

2015 California Resident Income Tax Return**540**

Fiscal year filers only: Enter month of year end: month _____ year 2016.

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

| | | |
|---------------|---|---------------------------------|
| 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 2014 tax return under a different last name, write the last name only from the 2014 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. ☐ 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.. | <input type="text"/> X \$109 = | <input type="text"/> |
| 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 | <input type="text"/> X \$109 = | <input type="text"/> |
| 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 | <input type="text"/> X \$109 = | <input type="text"/> |
| 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"/> |
| | Last Name | <input type="text"/> | <input type="text"/> |
| | SSN | <input type="text"/> | <input type="text"/> |
| | Dependent's relationship to you | <input type="text"/> | <input type="text"/> |

Total dependent exemptions. X \$337 = **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 **11** \$

Your name:

Your SSN or ITIN:

Payments

- | | | | | |
|-----------|--|-----------|----------------------|-----|
| 71 | California income tax withheld. See instructions | 71 | <input type="text"/> | .00 |
| 72 | 2015 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. This is not a total line. 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 2016 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

| | 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 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 |
| Child Victims of Human Trafficking Fund | ● 419 | <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 |
| California Senior Legislature Fund | ● 427 | <input type="text"/> .00 |
| Habitat for Humanity Fund | ● 428 | <input type="text"/> .00 |
| California Sexual Violence Victim Services Fund | ● 429 | <input type="text"/> .00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | <input type="text"/> .00 |
| Prevention of Animal Homelessness & Cruelty Fund | ● 431 | <input type="text"/> .00 |
| 110 Add code 400 through code 431. 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 OweInterest 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**

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**

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** 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 (optional). Enter only one email address.

Daytime phone number (optional)

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