

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial John		Last name Erica		Your social security number 619-74-0471	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 5773 Acacia Ln				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Lakewood			State CA	ZIP code 907121284	
Foreign country name		Foreign province/state/county		Foreign postal code	
<b>Presidential Election Campaign</b> 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					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,550</li><li>• Married filing jointly or Qualifying widow(er), \$25,100</li><li>• Head of household, \$18,800</li><li>• If you checked any box under <b>Standard Deduction</b>, see instructions.</li></ul>	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	12,550.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	0.

Form **1040** (2021)

**2021 California Resident Income Tax Return****540**

APE

DO NOT ATTACH FEDERAL RETURN

619-74-0471 ERIC  
JOHN ERIC TA

21

5773 ACACIA LN  
LAKEWOOD CA 90712-1284

03-27-1987

Principal Residence

Enter your county at time of filing (see instructions)

☒ LOS ANGELESIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ ☐

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. See inst.5 ☐ Qualifying widow(er). 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 inst. ☒ 6 ☐

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 \$129 = ☒ \$  1298 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8  X \$129 = ☒ \$ 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 \$129 = ☒ \$

Your name: ERICTA

Your SSN or ITIN: 619-74-0471

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Last Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
SSN. See instructions.	<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="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions ..... ● 10  X \$400 = ● \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ● 11 \$  129

Taxable Income

<b>12</b>	State wages from your federal Form(s) W-2, box 16 .....	● 12	<input type="text"/>	.00
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 .....	● 13	<input type="text"/> 0	.00
<b>14</b>	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ....	● 14	<input type="text"/>	.00
<b>15</b>	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....	15	<input type="text"/> 0	.00
<b>16</b>	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ....	● 16	<input type="text"/>	.00
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 .....	● 17	<input type="text"/> 0	.00
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions       } .....	● 18	<input type="text"/> 4803	.00
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- .....	● 19	<input type="text"/> 0	.00

Tax

<b>31</b>	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 .....	● 31	<input type="text"/> 0	.00
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. ....	● 32	<input type="text"/> 129	.00
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- .....	● 33	<input type="text"/> 0	.00
<b>34</b>	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. .	● 34	<input type="text"/>	.00
<b>35</b>	Add line 33 and line 34. ....	● 35	<input type="text"/> 0	.00

Special Credits

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

Your name:

ERICTA

Your SSN or ITIN:

619-74-0471

## 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  0 .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 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. . . . . ● 64  .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax . . . . . ● 65  0 .00

## Payments

- 71 California income tax withheld. See instructions . . . . . ● 71  .00
- 72 2021 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 Young Child Tax Credit (YCTC). See instructions . . . . . ● 76  .00
- 77 Net Premium Assistance Subsidy (PAS). 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  0 .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  0 .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, then  
subtract line 93 from line 92. . . . . ● 96  .00

Your name:

ERICA

Your SSN or ITIN:

619-74-0471

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ 97  .00
- 98 Amount of line 97 you want applied to your **2022** 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 65, subtract line 95 from line 65 ☒ 100  .00

Contributions

- |   | Code | Amount                   |
|---|------|--------------------------|
| California Seniors Special Fund. See instructions. <input type="radio"/>                            | 400  | <input type="text"/> .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="radio"/>      | 401  | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="radio"/>   | 403  | <input type="text"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund <input type="radio"/>             | 405  | <input type="text"/> .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="radio"/>             | 406  | <input type="text"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund <input type="radio"/>                   | 407  | <input type="text"/> .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund <input type="radio"/>  | 408  | <input type="text"/> .00 |
| California Sea Otter Voluntary Tax Contribution Fund <input type="radio"/>                          | 410  | <input type="text"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund <input type="radio"/>                    | 413  | <input type="text"/> .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund <input type="radio"/>         | 422  | <input type="text"/> .00 |
| State Parks Protection Fund/Parks Pass Purchase <input type="radio"/>                               | 423  | <input type="text"/> .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund <input type="radio"/>                  | 424  | <input type="text"/> .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund <input type="radio"/>                          | 425  | <input type="text"/> .00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="radio"/> | 431  | <input type="text"/> .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="radio"/>            | 438  | <input type="text"/> .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund <input type="radio"/>     | 439  | <input type="text"/> .00 |
| Rape Kit Backlog Voluntary Tax Contribution Fund <input type="radio"/>                              | 440  | <input type="text"/> .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund <input type="radio"/>                           | 443  | <input type="text"/> .00 |
| Suicide Prevention Voluntary Tax Contribution Fund <input type="radio"/>                            | 444  | <input type="text"/> .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund <input type="radio"/>               | 445  | <input type="text"/> .00 |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund <input type="radio"/>    | 446  | <input type="text"/> .00 |
| 110 Add code 400 through code 446. This is your total contribution <input type="radio"/>            | 110  | <input type="text"/> .00 |

Your name:

ERICTA

Your SSN or ITIN:

619-74-0471

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.

.00

Interest 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**

0

.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

● Type

☐ Checking

● Account number

● **116** Direct deposit amount☐

Savings

.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☐

Savings

.00

**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

3109012090

**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