



2017 Income Tax Return

California Return

Thank you for using
FreeTaxUSA.com to prepare your
2017 income tax return.

You can view the status of your e-filed tax return by
signing in to your account at www.freetaxusa.com.

2018 tax preparation on FreeTaxUSA.com will be
available starting in January of 2019.

We look forward to preparing your 2018 tax return.

2017 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

729-26-5803 SING 731-26-3771
 BHAGWAN SINGH
 HARBHAJAN KAUR

17

A
R
RP

1598 ALFRED WAY APT 3
 YUBA CITY CA 95993

09-02-1955 03-07-1962

| | | | | | | |
|---------------|---|-------------------------------------|---|---|--------------------------|--|
| Filing Status | 1 | <input type="checkbox"/> | Single | 4 | <input type="checkbox"/> | Head of household (with qualifying person). See instructions. |
| | 2 | <input checked="" 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:

BHAGWAN SINGH

Your SSN or ITIN:

729-26-5803

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 10,453.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 15,367.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 4,914.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 10,453.00
- 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 10,453.00
- 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 8,472.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 1,981.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 20.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 228.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 0.00

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 ● 46 120.00
- 47 Add line 40 through line 46. These are your total credits. ● 47 120.00
- 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 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 0.00

Your name:

BHAGWAN SINGH

Your SSN or ITIN:

729-26-5803

Payments

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

Use Tax

- | | | | |
|-----------|--|-------------|-----|
| 91 | Use Tax. Do not leave blank. See instructions. | ● 91 | .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 | .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 | .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 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ● 97 | 0 .00 |



Your name:

BHAGWAN SINGH

Your SSN or ITIN:

729-26-5803

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"/> 0.00 |

Your name: BHAGWAN SINGH

Your SSN or ITIN: 729-26-5803

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 .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:

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/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**

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

2017**Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

BHAGWAN SINGH & HARBHAJAN KAUR

729-26-5803

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.
All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information**1st W-2****2nd W-2**

| | | |
|---|--|----------------------------------|
| a. Employee's social security number* | <input checked="" type="radio"/> 729-26-5803 | <input checked="" type="radio"/> |
| b. Employer identification number (EIN) | <input checked="" type="radio"/> 68-0426943 | <input checked="" type="radio"/> |
| c. Employer's name | <input checked="" type="radio"/> MAJEED KHAN | <input checked="" type="radio"/> |
| Address | <input checked="" type="radio"/> 2707 IDA ST | <input checked="" type="radio"/> |
| City | <input checked="" type="radio"/> LIVE OAK | <input checked="" type="radio"/> |
| State | <input checked="" type="radio"/> CA | <input checked="" type="radio"/> |
| Zip code | <input checked="" type="radio"/> 95993 | <input checked="" type="radio"/> |
| e. Employee's first name* | <input checked="" type="radio"/> BHAGWAN | <input checked="" type="radio"/> |
| Middle initial* | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Last name* | <input checked="" type="radio"/> SINGH | <input checked="" type="radio"/> |
| Suffix* | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f. Employee address* | <input checked="" type="radio"/> 1598 ALFRED WAY APT 3 | <input checked="" type="radio"/> |
| City* | <input checked="" type="radio"/> YUBA CITY | <input checked="" type="radio"/> |
| State* | <input checked="" type="radio"/> CA | <input checked="" type="radio"/> |
| Zip code* | <input checked="" type="radio"/> 95993 | <input checked="" type="radio"/> |
| 1. Wages, tips, other compensation | <input checked="" type="radio"/> 10,453 | <input checked="" type="radio"/> |
| 2. Federal income tax withheld | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3. Social security wages | <input checked="" type="radio"/> 10,453 | <input checked="" type="radio"/> |
| 4. Social security tax withheld | <input checked="" type="radio"/> 648 | <input checked="" type="radio"/> |
| 6. Medicare tax withheld | <input checked="" type="radio"/> 152 | <input checked="" type="radio"/> |



| W-2 Information | | 1st W-2 | | 2nd W-2 | | |
|---|----------------------------------|---|----------------------------------|---|----------------------|----------------------------|
| 7. Social security tips | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | | |
| 8. Allocated tips (not included in box 1) | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | | |
| 10. Dependent care benefits | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | | |
| 11. Nonqualified plans | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | | |
| 12. Codes and amounts | | Codes | Amounts | Codes | Amounts | |
| 12a. | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | |
| 12b. | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | |
| 12c. | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | |
| 12d. | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | |
| 13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay | <input checked="" type="radio"/> | <input type="checkbox"/> Statutory employee | <input checked="" type="radio"/> | <input type="checkbox"/> Statutory employee | | |
| | <input checked="" type="radio"/> | <input type="checkbox"/> Retirement plan | <input checked="" type="radio"/> | <input type="checkbox"/> Retirement plan | | |
| | <input checked="" type="radio"/> | <input type="checkbox"/> Third-party sick pay | <input checked="" type="radio"/> | <input type="checkbox"/> Third-party sick pay | | |
| 14. SDI, VPDI, or CA SDI (from box 14 or 19) | <input checked="" type="radio"/> | Type | Amount | <input checked="" type="radio"/> | Type | Amount |
| | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> |
| 15. State and employer's state ID number | <input checked="" type="radio"/> | State | Employer's state ID number | <input checked="" type="radio"/> | State | Employer's state ID number |
| | <input checked="" type="radio"/> | CA | 515-0525-3 | <input checked="" type="radio"/> | <input type="text"/> | <input type="text"/> |
| 16. State wages, tips, etc. | <input checked="" type="radio"/> | 10,453 | | <input checked="" type="radio"/> | <input type="text"/> | |
| 17. State income tax | <input checked="" type="radio"/> | 0 | | <input checked="" type="radio"/> | <input type="text"/> | |



2017 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

BHAGWAN SINGH & HARBHAJAN KAUR

SSN or ITIN

729-26-5803

Part I Income Adjustment Schedule**Section A — Income**

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|--|
| 7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7 | <input type="radio"/> 10,453 | <input type="radio"/> | <input type="radio"/> |
| 8 Taxable interest (b) 8(a) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 Ordinary dividends. See instructions. (b) 9(a) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 Taxable refunds, credits, offsets of state and local income taxes 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 Alimony received 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Business income or (loss) 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Capital gain or (loss). See instructions. 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Other gains or (losses) 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 IRA distributions. See instructions. (a) 15(b) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 Pensions and annuities. See instructions. (a) 16(b) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 Farm income or (loss) 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 Unemployment compensation 19 | <input type="radio"/> 4,914 | <input type="radio"/> 4,914 | <input type="radio"/> |
| 20 Social security benefits (a) <input type="radio"/> 20(b) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Other income. | | | |
| a California lottery winnings | | <input type="radio"/> a | <input type="radio"/> a |
| b Disaster loss deduction from FTB 3805V | | <input type="radio"/> b | <input type="radio"/> b |
| c Federal NOL (Form 1040, line 21) | | <input type="radio"/> c | <input type="radio"/> c |
| d NOL deduction from FTB 3805V | | <input type="radio"/> d | <input type="radio"/> d |
| e NOL from FTB 3805Z, 3806, 3807, or 3809 | | <input type="radio"/> e | <input type="radio"/> e |
| f Other (describe): | | <input type="radio"/> f | <input type="radio"/> f |
| 22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22 | <input type="radio"/> 15,367 | <input type="radio"/> 4,914 | <input type="radio"/> |

Section B — Adjustments to Income

| | | | |
|---|------------------------------|-----------------------------|-----------------------|
| 23 Educator expenses 23 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 Health savings account deduction 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 Moving expenses 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 Deductible part of self-employment tax 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28 Self-employed SEP, SIMPLE, and qualified plans 28 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29 Self-employed health insurance deduction 29 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 Penalty on early withdrawal of savings 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31a Alimony paid. (b) Recipient's: SSN <input type="radio"/> - - - - - | | | |
| Last name <input type="radio"/> 31a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32 IRA deduction 32 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33 Student loan interest deduction 33 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34 Tuition and fees 34 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35 Domestic production activities deduction 35 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37 | <input type="radio"/> 15,367 | <input type="radio"/> 4,914 | <input type="radio"/> |

Part II Adjustments to Federal Itemized Deductions

| | | | |
|-----------|---|--|------------------------------------|
| 38 | Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 | <input checked="" type="radio"/> 38 | <input type="text" value="1,893"/> |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes only). See instructions | <input checked="" type="radio"/> 39 | <input type="text" value="700"/> |
| 40 | Subtract line 39 from line 38 | <input checked="" type="radio"/> 40 | <input type="text" value="1,193"/> |
| 41 | Other adjustments including California lottery losses. See instructions. Specify <input type="text"/> | <input checked="" type="radio"/> 41 | <input type="text"/> |
| 42 | Combine line 40 and line 41 | <input checked="" type="radio"/> 42 | <input type="text" value="1,193"/> |
| 43 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | |
| | Single or married/RDP filing separately | | \$187,203 |
| | Head of household | | \$280,808 |
| | Married/RDP filing jointly or qualifying widow(er) | | \$374,411 |
| | No. Transfer the amount on line 42 to line 43. | | |
| | Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 | <input checked="" type="radio"/> 43 | <input type="text" value="1,193"/> |
| 44 | Enter the larger of the amount on line 43 or your standard deduction listed below | | |
| | Single or married/RDP filing separately. See instructions. | | \$4,236 |
| | Married/RDP filing jointly, head of household, or qualifying widow(er) | | \$8,472 |
| | Transfer the amount on line 44 to Form 540, line 18 | <input checked="" type="radio"/> 44 | <input type="text" value="8,472"/> |



2017**Alternative Minimum Tax and
Credit Limitations — Residents****P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

BHAGWAN SINGH & HARBHAJAN KAUR

729-26-5803

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

| | | | | |
|--|--|-----|-----------|----|
| 1 | If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6 | 1 | 8,472 | 00 |
| 2 | Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% (.025) of Form 1040, line 37 | 2 | | 00 |
| 3 | Personal property taxes and real property taxes. See instructions | 3 | | 00 |
| 4 | Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions | 4 | | 00 |
| 5 | Miscellaneous itemized deductions. See instructions | 5 | | 00 |
| 6 | Refund of personal property taxes and real property taxes. See instructions. | 6 | | 00 |
| Do not include your state income tax refund on this line. | | | | |
| 7 | Investment interest expense adjustment. See instructions. | 7 | | 00 |
| 8 | Post-1986 depreciation. See instructions. | 8 | | 00 |
| 9 | Adjusted gain or loss. See instructions | 9 | | 00 |
| 10 | Incentive stock options and California qualified stock options (CQSOs). See instructions | 10 | | 00 |
| 11 | Passive activities adjustment. See instructions | 11 | | 00 |
| 12 | Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a | 12 | | 00 |
| 13 | Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions. | | | |
| a | Circulation expenditures | 100 | | |
| b | Depletion | 100 | | |
| c | Installment sales | 100 | | |
| d | Intangible drilling costs | 100 | | |
| e | Long-term contracts | 100 | | |
| f | Loss limitations | 100 | | |
| g | Mining costs | 100 | | |
| h | Patron's adjustment. | 100 | | |
| i | Pollution control facilities | 100 | | |
| j | Research and experimental | 100 | | |
| k | Tax shelter farm activities | 100 | | |
| l | Related adjustments | 100 | | |
| | | 13 | | 00 |
| 14 | Total Adjustments and Preferences. Combine line 1 through line 13 | 14 | 8,472 | 00 |
| 15 | Enter taxable income from Form 540, line 19. See instructions | 15 | 1,981 | 00 |
| 16 | Net operating loss (NOL) deductions from Schedule CA (540), line 21b, line 21d, and line 21e, column B. Enter as a positive amount. | 16 | | 00 |
| 17 | AMTI exclusion. See instructions. | 17 | | 00 |
| 18 | If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. | 18 | | 00 |
| | Single or married/RDP filing separately | | \$187,203 | |
| | Married/RDP filing jointly or qualifying widow(er) | | \$374,411 | |
| | Head of household | | \$280,808 | |
| 19 | Combine line 14 through line 18 | 19 | 10,453 | 00 |
| 20 | Alternative minimum tax NOL deduction. See instructions | 20 | | 00 |
| 21 | Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$355,690, see instructions). | 21 | 10,453 | 00 |

Part II Alternative Minimum Tax (AMT)22 **Exemption Amount.** (If this schedule is for a certain child under age 24, see instructions.)

If your filing status is:

And line 21 is not over:

Enter on line 22:

Single or head of household

\$258,168

\$68,846

Married/RDP filing jointly or qualifying widow(er)

\$344,225

\$91,793

Married/RDP filing separately

\$172,110

\$45,895

If Part I, line 21 is more than the amount shown above for your filing status, see instructions.

22 91,793 00

23 Subtract line 22 from line 21. If zero or less, enter -0-. 23 00

24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07) 24 00

25 Regular tax before credits from Form 540, line 31 25 20 00

26 **Alternative Minimum Tax.** Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2018, enter amount from line 26 on the 2018 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23) 26 0 00

Part III Credits that Reduce Tax **Note:** Be sure to attach your credit forms to Form 540.

1 Enter the amount from Form 540, line 35. ☐ 1 0 00
2 Enter the tentative minimum tax from Side 1, Part II, line 24. ☐ 2 0 00

| | (a) Credit amount | (b) Credit used this year | (c) Tax balance that may be offset by credits | (d) Credit carryover |
|---|-------------------------|---------------------------------|--|----------------------------|
| Section A – Credits that reduce excess tax. | | | | |
| 3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits. 3 | | | <input type="radio"/> 0 | |
| A1 Credits that reduce excess tax and have no carryover provisions. | | | | |
| 4 Code: 162 Prison inmate labor credit (FTB 3507) 4 | 0 | <input type="radio"/> 0 | 0 | |
| 5 Code: 232 Child and dependent care expenses credit (FTB 3506) 5 | 0 | <input type="radio"/> 0 | 0 | |
| A2 Credits that reduce excess tax and have carryover provisions. See instructions. | | | | |
| 6 Code: <input type="radio"/> Credit Name: 6 | | <input type="radio"/> | | <input type="radio"/> |
| 7 Code: <input type="radio"/> Credit Name: 7 | | <input type="radio"/> | | <input type="radio"/> |
| 8 Code: <input type="radio"/> Credit Name: 8 | | <input type="radio"/> | | <input type="radio"/> |
| 9 Code: <input type="radio"/> Credit Name: 9 | | <input type="radio"/> | | <input type="radio"/> |
| 10 Code: 188 Credit for prior year alternative minimum tax. 10 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> |
| Section B – Credits that may reduce tax below tentative minimum tax. | | | | |
| 11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c). 11 | | | <input type="radio"/> 0 | |
| B1 Credits that reduce net tax and have no carryover provisions. | | | | |
| 12 Code: 170 Credit for joint custody head of household. 12 | 0 | <input type="radio"/> 0 | 0 | |
| 13 Code: 173 Credit for dependent parent 13 | 0 | <input type="radio"/> 0 | 0 | |
| 14 Code: 163 Credit for senior head of household 14 | 0 | <input type="radio"/> 0 | 0 | |
| 15 Nonrefundable renter's credit 15 | 120 | <input type="radio"/> 0 | 0 | |
| B2 Credits that reduce net tax and have carryover provisions. See instructions. | | | | |
| 16 Code: <input type="radio"/> Credit Name: 16 | | <input type="radio"/> | | <input type="radio"/> |
| 17 Code: <input type="radio"/> Credit Name: 17 | | <input type="radio"/> | | <input type="radio"/> |
| 18 Code: <input type="radio"/> Credit Name: 18 | | <input type="radio"/> | | <input type="radio"/> |
| 19 Code: <input type="radio"/> Credit Name: 19 | | <input type="radio"/> | | <input type="radio"/> |
| B3 Other state tax credit. | | | | |
| 20 Code: 187 Other state tax credit 20 | 0 | <input type="radio"/> 0 | 0 | |
| Section C – Credits that may reduce alternative minimum tax. | | | | |
| 21 Enter your alternative minimum tax from Side 1, Part II, line 26. 21 | | | <input type="radio"/> | |
| 22 Code: 180 Solar energy credit carryover from Section B2, column (d) 22 | | <input type="radio"/> | | <input type="radio"/> |
| 23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 23 | | <input type="radio"/> | | <input type="radio"/> |
| 24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61 24 | | | <input type="radio"/> | |

