

California Resident Income Tax Return 2013**540** C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2014.

Your first name	Initial	Last name	Your SSN or ITIN	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: inline-block;"></div> A <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: inline-block;"></div> R <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: inline-block;"></div> RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	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)
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Prior Name	If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.	
	Taxpayer	Spouse/RDP
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

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	
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here		
	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. . . .	7	<input type="checkbox"/>	X \$106 =	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	8	<input type="checkbox"/>	X \$106 =	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	9	<input type="checkbox"/>	X \$106 =	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

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

Exemptions	First name	Last name	Dependent's relationship to you
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Total dependent exemptions. ☐ 10 X \$326 = \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☐ 11 \$

Your name:

Your SSN or ITIN:

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** 2013 CA estimated tax and other payments. See instructions ● **72** .00
- 73** Real estate and other withholding. See instructions ● **73** .00
- 74** Excess SDI (or VPD) withheld. See instructions ● **74** .00
- 75** Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions ● **75** .00

Overpaid Tax/
Tax Due

- 91** Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. ● **91** .00
- 92** Amount of line 91 you want applied to your **2014** estimated tax ● **92** .00
- 93** Overpaid tax available this year. Subtract line 92 from line 91 ● **93** .00
- 94** Tax due. If line 75 is less than line 64, subtract line 75 from line 64. ● **94** .00

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This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Use
Tax95 Use Tax. **This is not a total line.** See instructions ● 95

.00

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
California Fund for Senior Citizens	● 402	<input type="text"/>	.00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/>	.00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	<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
Municipal Shelter Spay-Neuter Fund	● 412	<input type="text"/>	.00
California Cancer Research Fund	● 413	<input type="text"/>	.00
Child Victims of Human Trafficking Fund	● 419	<input type="text"/>	.00
California YMCA Youth and Government Fund	● 420	<input type="text"/>	.00
California Youth Leadership Fund	● 421	<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
American Red Cross, California Chapters Fund	● 426	<input type="text"/>	.00
110 Add code 400 through code 426. This is your total contribution	● 110	<input type="text"/>	.00

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. Add line 94, line 95, 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 line 95 and line 110 from line 93. 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

● 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

Refund and Direct Deposit

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

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