code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

Prior Name	If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return.	
	Taxpayer	Spouse/RDP
<input type="text"/>	<input type="text"/>	

Filing Status	1 <input 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 <input type="checkbox"/>		

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► 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 \$111 = ☐ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 X \$111 = ☐ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$111 = ☐ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

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

Total dependent exemptions ☐ 10 X \$344 = ☐ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ 11 \$

Your name:

Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 .00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 .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 .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 .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. \$4,129
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 } ● 18 .00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 .00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32 .00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .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 .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 .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

Your name:

Your SSN or ITIN:

Payments

- | | | | | |
|----|--|------|----------------------|-----|
| 71 | California income tax withheld. See instructions | ● 71 | <input type="text"/> | .00 |
| 72 | 2016 CA estimated tax and other payments. See instructions | ● 72 | <input type="text"/> | .00 |
| 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | <input type="text"/> | .00 |
| 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | <input type="text"/> | .00 |
| 75 | Earned Income Tax Credit (EITC) | ● 75 | <input type="text"/> | .00 |
| 76 | Add lines 71 through 75. These are your total payments. See instructions | ● 76 | <input type="text"/> | .00 |

Use Tax

- | | | | | |
|----|--|------|----------------------|-----|
| 91 | Use Tax. See instructions | ● 91 | <input type="text"/> | .00 |
|----|--|------|----------------------|-----|

Overpaid Tax/Tax Due

- | | | | | |
|----|--|------|----------------------|-----|
| 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ● 92 | <input type="text"/> | .00 |
| 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ● 93 | <input type="text"/> | .00 |
| 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ● 94 | <input type="text"/> | .00 |
| 95 | Amount of line 94 you want applied to your 2017 estimated tax | ● 95 | <input type="text"/> | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | <input type="text"/> | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ● 97 | <input type="text"/> | .00 |

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Contributions

	<u>Code</u>	<u>Amount</u>
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 Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families 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 Fund	● 413	<input type="text"/> .00
RESERVED (DO NOT USE)		<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 Fund	● 424	<input type="text"/> .00
Keep Arts in Schools 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
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text"/> .00

Your name:

Your SSN or ITIN:

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

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

Amount
You Owe

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties

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.

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

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

☐ Savings

● Account number

● 116 Direct deposit amount

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

● Type

● Routing number

☐ Checking

☐ Savings

● Account number

● 117 Direct deposit amount

Refund and Direct Deposit

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** and search for **privacy notice**. 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**)

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