



Review Your Return

Below is your complete return. **It has not yet been filed.** Review all of the information before you Submit your return.

To file this return, you will need to:

- Print and save your return for your records.
- Close this window to go back to the "View, Sign & Submit Return" page.

Please note:

- If you need to make changes:
 - Close this window.
 - Use the "Back" button at the bottom of each page to get to the page you need to update.
 - Make the necessary changes and view your return again.
- You must print and save these documents before you Submit. You cannot come back and print them after you Submit.
- If you are a paid preparer, you and your client must print and sign the California e-file Authorization Form (FTB 8453). You both must keep it with the return.

California Resident Income Tax Return 2011

540 C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2012.

Your first name Wei	Initial W	Last name Zhang	Your SSN or ITIN 613-59-7216	P AC A R RP	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or PMB no.) 715 Gayley Walk			Apt. no./Ste. no. 204		PBA Code
City (If you have a foreign address, see page 7.) Goleta			State CA		ZIP Code 93117
Date of Birth ● Your DOB (mm/dd/yyyy) 01/23/1980 ● Spouse's/RDP's DOB (mm/dd/yyyy) _____					
Prior Name If you filed your 2010 tax return under a different last name, write the last name only from the 2010 tax return. ● Taxpayer _____ ● Spouse/RDP _____					

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (see page 3)

2 ☐ Married/RDP filing jointly. (see page 3) 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

3 ☐ 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, fill in the circle here ● ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 7) ● ☐ 6

Exemptions

► 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 filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2, in the box. If you filled in the circle on line 6, see page 7. 7 ☐ 1 X \$102 = \$ **102**

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 ☐ X \$102 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 ☐ X \$102 = \$ _____

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____

Total dependent exemptions ● 10 ☐ X \$315 = \$ _____

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ **102**

Taxable Income

12 State wages from your Form(s) W-2, box 16 ● 12 **36682** 00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 13 **31090** 00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 **45** 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9). 15 **31045** 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 **31045** 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. \$3,769
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,538
 If the circle on line 6 is filled in, STOP. (see page 9) ● 18 **3769** 00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 **27276** 00

Tax

31 Tax. Fill in the circle if from: ☐ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803. ● 31 **672** 00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$166,565, (see page 10) . . 32 **102** 00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 **570** 00

34 Tax (see page 11). Fill in the circle if from: ☐ Schedule G-1 ☐ FTB 5870A. ● 34 _____ 00

35 Add line 33 and line 34. 35 **570** 00

Keep this form for your records - DO NOT MAIL TO FTB

Your name: Wei Zhang

Your SSN or ITIN: 613-59-7216

	36	Enter the amount from Side 1, line 35	36	<u>570</u>	<u>00</u>
<hr/>					
	40	Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506.	● 40		<u>00</u>
	41	New jobs credit, amount generated (see page 11)	● 41		<u>00</u>
	42	New jobs credit, amount claimed (see page 12)	● 42		<u>00</u>
Special Credits	43	Enter credit name _____ code number _____ and amount.	▶ 43		<u>00</u>
	44	Enter credit name _____ code number _____ and amount.	▶ 44		<u>00</u>
	45	To claim more than two credits (see page 11). Attach Schedule P (540)	● 45		<u>00</u>
	46	Nonrefundable renter's credit (see page 12)	● 46	<u>60</u>	<u>00</u>
	47	Add line 40 and line 42 through line 46. These are your total credits.	47	<u>60</u>	<u>00</u>
	48	Subtract line 47 from line 36. If less than zero, enter -0-	48	<u>510</u>	<u>00</u>
<hr/>					
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61		<u>00</u>
	62	Mental Health Services Tax (see page 12)	● 62		<u>00</u>
	63	Other taxes and credit recapture (see page 13)	● 63		<u>00</u>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	<u>510</u>	<u>00</u>
<hr/>					
Payments	71	California income tax withheld (see page 13)	● 71	<u>1181</u>	<u>00</u>
	72	2011 CA estimated tax and other payments (see page 13)	● 72		<u>00</u>
	73	Real estate and other withholding (see page 13)	● 73		<u>00</u>
	74	Excess SDI (or VPD) withheld (see page 13)	● 74		<u>00</u>
	75	Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14)	75	<u>1181</u>	<u>00</u>
<hr/>					
Overpaid Tax/ Tax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.	91	<u>671</u>	<u>00</u>
	92	Amount of line 91 you want applied to your 2012 estimated tax	● 92		<u>00</u>
	93	Overpaid tax available this year. Subtract line 92 from line 91	● 93	<u>671</u>	<u>00</u>
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64.	94		<u>00</u>
<hr/>					
Use Tax	95	Use Tax. This is not a total line (see page 14)	● 95		<u>00</u>

Keep this form for your records - DO NOT MAIL TO FTB

Your name: Wei Zhang

Your SSN or ITIN: 613-59-7216

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 22)	400	00	California Sea Otter Fund
Alzheimer's Disease/Related Disorders Fund	401	00	Municipal Shelter Spay-Neuter Fund	412 00
California Fund for Senior Citizens	402	00	California Cancer Research Fund	413 00
Rare and Endangered Species Preservation Program	403	00	ALS/Lou Gehrig's Disease Research Fund	414 00
State Children's Trust Fund for the Prevention of Child Abuse	404	00	Arts Council Fund	415 00
California Breast Cancer Research Fund	405	00	California Police Activities League (CALPAL) Fund	416 00
California Firefighters' Memorial Fund	406	00	California Veterans Homes Fund	417 00
Emergency Food for Families Fund	407	00	Safely Surrendered Baby Fund	418 00
California Peace Officer Memorial Foundation Fund	408	00	Child Victims of Human Trafficking Fund	419 00

110 Add code 400 through code 419. This is your total contribution ● **110** 000

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **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** and search for **web pay**.

112 Interest, late return penalties, and late payment penalties **112** 00
113 Underpayment of estimated tax. Fill in circle: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** ● **113** 00
114 Total amount due (see page 16). Enclose, but **do not** staple, any payment **114** 00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 16).
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● **115** 67100
 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 page 17).
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:
121000358 ☐ Checking 0416166840 67100
 ● Routing number ● Type ● Account number ● **116** Direct deposit amount
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
☐ Checking 00
☐ Savings 00
 ● Routing number ● Type ● Account number ● **117** Direct deposit amount

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 _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____ Daytime phone number (optional) (310) 266-8325

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 17)

X _____ X _____ Date _____
 Your email address (optional). Enter only one email address.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● PTIN 000-00-0000
 Firm's name (or yours, if self-employed) _____ Firm's address _____ ● FEIN _____

Do you want to allow another person to discuss this tax return with us? (see page 17) ● ☐ Yes ☐ No

Print Third Party Designee's Name _____ Telephone Number _____

2011 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on tax return

Wei Zhang

SSN or ITIN

613-59-7216

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		
8	Taxable interest (b)	8(a)		
9	Ordinary dividends. See instructions. (b)	9(a)		
10	Taxable refunds, credits, offsets of state and local income taxes	10	45	
11	Alimony received	11		
12	Business income or (loss)	12		
13	Capital gain or (loss). See instructions	13		
14	Other gains or (losses)	14		
15	IRA distributions. See instructions. (a)	15(b)		
16	Pensions and annuities. See instructions. (a)	16(b)		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17		
18	Farm income or (loss)	18		
19	Unemployment compensation	19		
20	Social security benefits (a)	20(b)		
21	Other income.			
	a California lottery winnings		a	
	b Disaster loss carryover from FTB 3805V		b	
	c Federal NOL (Form 1040, line 21)		c	
	d NOL carryover from FTB 3805V		d	
	e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e	
	f Other (describe):		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	45	0

Section B – Adjustments to Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24		
25	Health savings account deduction	25		
26	Moving expenses	26		
27	Deductible part of self-employment tax	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid. (b) Recipient's: SSN _____ - _____ - _____ Last name _____	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees	34		
35	Domestic production activities deduction	35		
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	36		
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	37	45	0

Your name: Wei Zhang

Your SSN or ITIN: 613-59-7216

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), line 29	38	<u>1181</u>
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.	39	<u>330</u>
40	Subtract line 39 from line 38	40	<u>851</u>
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	_____
42	Combine line 40 and line 41	42	<u>851</u>
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		\$166,565
	Head of household		\$249,852
	Married/RDP filing jointly or qualifying widow(er)		\$333,134
	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	43	<div style="border: 1px solid black; padding: 2px;">851</div>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately		\$3,769
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,538
	Transfer the amount on line 44 to Form 540, line 18	44	<div style="border: 1px solid black; padding: 2px;">3769</div>

Date Accepted _____

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2011		8453-OL

Your first name and initial Wei	Last name Zhang	Your SSN or ITIN 613-59-7216
If joint return, spouse's/RDP's first name and initial	Last name	Spouse's/RDP's SSN or ITIN
Address (including number and street, PO Box, or PMB no.) 715 Gayley Walk	Apt. no./Ste.no. 204	Daytime telephone number (310) 266-8325
City Goleta	State CA	ZIP code 93117

Part I Tax Return Information (whole dollars only)

- | | |
|---|-----------------------------|
| 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). | 1 <u>\$31,045.00</u> |
| 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125). | 2 <u>\$671.00</u> |
| 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121). | 3 _____ |

Part II Settle Your Account Electronically for Taxable Year 2011 (Due 04/17/12)

- 4 ☐ Direct deposit of refund
- 5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (MM/DD/YYYY) _____

Part III Make Estimated Tax Payments for Taxable Year 2012 These are not installment payments for the current amount you owe.

	First Payment Due 4/17/12	Second Payment Due 6/15/12	Third Payment Due 9/17/12	Fourth Payment Due 1/15/13
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

- | | |
|--|--|
| 8 Amount of refund to be directly deposited to account below <u>\$671.00</u> | 12 The remaining amount of my refund for direct deposit _____ |
| 9 Routing number <u>121000358</u> | 13 Routing number _____ |
| 10 Account number <u>0416166840</u> | 14 Account number _____ |
| 11 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | 15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2011 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date